

TOPICS IN MODERN HOMEOPATHY

HOMEOPATHIC MEDICINE FOR THE 21st CENTURY

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DOSING AND POTENCIES

The Elusive Art of Homeopathic Posology



POTENCIES & DILUTIONS

x – 1/10 dilution

c – 1/100 dilution

LM or Q – fifty millesimal or quinquagintamillesimal dilution

6x = 1/1,000,000

9x = 1/1,000,000,000

12x = 1/1,000,000,000,000

24x (12c) – potencies above 24x do not contain a single molecule of the original tincture – activity is strictly energetic.

CHEMICAL EQUIVALENTS

2x _____ 1c

3x

4x _____ 2c

5x

6x _____ 3c

7x

8x _____ 4c

9x

10x _____ 5c

11x

12x _____ 6c

Energetically these potencies are very different, but chemically they are equivalents.

"The suitability of a medicine for any given case of disease does not depend on its accurate homeopathic selection alone, but likewise on the proper size, or rather smallness, of the dose."
- §275, Samuel Hahnemann, *Organon of Medicine*

"If we wish to render powerfully acting medicines innocuous, then they should only be prescribed on the right occasion and in a suitable dose."
- Richard Haehl, *Samuel Hahnemann: His Life and Work*, Vol. I, p. 310

The word 'Posology' comes from two Greek words, 'Posos,' meaning 'how much,' and 'Logos' meaning 'study' or discipline, thus the study of the dosage. Homeopathic posology includes the selection of the remedy potency, timing and the frequency of repetition.

In classical homeopathic therapeutics, selection of the correct remedy is only part of the challenge. Equally important is choosing the correct potency and dosing schedule. Contrary to the crude, physiological doses of conventional western pharmaceuticals, the dilute, sub-physiological homeopathic doses lend their activity more to the sphere of the energetic. Homeopaths refer to this as the power to act on the vital force.

Lets first take a look at the evolution of the various potencies. Beginning in 1798, it is reported that Samuel Hahnemann (1755-1843), the father of homeopathy, began to move away from the crude doses that he initially used, experimenting with potentization and dose reductions of 2x, 4x and 2c. In the following years, he continued reducing the dose even further until we see the introduction of the 30c potency in 1816, which became his most frequently recommended potency. He continued to experiment, even using olfactory administration in 1830, and in 1838 we see the appearance of the LM potency. In his final years, he used a full range of potencies, from 6-200, and had replaced the old dry pellet doses with a succussed aqueous delivery method.

Dr. Manish Bhatia notes that even during Hahnemann's life, there was disagreement among practicing homeopaths whether dilutions were even necessary, some preferring to use the crude, undiluted doses based on the similia.

Clemens von Boenninghausen (1785-1864), a contemporary of Hahnemann's and author of the first repertory, was an advocate for higher potencies, believing them to work better in both chronic and acute conditions, and acting 'in spite of discretion in diet.' As homeopathy continued to spread, the low-potency vs. high potency debate heated up. Homeopaths like William Boericke and J.H. Clarke preferred to lower potencies, while C. Hering (1800-1880) and J.T. Kent (1849-1916) used more medium to high potencies in their practices. Although there is still disagreement, most homeopaths today, in the interest of providing their patients with the most efficacious means of cure, have mastered a full range of potencies and use whatever dose may be appropriate as their condition dictates.

So with the multitude of conflicting opinions in the homeopathic community, how is one to know which potencies are appropriate when? And even more relevant, since opposing camps seem to produce positive results, does it matter? Kent recognized the problem of the right potency when he stated, "We have never claimed that every potency fits every patient. The potency must be in accordance with the patients condition, and be intended to act on a level identical to that of the disease whenever possible." Dr. Stuart Close succinctly puts this issue into perspective, "In general it may be stated that *any curable diseases may be cured by any potency*, when the indicated remedy is administered, but that the cure may be much accelerated by selecting the potency or dose appropriate to the individual case."

There are five general principles that offer guidance in selecting the correct potency: patient susceptibility, the seat of the disease, the nature and intensity of the disease, the stage and duration of the disease, and finally any previous treatments received.

Patient susceptibility is generally the most important factor to consider. In a patient whose symptoms are not peculiar or clearly defined and in whom more than one remedy may be indicated, the susceptibility is generally low.

ORIGIN OF THE 'X' POTENCY

Have you ever wondered where 'x' potencies came from? Samuel Hahnemann initially used the centesimal 'C' potencies in his practice (generally preferring the 30c with most of his patients), and then in his later years added the fifty-millesimal 'LM' potencies (also called the quinquagintamillesimal or 'Q' potencies) to his therapeutic repertoire, but there is no record of his using decimal potencies. This is because the first recorded use of the 1:10 decimal scale (known as 'x' or 'D') was in 1839 in Doylestown, PA by a physician named Samuel R. Dubs, MD.

Dr. Dubs' wife was prone to asthmatic attacks, and repeated conventional medical treatment had failed her miserably. In fact, her experiences with the conventional medical establishment had brought her to, in his words, ". . . the verge of the grave." He then consulted with Dr. Lentz, a Philadelphia homeopath (one of only twelve in the city), who provided him with homeopathic *Ipecacuanha* in the 12C and 30C potencies. During his wife's next attack, he administered the remedies as directed, meeting with only limited success.

Still believing in the homeopathic philosophy of the similia, he began to experiment. Anticipating her next attack, over the next few weeks he triturated ten grains of *Ipecacuanha* with ninety grains of milk sugar, thus creating the first decimal potency. During her next attack, he administered one grain of the powder every fifteen minutes for four doses, after which every aspect of the attack had vanished. She had two or three attacks over the next twelve months which were quickly quelled by administering the decimal dose as before.

For the next two years, Dr. Dubs triturated the remedies in both the centesimal and decimal 1st through the 6th potencies. In the treatment of acute conditions, he found the decimal potency superior, and began sharing his success with other physicians. While the older homeopaths disapproved of the new potencies as 'anti-Hahnemannian,' the younger physicians quickly adopted the 'X' potency treatments for their acute patients. This was how the x potencies came into common use. It seems to be human nature to distrust anything new, or fear anything that doesn't conform to 'the way we've always done it.' That being said, it would seem that it is the unreasonable people in our world that are ultimately responsible for the progress that we make as a society – so, be an original!

*Many thanks to Thomas Lindsley Bradford MD, librarian for the Hahnemann Archives in Philadelphia, and Julian Winston for the additional research and insight shared in the December 1995 issue of **Homeopathy Today**.*

TOPICS

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PLEASE DELIVER TO:

In this issue we take a look at the elusive art of posology, selecting the correct dose and frequency for homeopathic remedies.

In this case, a low potency (i.e. 3-12) of the most similar remedy is appropriate. When a patient's symptoms are more characteristic and acutely defined, thus better matching the remedy picture, a higher potency (30, 200) is appropriate.

Age is a factor in evaluating susceptibility. In general, susceptibility is greater in the young and they tend to respond to higher potencies better than those of advanced age. The exception is the vigorous individual who may be in above average overall health, being more susceptible and also requiring a higher potency.

Constitution and temperament must also be considered. Sensitive individuals of the nervous, sanguine or choleric temperaments and those engaged in intellectual pursuits are more susceptible and suited for higher potencies. Lower potencies and more frequent dosings are better suited to the sluggish, phlegmatic and non-intellectual types who possess lower susceptibility.

Chronic disease or the severity of a condition may have exhausted the vital force to such a point of insusceptibility that only frequent administration of a low potency or crude dose can elicit a response. Terminal patients often are beyond finer symptomatology and have degraded to gross, common symptoms that do not respond to higher potencies at all.

Similarly those who have been habitually exposed to toxins (drugs, tobacco, alcohol, chemicals) over a long period of time will almost always exhibit a lower susceptibility, needing lower potencies at the beginning stages of a treatment. The exception to this being when the illness is the direct result of the exposure to or accumulation of toxins, in which case a higher potency of the offending chemical may be appropriate, functioning almost as an antidote.

When should doses be repeated? Classical homeopaths recommend administering a single dose of the correct remedy and waiting until it has finished acting. Hahnemann advises in §246 that, "Every perceptibly progressive and strikingly increasing amelioration during treatment is a condition which, as long as it lasts, completely precludes every repetition of the administration of any medicine whatsoever." Close reminds us that this period of activity depends on the violence and rapidity of the disease: a remedy may exhaust itself in 5-10 minutes in a disease with a rapid progression toward death such as cholera, whereas a remedy may continue to work for 2-3 months in a slowly progressing condition such as tuberculosis. By his later years in Paris, Hahnemann had revised his posology techniques and often prescribed repeated doses - sometimes several times per day for his patients - *but only when necessary because the remedy had run its course.*

Where do frequent-dose multiple potencies fit in? Guernsey said, "A skillful artist may indeed construct a harmony with the various vibrations of the same chord; but what is more beautiful and perfect harmony might he construct by a proper combination of all the sounds that can be elicited from his instrument." Pragmatically, multiple potency remedies seem to eliminate many of the problems that classical homeopaths face, they heal better, aggravate less and are easier to use. For a more complete coverage of multiple potencies, please see the following page.

RESONANT POTENCIES

<u>SYSTEM</u>	<u>POTENCY</u>
Organs and Tissues	low potency
Hormone Regulation	1x - 9x
Acute Conditions	
Enzyme Function	medium potency
Metabolism	12x - 30x
Constitutional	high potency
Mental, Miasms	60x - 200x
Energetic	ultra-high potency
	1000x, 50M, 100M

from the desk of . . .

This month we look at homeopathic posology, the art of discerning which potency is appropriate for which client, and when to administer it. Some of this month's content has appeared in previous newsletters, but by the number of inquiries that we have received regarding this topic, we decided that it bears repeating.

Dosing is more often a classical topic, and this month's coverage is only intended as a brief introduction, containing the broadest of guidelines. We also discover that there is tremendous disagreement within the professional community regarding the correct homeopathic dosages and frequencies and conclude that every practitioner must discover what works best for him or her.

With regard to multiple potencies, it is the opinion of the combination homeopathic community that the human body is infinitely intelligent. By providing a number of potencies in a single formula, as complex remedies do, the body is then able to select the appropriate frequency that it needs and disregard the rest. The analogy we use is that of a radio. There are literally thousands of different radio frequencies zipping through the air right now, most of which we are unaware of and largely unaffected by. When we turn a radio on, we tune it to one specific frequency and ignore all the rest. The human body has the same ability, to pick out the single frequency (or combination of frequencies) that it needs, and completely disregard the remaining frequencies (or potencies). This is one area of disagreement between classical and complex practitioners - classical homeopaths contend that a wrong potency may have a detrimental effect on the health of the organism, complex homeopaths argue that the innate intelligence of the body is constantly analyzing the EM radiation in the environment and utilizing what it needs while filtering out the rest.

There is one additional rule of thumb. When using homeopathy, we find that the frequency of the dosage is much more relevant than the size of the dosage. For example, the recommended starting dosage for Mediral products is 7-10 drops three times per day. If a client is suffering from an acute condition, such as allergies or a common cold, the frequency may be increased to every 15-20 minutes, depending on the severity of the symptoms. The dosage size may be reduced if desired (for example, 3-5 drops), but the frequency is much more relevant than the dosage size.

Thank you.

- Steven Brynoff

POLYCHORDS - MULTIPLE POTENCY REMEDIES

While Mediral has always used multiple potencies in our remedies, the use of multiple potencies (also called multi-attenuations, homaccords®, multi-wave and potency chords) dates back to 1911* when Dr. Emmanuel Cahis (1855-1934) of Barcelona first used the principle of multiple potencies. He likened these remedies to chords on a musical scale. As the ingredients combined, he found that they synergistically enhanced one another without detracting from the individual potencies, much as a chord played on a musical instrument has a unique beauty that is greater than the sum of the parts. Cahis observed that the multiple potency remedies did, in fact, enhance the therapeutic effects of the treatment, leading to a quicker initiation of the primary healing response and reducing, or in some cases even eliminating, the expected discomfort associated with healing crises. In his words, "One may be sure that the action is a milder one, the individual doses may be repeated more frequently and if it is necessary, as it often happens, they may be given over a prolonged period of time."

Dr. Manfred Vosgerau demonstrated in "*Basis and Results of Therapy with Balanced Potencies*," (Homotoxin Journal, Vol 9, No 6, 1970, pp135-143) that when potencies are combined, there was no averaging effect, but rather allowed independent action by the individual potencies included in the blend. This agrees with Hans Heinrich Reckeweg's conclusion that, "For the principle of the balanced potency, the leading idea is that different potencies will reach different defense systems," thus acting independently, but together.

Dr. Herman Junker published a study in 1982 entitled, "*On the Effects of Extremely Potentized Substances on Paramecia*." In this study, he used potencies ranging from 1x to 27x, and demonstrated clearly that some potencies inhibit while others stimulate (demonstrating sinusoidal periodicity with maximum and minimum stimulation at different potencies).

O. Julian (author "Materia Medica de Nosoden" – Heidelberg 1983) reported on his use of multiple potency nosodes, "The action of the potency chords is faster, of greater intensity, longer lasting and less connected with adverse reactions."

Van Benschoten's work ("*Anatomical Resonance of Homeopathic Potencies*," Biological Therapy, Vol X, No. 1, 1992 pp197-208) has identified certain potency combinations that seem to resonate better with one another, thus producing better results. The first is the combination of 3x, 6x, 12x, 30x and 200x; a second resonance is found between 6x and 1M; a third exists within 12x, 10M, 50M and CM potencies.

To appreciate multiple potency remedies, it is necessary to understand the changes that occur in an organism during the progression of a disease. At the onset, higher potencies are a more resonant and effective option; as disease progresses and symptoms worsen, lower potencies tend to exert more influence; and finally, during the last stage as symptoms begin to subside and healing accelerates, the body once again responds better to the higher potencies. This tendency may explain why a singular remedy sometimes functions poorly in a

classical setting - the stage of the disease dictates which potency will be the most effective. Kent even stated, "We have never claimed that every potency fits every patient. The potency must be in accordance with the patient's condition, and be intended to act on a level identical to that of the disease whenever possible." The difficulty of knowing which stage a disease is progressing through makes multiple potency remedies a more effective option.

One possible explanation for the efficacy of multiple potency remedies lies in the fact that homeopathics function on two distinct, yet overlapping, levels - chemical and 'energetic.' Lower potencies often contain measurable quantities of the original substance, thus chemically effecting the patient's intra- and intercellular physiological concentrations. Enzymes are potent catalysts of chemical reactions in the body, and concentrations in living cells range from 1×10^{-4} M to 1×10^{-10} M (M is the scientific notation for Molarity, a measure of concentration equal to one mole per liter), which corresponds to homeopathic potencies of 4x to 10x; hormones are normally even more dilute, often measuring from 1×10^{-9} M to 1×10^{-22} M, corresponding to homeopathic potencies of 9x to 22x. Lower potency homeopathic remedies often deliver measurable quantities of active agents in the same concentration that they are found inside the body.

On the other side of the coin, homeopathic remedies also possess an 'energetic' component that is more evident at higher potencies. Common sense tells us that if we continually dilute something, a point is eventually reached at which there is no measurable concentration of the original substance in the final solution. Using Avogadro's Number (6.023×10^{23}), it may be demonstrated mathematically that this point is the 24x (12c) potency, above which theoretically not even a single molecule of the original substance may be found. If no molecules of the original exist but the body is still stimulated, there must be a different type of message being delivered that still has the ability to affect a change. While the exact mechanism is still being investigated, it is a demonstrable dimension of homeopathy.

Multiple potencies simplify the remedy selection, and provide a therapy that acts faster, longer, more accurately and is better tolerated than singular potencies - clearly a superior choice.

BENEFITS OF POLYCHORD MULTIPLE-POTENCY REMEDIES

- *Faster Acting*
- *Greater Intensity of Action*
- *Resonance of Specific Potencies Yields Better Efficacy*
- *Longer Acting, With No Decrease in Efficacy Over Time*
- *Doses May Be Repeated As Often As Necessary*
- *Less Aggravation and Discomfort During the Healing Crisis*
- *More Adaptive to the Progressive Stages of Disease*

*some references date Cahis' multiple potency discovery at 1913