

Homoeopathic Posology

Next to selection of the right remedy, no problem so plagues the homoeopath as the selection of the right potency-its repetition and dose. Hahnemann and his immediate disciples started with low potencies, gradually going higher as they gained experience. The American Homoeopaths divided themselves sharply into low and high potency schools. Somehow the most accurate prescribers became enthusiastic supporters of high and the highest potencies.

I give below a few famous cases, where a definite reasoning led the doctor to the selection of the appropriate doses. The first case is from Hahnemann himself.

CASE 1: DR HAHNEMANN

A washerwoman, 40 yr. had been unable to earn her bread for 3 wks. She consulted me on September 1st, 1815.

1. On any movement especially at every step, and worse on making a false step, she has a shock in the pit of the stomach that comes as she swerves every time from the left side.
2. When she lies she feels quite well. No pain anywhere, neither in the side nor pit of stomach.
3. She cannot sleep after 3 am.
4. She relishes her food, but when she has eaten a little she feels sick.
5. The water collects in her mouth and runs out like water-brash.
6. Frequent empty eructations after every meal.
7. Her temper is passionate, disposed to anger. When the pain is severe she is covered with perspiration.

The catamenia was quite irregular a fortnight since.

In other respects her health is good.....

Bryonia alone has among its chief alternating actions



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pain from movement, especially shooting pains, as also stitches beneath the sternum (in the pit of the stomach) on raising the arm. On making a false step it causes shooting in the other parts.

“Now as this woman was very robust and the force of the disease must consequently have been very considerable to prevent her doing any work, as her vital powers were not impaired, I gave her one of the strongest Homoeopathic doses, a *full drop of the undiluted juice of Bryonia root* to be taken immediately and bade her to come again in 48 hours”.

She never returned as she was completely cured in one day and started working next day.

For contrast let us study another case, reported by Dr H N Guernsey the great professor of *Materia Medica* and father of “Keynotes”.

CASE 2: DR H N GUERNSEY

I was called in consultation to see Miss M, who was thought to be near dying. I found the patient in great distress. *Panting respiration*, able to speak only in a whisper and each word uttered separately from the next by several respirations. She had informed me she could not long survive, as each breath seemed as if it would be her last one. She had no thirst, scanty urine and had not slept for two days. Percussion over her chest gave a clear and healthy sound. Auscultation revealed permeability of the air through her lungs, but a very loud bronchial rale. No other remedy has this combination of symptoms excepting *Apis*. My choice fell on the 40M potency, for the reason that she was too ill to bear a lower potency or a large material dose. Directions given, to repeat *Apis* 40 M in water every hour till she seemed a little better, then to cease giving entirely till we saw her in the morning. After the third dose, she became quiet, fell asleep for two hours and remained quiet all night, sleeping at intervals till morning. Contrary to instructions, the medicine was repeated every time she awoke, till 9 in the morning, when she re-

ceived the last remaining dose. Soon after she became as bad as on the previous evening. We saw her at 10.30 am and found her about the same as on my first visit. Now what was to be done? The same remedy was still indicated, and it was very evident that she was overdosed. Therefore *Sac lac* (blank powders) was given during the day and when we saw her at 6.30 pm she was more comfortable. Next day *SL* was continued and she was still better. *Sac lac*. The day after showed that on the whole she was improving and she made a perfect recovery without a further dose of medicine. Let us examine two more contrasting cases, reported by Dr Stuart Close in his great book "Genius of Homoeopathy."

CASE 3: DR STUART CLOSE

The first was a case of Valvular Heart disease of many year's standing, which had reached the stage of fibrillation. In a previous crisis it had responded to potentised medicines. In this instance, however, potentised medicines selected with great care had no effect. An effort was made to arouse the dormant activity with intercurrent remedies, also high potency, *Laurocerasous*, *Carbo-vegetabilis*, *Tuberculinum* and *Medorhinum* given, as recommended by Homoeopathic authorities. All efforts failed and the case rapidly progressed toward dissolution: Tachycardia, arrhythmia, oedema, ascites, hydrothorax, passive congestion of the brain and liver, delirium, suppression of urine and coma foretold the rapid approach of the end. For a period of over three weeks the symptoms had positively and unmistakably demanded *Digitalis*; but doses ranging from forty thousandth down to drop doses of the tincture produced no favourable change.

At this point, by advice of an eminent allopathic specialist, who was called in at the request of the family, full doses of a special preparation of digitalis and salt-free liquid diet were given. Within thirty-six hours the patient was passing over one hundred ounces of urine. In twenty-four hours, brain, lungs and liver rapidly cleared up and the case, which had appeared absolutely hopeless, progressed steadily to a good recov-

ery.

The action of the *Digitalis* was clearly curative. No pathogenic symptoms of any kind appeared, for the copious urine was distinctly a curative symptom. Only six doses of the drug were given, at intervals of twelve hours, and it was discontinued as soon as its full therapeutic action was established. One month later, it was necessary to repeat the medication in smaller doses a few times for a slight return of some of the symptoms due to over-exertion.

This patient was not cured in the sense that his structurally damaged heart valves were restored, for that is an impossibility. But the action of the indicated drug was curative in nature, as far as it was possible to go, his life was saved and prolonged, and he was restored to a measure of comfort and usefulness when otherwise he would have died.

Digitalis in material doses was Homoeopathic to this condition, symptomatically and pathologically and no other drug could take its place at that stage of the disease. No other medicine of any kind was given.

In contrast to this case, and in further illustration of the necessity for being prepared to use the entire scale of potencies the following case from the practice of Dr Close is presented:

CASE 4: DR STUART CLOSE

A girl 8 yrs of age, was in the late stages of incurable heart disease. She had been under allopathic treatment for over a year, steadily growing worse. When first seen by me, she was confined to a chair, unable to lie down or remain in bed. General oedema, ascites and hydrothorax existed. Urine was almost entirely suppressed, about four ounces in 24 hrs was being passed. Tachycardia and dyspnoea were most distressing and death seemed imminent. The history and anamnesis of her case, revealed unmistakable *Calcarea* symptoms. She was given a single dose of *Calcarea-carb* C M (Fincke). The reaction and response to the remedy was surprising. Within 48 hours, copious urine secreted. For several days she passed from one hundred and twenty to one hundred and fifty ounces per day. Dropsy rapidly



disappeared and she was soon able to lie down and sleep comfortably. In about four weeks she was able to go out for a ride in a carriage, and not long after she was walking. She lived thirteen months in comparative comfort and happiness and then died quite suddenly of heart failure, after slight overexertion.

These two cases represent the extremes of therapeutic resources open to the homoeopathic practitioner.”

So we see that for best results, we must use the full range of potencies from mother tincture to the highest ones. Most of us have one misconception, that for acute diseases we must use low potencies, reserving the high ones for chronic cases. We are afraid of high potencies. I have seen people swallow such drugs like Sulphas and Mycins without hesitation, but questioning our prescriptions of any potencies above 200. “Is it safe? Will there be serious aggravations? Can I take the dose and attend office? Do you want me to keep some antidote? And such questions are freely asked. How shall we remove these doubts and fears? The wonder is many of such ideas are mere hearsay. I have carefully gone through the writings of Hahnemann, Boenninghausen, Dunham, Wells, Hering, Lippe, Allen down to Roberts and other luminaries of the present time. They do not suggest low potencies for acute and high for chronic cases. They do not say that 200th is more dangerous than, say 6th. Most of these master prescribers used high and highest potencies in very acute and serious conditions.

When I was studying Homoeopathy with my uncle Dr D N Koppikar, I used to wonder why in an ordinary case of cholera-like diarrhoea he would use *Verat-alb* in 30th, whereas a serious case, almost collapsing, he took out his high potency set and gave *Verat-alb* 1M, 10M and 50M potencies. He was right. Only these very high potencies were capable of saving those cases. Dr Edmond Carlton, in his book “Homoeopathy in Medicine and Surgery” when dealing with *Lachesis* in Diphtheria says: “when these symptoms, or most of them are present, *Lachesis* will yield wonderful results, as I have many times demonstrated. In critical cases, I re-

view the eight pages of throat symptoms, which Hering devotes to this, his greatest single production, before prescribing. If any strength below the thirtieth centesimal potency is used in any such case, be ready to sign the death certificate. In fact I much prefer the two hundredth and higher”.

Homoeopathy is essentially a practical science and as we always say “Proof of the pudding is in the eating”. I shall give a few experiences of other Homoeopaths. Let me give first the wonderful experiences of the late Dr B B Bharada of Bangalore.

CASE 5: Dr B B BHARADA

A case of intermittent fever, coming regularly daily at midday with restlessness, extreme thirst, and with other typical symptoms of *Arsenicum-alb*. Dr Bharada gave *Ars* 30 six doses for two days expecting it would be cured by then. The fever continued to come, neither worse nor better. He gave 200th for two more days. No change. 1000th one dose was then given. The patient was a bit weaker, but absolutely no other change was seen. Then Dr Bharada remembered having read somewhere that in such cases the highest potencies should be used. So ultimately after waiting for three more days, he gave *Ars-alb* CM (100,000) one dose. The patient felt better at once and his fever disappeared.

CASE 6: Dr E B NASH

A case from his book “Testimony of the Clinic”. The pains were intense, with burning; greatly aggravated from 1 to 3 am. The patient was prostrated and restless. The only relief was from the bags of dry hot salt continually applied along the nerve. *Ars-alb* was given in the 30th and 200th “To my surprise no good came out of it. The *Sulphur* was given in the possibility that Psora was complicating matters, but with no good results in the other remedies tried. It was in my earlier part of my practice, so I had not gone above the 200th potency then. But I had a graft of Jenichen’s 8000th in the office so as nothing else did any good. I concluded to try it. It was given in solution with rapid and perma-



ment relief. She was well in an incredibly short time and never had a return of the trouble”.

Let us study a few of the acute, serious cases treated by great physicians.

CASE 7: Dr SHERBINO

Mr B has been feeling poorly for two or three days. This morning he had a severe chill. I was called at 5 PM. I find the following symptoms: Aching in the muscles and bones, aching from head to foot, bed as hard as a board, pillow as hard as a rock, coughing large quantities of rusty sputa, stitching pain in the left breast, has to hold his chest with his hands (*Bry, Merc*) fan like motion of alae nasi (*Phos, Lyc*) stupid and sleepy, could hardly keep awake, total loss of appetite, very thirsty for large drinks of water, cough worse at night, several stools per day-very offensive; wanted to keep very still, as the least movement aggravated his cough and pain in chest (*Bry*).

First evening: Temp 101 pulse 110, respiration 32.

Second evening: T = 103, P = 120, R = 40

Third day 8 am: T = 99, P = 88, R = normal. *Baptisia* 8 MM (swan) was given, and the patient needed no other medicine” -Dr Sherbino- quoted by Dr Nash

CASE 8: Dr HEBER SMITH

Typhus, ninth day. Patient lying on back, eyes wide open, staring and immovable, unconscious; face red, lips black, tongue dry and black, lower jaw hangs down, urine involuntary; it is over 200. Dr Hering was called in consultation. Both he and Dr Lippe feared paralysis of the brain. Before Dr Lippe found the red sand he was deliberating between *Opium* and *Hyoscyamus*. The sand pointed to *Hyos*. *Opium* has more often the symptom state of snoring with eyes half closed (*Lycopodium* has red crystals in urine and falling of the lower jaw; increase in urine only at night). *Hyos* 200, one drop in a half tumbler of water, several spoonfuls were given and in six hours the patient perspired, the jaw closed and he was out of danger.

CASE 9: Dr A LIPPE

The case had not improved, although it had been under skillful homoeopathic treatment for over a fortnight; had begun with symptoms of ordinary gastric fever. The condition of the young man was this. On looking at him he stared at me, then appeared on his forehead and in his emaciated face deep wrinkles; at times he would cry out loud till he became hoarse; mouth and lips were ulcerated to such a degree that he declined to drink on account of severe pain caused by any fluid (or solid) coming in contact with his mouth; the lips were peeling off and bled on being picked; abdomen fallen in, tender to contact, he vomited occasionally, mucus and specks had streaks of blood; frequent watery offensive stools, no sleep, no appetite; urine scanty; pulse very frequent and not regular; great emaciation. *Nuxvom, Bryonia, Phos, Mercury, Nitric-acid, Arum-trif* had been given according to the most prominent symptoms but the mental symptoms as expressed in the countenance, had remained unaltered, while the pathological condition was worse. The attending physician knew that we had before us ulcerated Peyer's bodies. *Stramonium* covered all the symptoms but that of the sore mouth, but in Hering's proving was the symptom; "It feels as if the inner mouth was raw and sore. *Stamonium* 50 M cured".

(Unfortunately Dr Lippe has not mentioned the exact way the doses were administered. But from a study of his usual practice, it must have been in solution of water, in spoonful doses-Ed)

In one particular province of Homoeopathic therapeutics, we find mother tinctures and the lowest potencies doing better work than the high potencies. It is in the treatment of gross pathological alteration in the body, like enlarged liver and spleen, fibroid and other tumors, glandular enlargements etc. In these cases some special remedies become indicated. Many of these called "Organ remedies" which have to be given in low potencies and often repeated daily till the pathological abnormality is removed. The pioneers in this field were Rademacher, J C Burnett, R T Cooper, J H Clarke and E M Hale each a genius and researcher. They not



only introduced new "Organ" remedies, they found out new uses for ordinary remedies of our great *Materia Medica*.

Here is a case of scrofula cured by Dr J H Clarke.

CASE 10: Dr J H CLARKE.

Charles M 16, brass worker, for 6 yrs had very large glands on the left side of the neck and under the skin. Last winter, blotches appeared on his legs, and since then they come and go. Last winter, for the first time, he had cough. It was bad for three weeks, and since then continued to be troublesome. It continues during the day, and also in the night till he goes to sleep. He has a little swelling under the instep of each foot which pains when he walks. He looks pale.

26th March, 1884. *Arsenic* 3, *Baryta-carb* 6 alternately every two hours. As he improved, this was continued till June 7.

From June 7 to July 5. He was treated with *Nitric acid* and *Euphrasia* for some eye trouble.

July 5: *Aconite* 1 every two hours. (Mainly for eyes).

July 19: Eyes almost well. Lumps in neck smaller. Rpt.

August 2: Eyes well. Neck smaller. Repeat.

October 10: Has a cold. Glands smaller but increased since and weather became colder. Repeat.

November 12: Neck smaller. Repeat.

December 24 to February 4: *Arsenic* 3 for colds etc.

February 11 1885: *Aconite* 6 four times a day

March 5: *Pulsatilla* 3x for eye trouble.

March 18: *Merc-sol* 3 tds. Was continued till May 13.

May 13: *Bryonia* 3 four times a day for one week, then *Acon* 6.

June 17: *Aconite* 6 four times a day.

July 22: Repeat, glands still smaller.

August 19: Much better, repeat.

January 6 1886: Glands smaller than ever before. Cough for 3 days. *Calc-carb* 1 pillule tds for a day then *Aconite* 6. *Aconite* repeated till January 12, 1887.

Again from February 18 1888: to May 12: *Aconite* 6.

From then to March 20 1889: *Kali-mur* 6 tds.

March 20: Lump larger. Cough for a week. *Aconite* 6

tds.

April 10: Lump smaller, *Erythema nodosum*, feel bruised when touched *Arnica* 30 tds.

July 13 to April 2 1890: *Acon* 6 d.

Later he needed *Sulphur* 30 and *Psorinum* 30 and *Conium* 30 for some time.

During the progress of this case, the great power of *Aconite* over the glandular enlargement was very strikingly manifested. It was the inflammation of the eyes, which led me to prescribe it first. When the action on the glands was very marked".

Please note that *Aconite* 1, every two hours, was continued for more than 5 months; *Aconite* 6. 3 or 4 times a day for nearly two years.

CASE 11: Dr J C BURNETT

A gentleman, about 30yrs of age, came from Ireland to consult me with regard to loss of flesh. He was over six feet in height, but weighed only ten stone. Hair reddish, thorax flat, pronounced venous zig-zag` digestion very weak, poor appetite` a brownish rash across the epigastrium; cannot digest vegetables.

The state of the liver led me to prescribe *Chelidonium* 1 five drops in water night and morning.

Under this prescription (with same diet, occupation etc) he increased five pounds in weight in thirty-two days. In six months, he had reached ten stones twelve pounds, and he long after reported to me that he had remained in very good health indeed. Besides being for some months under the influence of *Chelidonium* he had intercurrently also *Badiaga* 3x and *Psorinium* 30 each during one month.

Dr R T Cooper, like Dr Burnett, had a vast practice and was a master of the *Materia Medica*. He brought in many new remedies and cured even bad cases of cancer. I give below one of his famous cases:

CASE 12: Dr R T COOPER

George M aged 40 was suffering from cancer of the stomach which was operated. The operation was abandoned on account of the numerous adhesions and because it was impossible to remove all the diseased tis-

sue. Cooper saw him first on July 22nd 1898 and found him writhing in agony on his bed, unable to keep anything long in his stomach; better by warm foods, worse by cold drinks. Pains worse at night. They began in stomach, spreading to hands and between shoulders as if an iron brick were being forced through stomach and chest. There was a visible bulging beneath the attachment of diaphragm extending to scrobiculus cordis. Tongue red, coated towards back, bowels confined, sometimes diarrhea. Patient's father died of Gastric ulcer, aged 73. On Saturday, July 23 at 6 pm Cooper gave *Ornithogalum* Q one dose. Followed by great pains, he felt almost frantic at 3 am and again at 1 pm when the bowel acted. At 3 am he began taking *Carb-v* 3x every 3 hours. This was discontinued on July 26 as patient thought it increased the pains, which now extended over the whole body. On the 27th a frothy substance began to come up, giving great relief. Cooper considered this as evidence that the *Ornith* had touched the disease but had been restricted in its action by the *Carb-v*. A second dose of *Ornith* was therefore sent and taken on the evening of July 28. Almost immediately after, the patient began bringing up a black jelly like substance with great relief in pain and general improvement. From this time the progress was steady. On August 29 the patient in his report said he was keeping fairly well though at times having great pain in lower stomach. And he noted this important additional symptom. "Great difficulty in going to sleep owing to a creepy sensation in limbs. Also on sitting, legs and feet go all of a heap, cannot keep still, cannot read without walking about. Feet also ache and swell". Dose repeated September 9th. On the 18th he reports sleep much better. Pain in left leg and foot but not merely so bad. Slight pains at bottom of stomach and a little more swelling. Cooper saw him on September 30 and learned that after the last dose, feet and ankles began to swell more, but gradually got better. On September 23rd right leg felt as if bruised and is now painful and angry looking swollen and leaves spots on pressure. When eating feels as if food chokes in the stomach, some flatus, bowels regular. Another dose was given,

and the effect confirmed Cooper's view that the swelling resulted from "the high pressure put on the emunctories owing to the setting free of poison in the system". In a few days, says Cooper, "He came to me in a great fright and pulling up his trousers showed me the terrible condition, as he thought of his legs. They were swollen, and great red streaks and patches could be coursing down the limbs. Believing that these were due to the rapid elimination of the Cancer poison, I rather astonished him by insisting on his walking away without any medicine whatever. This patient soon became perfectly well. I saw him myself soon after and examined him thoroughly, and could find no indication of any disease whatever except the scar of the operation. He was alive and well in July 1901.

Reported by Dr JH Clarke, in his "Dictionary of Materia Medica.

We see in these three cases that the great Homoeopaths of the English school, Drs Burnett, Clarke and Cooper cured incurable cases with *very low potencies*, and even mother tincture, sometimes repeated for months on end. Dr Cooper used single doses of just Q just like high potency prescribers, and allowed plenty of time for their work.

When gross pathological changes have taken place or some healing pathology is happening (as in tuberculosis) it is safer and more effective to use a low potency of the indicated remedy. High potencies bring on extremely severe curative reactions, which the patient cannot stand.

Dr James Tyler Kent, the foremost teacher of our Materia medica and Philosophy, has given a strong warning on this question. He says "it may be well to be careful and not to give *Silica* or *Sulphur* or *Hepar*, too often or too high in patients who have encysted tubercle in the lungs... you should at least proceed cautiously in using them. After you have seen a great many cases, you will find you have killed some of them. If our medicines were not powerful enough to kill folks, they would not be powerful enough to cure the sick folk. It is well

for you to realize that you are dealing with high potencies, I would rather be in a room with a dozen of Negroes slashing with razors than in the hands of an ignorant prescriber of high potencies. They are means of tremendous harm, as well as tremendous good."

Again in the lecture on *Kali-carb*. Dr Kent says: "I want to warn you in one respect concerning *Kali-carb*. It is a very dangerous medicine in gout. Gouty patients are often incurable and to undertake to cure them would be a dreadful calamity, because the aggravations would last long. If you give *Kali-carb* to one of these patients in a high potency it will make your patient worse and the aggravation will be serious and prolonged: but the 30th may be of good service."

In joint affections, where pus is forming there is great danger of its being tubercular. We should give absolute rest to the joint, and give the remedy in a low potency. Here are three cases of this type of trouble.

CASE 13: Dr FRANCIS CARTIER

For 3 months, a young girl had her leg in a splint for inflammation of the knee and doughy swelling of the entire limb. Dr Francis Cartier came to the conclusion that there was pus in the joint. He gave *Myristica-sehifera* 3 five drops at a time, three times a day, for three months. Five months later, the swelling inflammation were all gone, walking gave no pain, but the joint was ankylosed (fixed).

CASE 14: Dr FRANCIS CARTIER

An old man, 87, was seized with sudden arthritis. Then thought it was osteomyelitis, but later a surgeon was called in, who pronounced it to be arthritis purulent from the onset. After he had passed through the hands of eminent old school authorities in Paris, who said nothing could be done, he consulted Dr Cartier. The doctor found the shoulder joint quite full of pus and a particularly painful spot on the scapula at a point where the bone was said by one authority to be attacked. *Myristica-sehifera* 3, five drops three times a day was given. In ten days there was no longer suppuration, the

size of the joint had become normal, and the tender spot was gone.

CASE 15: Dr. E B NASH

A boy, 8, had several (4-5) abscesses in and around the knee joint. The ulceration had also attacked tibia, which was half eaten off, so that the ragged necrosed bone protruded through the surface plainly in sight. The little fellow was greatly emaciated and had no appetite and was pale as a corpse. I told the mother that I thought this was a case for the operation. I remembered reading years before of the cures of abscesses by *Calcareo-hypo-phosphorica*, made by Dr Searles of Albany and empirically concluded to try it.

"I put him on the first trituration a grain a day. Called in a week and found a great change for the better. The mother exclaimed as I came in "Ah doctor, the boy is eating us out of house and home". Under the continued use of the remedy he made a complete and rapid recovery, except that the tibia was a little bent". Dr E B Nash in his *Leaders in Therapeutics*.

Regarding the warning given by Dr J T Kent not to give high potencies where some gross structural change has taken place was stressed. In our vast literature, we find this warning given by other Homoeopaths too but we find hardly any cases where calamity actually happened. It might be that the doctors failed and did not like to report those failures. Anyway, here are three cases, observed by me.

CASE 16: Dr S P KOPPIKAR

A young man used to come to the Outpatient Department of Bengal Allen Homoeopathic College, when I was in the final year. He had suffered from a severe influenza and the cough continued, with some small fever and weakness. One day the sputum was slightly bloody. He got greatly alarmed and came, begging us to do something. The doctor-in-charge and all of us agreed to give only *Fer-phos* and *Calc-phos* 6x. He was also given *Aconite* or *Arnica* 30th (I do not remember exactly). He immediately started improving.



His parents thought, "If the boy improves so nicely by treatment in an outpatient department, how much more will he improve if we see a big doctor and pay a high fee?" I accompanied this boy when he consulted the great man, who prescribed *Phosphorous* 1000- 3 pills in 2 oz of distilled water, to be taken as one dose followed by Placebo later. The dose was got from a very reliable pharmacy and was given at about 9 pm. Next morning when I went to their place, just to enquire, I found he was dead. There had been a severe haemoptysis that night and collapsed before they could shift him to a hospital.

CASE 17: Dr S P KOPPIKAR

A fat lady aged 45 yrs had general dropsy, urine being scanty, high colored and full of albumin. She had been a patient in General Hospital and was discharged as a hopeless case. *Apis* 30 and 200 had helped her a great deal in the beginning. Then the remedy failed to help. Another Homoeopath was called in consultation. A thorough study revealed that *Lycopodium* was her constitutional remedy and somehow was not inclined to give this – at least not high. But the senior doctor was sure that there was a great chance of curing the case by trying at least 200th though he would have preferred 1000. After a lot of discussion we gave one dose of 200. Till then she has been passing about 16 to 18 oz. of urine. From the time *Lyc* 200 was given, not a drop of urine passed till she died next evening.

CASE 18: Dr S P KOPPIKAR

An old gentleman was getting attacks of angina pectoris as diagnosed by his allopathic consultants. A typically *Ars-alb* patient, he was kept fairly comfortable for about two years or more by *Ars- alb* 6 and sometimes 30 though 6 helped better usually.

Then as fate would have it, a famous Homoeopath came to Madras and this old man wanted me to bring him for consultation. The excessive and random talking of the patient, the condition getting usually worse after sleep, and a few more details led the doctor to feel that *Lachesis* was the remedy for him. I was advised to try

it sufficiently high. I told the doctor the patient always reacted nicely to sixth even better than 30. But he was adamant and definitely wanted to give 200. After I refused to give it from my chest, one single dose was given by the doctor himself. The result was disastrous. The attack came that evening – all antidotes of *Lachesis* were useless. *Ars* also did not help. Other doctors were called, his old family doctor, who had not entered that house for three years came back and gave *Morphine* and started his treatment. The poor old man died within fifteen or twenty days.

Really, it is correct to say that where we can manage with a needle we should not use a crowbar.

So, now, what is the "ideal dosage?"

From the cases cited, readers would have already drawn some conclusions.

I have mentioned eighteen cases where different doses were used for different purposes and results. Let me summarize them again here.

Case 1: mother tincture single dose was given with satisfactory results. Patient was robust complaint acute and severe. The doctor was not much worried even if there were some aggravation.

Case 2: Patient very weak and delicate, complaint acute, but with no discoverable pathology. Fear of aggravation, only 40 M given. In fact, due to unnecessary repetitions there was some aggravation, which however passed off by stopping the medicine.

Case 3: Gross pathological change, and no special constitutional symptoms or mentals. Here large doses of crude drug worked wonderfully, while high potency doses failed.

Case 4: The other hand, a constitutionally indicated, but not necessarily covering the pathology, gave good relief, in a far advanced case of heart disease.

Cases 5 and 6: These teach us that when indicated remedy, given low, fails then it is better to try high potencies, rather than change the drug.

Cases 7 and 8: Serious, acute cases, cured by masters with high potencies. The weaker the patient, the more susceptible to the right remedy and the more accurate



the prescription, the higher should be the potency be. The results are marvelous, no aggravation, only rapid gentle permanent return to health.

On the other hand, *chronic deep-seated pathologies, with morbid changes in the structure of organs or parts, can only be successfully treated with very low potencies and mother tinctures.* See that long continued patient treatment in cases 10, 11 and 12. Compare case no 3 with its damaged enlarged heart.

Cases 13, 14 and 15: Pus formation even in bones can be marvelously cured with 3rd potency and even 1X. High potencies would have made matters worse. Extremely active curative process is dangerous in these conditions. See the disasters in cases 16, 17 and 18. Cases of tuberculosis, Bright's diseases and heart diseases etc. where "curative" effort of nature produced violent reaction, even killing the patient.

From the time of Hahnemann to the present day, the problem of selecting the right dose for a given condition has been studied and analyzed by the best brains in our system. Though it is far from definitely fixed a few fundamental rules have emerged. I would strongly recommend all to read the chapter on "Homoeopathic Posology" in the great work "Genius of Homoeopathy" by Dr Stuart Close.

According to Dr Close's analysis the choice of dose depends on 5 factors:

1. The susceptibility of the patient.
2. The seat of the disease.
3. The nature and intensity of the disease.
4. The stage and duration of the disease
5. Previous treatment of the disease.

1. SUSCEPTIBILITY is by far, the most important. Is dependent on age, treatment, constitution and character of the ailment and environment

The more similar the remedy, the more clearly and positively the symptoms of the patients take on the peculiar and characteristic form of the remedy, the greater the susceptibility to that remedy and higher the potency required. As we know, the fine characteristic symptoms

of remedies are developed in higher potencies only, whereas crude drugs only show gross changes. In cases where the pathological changes are prominent, low potencies are required; or in any case where three or four remedies seem equally indicated, it means that finer indications are wanting and lower potencies are indicated. Young, vigorous people are more susceptible; they need higher potencies. Similarly, delicate, sensitive, nervous, intellectual people need high potencies; coarse, torpid phlegmatic people need lower doses.

Terminal conditions deaden reaction. Only large doses can produce some reaction. If the grade of disease is low and the power of reaction is low, the remedy must be given low. In these cases finer shades of symptoms are absent. So, in terminal conditions or in gross pathological changes, resort to the crude drug and increase the dose to the point of reaction.

Environments and habits of life also should be considered in selecting of the dose. People exposed to the continual effects of drugs, tobacco-workers, druggists, chemical workers have less susceptibility to any drug, and need low potencies. Idiots and dull-witted persons need lower potencies.

2. Next THE SEAT, CHARACTER AND INTENSITY of the patient. There is one more point omitted by Dr Stuart Close. The susceptibility increases as the remedy becomes more and more similar, and is the highest to "similimum". If we apply this rule, it means, "the more accurate our prescriptions become the higher we can go", with extremely gratifying results. Conversely, when in doubt about prescription, give low first to see the reaction.

Dr E M Hale, the great teacher of Materia Medica, who was the explorer of "New Remedies" has given his law of dosage as follows:

"If we prescribe a drug for symptoms similar to its primary effects, we must use high potencies -- low doses will aggravate.

But if we are treating conditions similar to its secondary effects we must use the low attenuations".

This is true in almost all cases but specially in remedies

like *Aconite*, *Digitalis*, *Nux-vom*, *Opium*, *Bell*, etc. Let me explain by examples. *Aconite* produces primarily a chill; secondarily heat or fever, though we know it is only for its fever. When we give it in the very beginning, say after exposure to cold, a high potency, say 30, will cut short all trouble. But when we give it in fever, according to Dr Hale it is better to give lower potencies. Most Homoeopathic physicians would have seen that people with "Domestic or family" chests of medicines use *Aconite*, *Belladonna* and *Ferrum-phos*, very successfully for fevers. The usual dose in these is lower potencies only.

Digitalis is homoeopathic to both its primary and secondary effects; but Homoeopaths have used it only or mostly for its secondary effects. But it must be given in the higher potency for primary effects, and larger doses than are usually given by Homoeopaths in the secondary effects. Cardiac dropsies and other failures mostly come under those categories, as all the muscle fibres are feeble and contractions are feeble.

(This explains the cure in case no 3, where an allopath cured the case with large dose of *digitalis*.)

Cale-carb produces primarily a diarrhea from fats and milk; secondarily a constipation (eg of milk fed babies). The ideal method is to give high potencies in Diarrhea and low say 6th in constipation. This has always succeeded in my hands. Though both "Comatose, deep sleep and extreme wakefulness." are given as indications of *Opium*, when we treat "Sleeplessness" with *Opium* high, we may fail in the majority of cases whereas with lower and lowest potencies we cure this Homoeopathically (not antipathically or palliatively). Many other examples could be given to elucidate this law. But to apply this in practice, we require to study our Materia Medica more, and the original works, to find out the exact action of different remedies. The greatest sources are *Materia Medica Pura* and *Chronic Diseases*.

Let me end with a request to readers not to pooh-poo the cures done by others in any 'pathy' but to learn how they were done. The law of Homoeopathy is a Universal Law, and every cure can be explained through the law, irrespective of the 'dose'.

A Boy Who Ate Cockroaches, Lizards, Bulbs Etc.

It was shocking and repulsive to hear a mother tell that her 6-year-old son has a habit of eating cockroaches, lizards, leave alone chalk and mud. It seems that once he even ate an electric bulb. So far I had only read these things in the Guinness book of World Records. The boy, who was FTND, had not suffered any major illness till 4th year of his age. Later he developed lack of appetite coupled with this pica.

Apart from this, he was not listening to his parents, behaving according to his own will and wish. This adamant and headstrong nature was more bothering than the pica.

His bowel movement, thirst, urine, sleep, sweating were

normal, excepting occasional stomatitis. *Acid-nit* 200 1 dose was given. After a week, when the boy had not improved, the same dose was repeated. As there was no improvement and lack of appetite still continued, the dose was increased to 1M. Even this could not evoke any response.

After reviewing the case once again I came to a conclusion that the drug was correct but the potency might be wrong. Hence I decided to give 10M and that did the trick within 4 days there was improvement in his appetite, which was followed later on by slow and steady improvement at all levels. Though not soft and mild, the boy is now much better even at behavioral level.

CONCLUSION:

It is not the right remedy alone but the right potency as well, which cures the case.



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