

# POSIOLOGY

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Probably the most crucial yet controversial and criticised aspect of our time tested science is the vital question of dose. ie the potency and repetition. Let us have a look to this part of the practice of homoeopathy.

I wish to make it abundantly clear beforehand that it is not intended to contradict the basic laws of the doctrine or question the established norms. We should consider the respectability of our master in the highest esteem. While reposing unquestionable faith in his doctrine, we should not choose to close our eyes to the finer qualities of his personality. The most prominent of which is probably his unwillingness to compromise in pursuit of perfec-

tion of his grant discovery, the revolutionary healing art. Equally important was his readiness to honourably accept mistakes, pitfalls and correct them, which is clearly evident from this successive editions of his 'ORGANON' of medicine; the ten commandments of homoeopathy (while the materia medica pura be the Bible) for six times until he reached his goal of perfection. This last mentioned aspect of his personality is the basis of this article. If Dr.Hahnemann was alive today, the method of homoeopathic practice may have been different; to cop with the new challenges paused to humanity and its very existence by the so called scientific era with its consequences of adventures. His concern in the

depth of his heart was the well being of the human race, for which he had no hesitation to discard once established opinion and adopt a new line found more convincing, truer and beneficial to his patients.

Irrespective of what mode of homoeopathy each of us practices, (As far as I am concerned there is only one homoeopathy perfected by my master Dr. C.F.S. Hahnemann) be it classical, complex or any other, our only concern at heart should be welfare of our patients. I am thinking aloud of the former type of homoeopathy only. Some teachers of our times rich in knowledge and experience believe the laws of the doctrine are rigid and those thinking differently depart from the very spirit of the sys-

tem. I tender no apology, while pleading as stated here that our master and his sophisticated doctrine are flexible where we can see reason. My views expressed here are only opinions not intended to evaluate or criticise others.

Obviously there cannot be a complete segregation of ways of individual's practice. Some prefers low potencies, while others faith is in high potencies. Some others are cautious of anything above 200c. Yet some prefer 30th and below. And some other stick to  $\phi$  and x (mother tinctures and decimals). There may be large numbers like me with no affinity with any of these fixes and resort to all potencies from  $\phi$  to 'cm' as the case in hand demands. Since the very essence of homoeopathy as a science and art of healing is individuality and each creation of the almighty essentially differs from one another, in some way or the other, we cannot reasonably expect to discover any formula which can possibly take us towards any uniformity in the selection of potency or dose, even in a limited sense. Here the only guide can be one's personal experience. Teaching by masters based on their experience can at best help to choose the best mode suitable to the individual practitioner, which he realises to be similar to his own line of thinking. This kind of guidance helps in minimising mistakes and leading to speedy perfection of his own method.

In principle, any one rem-

edy may be the similimum in a case in hand and varying potencies of the same or different medicines may be needed in different conditions of the same or different patients. This situation is the product of individuality and the characteristic personality of the individual, the alteration of which is beyond our control. This truth was known to Dr. Hahnemann and he obviously realised it well in advance of the development of homoeopathy. But in practice we can see that some drugs in certain conditions in most cases act only in certain form and potency. This does not mean that we should consider that these in certain form and potencies are specific to certain conditions or diseases in all patients. We can try them in such and such conditions, if the symptom picture presented by the patient agrees to the symptomatology of the remedy. Here I shall illustrate a few such medicines. Readers can make note of such remedies they come across in practice. This habit will help you to construct and utilise a growing and special ready reckoner which will pay rich dividends and of immense value in future, specially when puzzled in odd cases or lack time for a repertorisation. Let us examine some remedies in this regard.

1. ACONITE NAP. I need not mention that this is our first remedy for sudden onset of complaints like fever. In this case many of us may have had occasion of dissatisfaction, despite the patient presenting the symptoms of the remedy like chill, full pulse, anxiety

etc. with fever. It is likely that the drug had been tried in low potency and even repeated doses did not help beyond amelioration for short periods. In fever when Aconite is indicated, we should begin with nothing below 200c with very few exceptions. Again though globules may help in all probability, you can more confidently depend on sugar of milk as the vehicle, or liquid mixed in warm water administered in frequent teaspoon doses or sips. In mental trauma, fright and such complaints potency below 200c is unlikely to do any good. We may need potencies varying 200c to cm.

## 2 BAPTISIA TINCTORIA

This is a very useful medicine for typhoid state and other continuing fevers. But often we hear complaints of its failure. But probably the failure was due to improper potency. The best form in the above condition is mother tincture( $\phi$ ) drop doses diluted in warm water very frequently repeated: even every five minutes if necessary in continuing high fever (I have brought down temp 104-5f to normal with mother tincture in children and adults). If you don't have  $\phi$  in your chest (procure today) go for the lowest potency immediately available, preferably in decimals(x). I had no occasion by which I can vouch its efficacy in its potentized form. Probably higher potencies may help in preventing recurrence, which should be tried.

3. BELLADONA. Of use in all potencies from  $\phi$  to the highest. For inflamed glands locally the mother

tincture (Tonsillitis) and high potency internally in frequent doses provides quicker relief. In feverish conditions and headaches 30&200 are found effective. When often the complaint recurs and in mental symptoms 200 to the highest potency may be called for in infrequently repeated doses in ascending order.

4. CAMPHORA. Regrettably, virtue of this medicine is not amply recognised, beyond its use in cholera. This can be of help in many such difficult situations, even when allopathic drugs fail to palliate. In case of retained/suppressed urine with its associated troubles, a few drops on tongue in sugar of milk or cane will magically help to void urine and ease the patient. Mother tincture and potencies are equally effective, the former with instant result. If your choice is not  $\phi$ , cool water can take place of the sugar. In epileptical convulsions oil of camphora can be beneficially massaged on the affected limbs, specially when the surface is cold. Inhalation of  $\phi$  for the stuffed nose in acute catarrah is a better alternative for allopathic preparations as nasal drops, and simultaneous internal medication can be continued with benefit. Inhalation brings back consciousness in case of unconscious patients.

5. FERR. PHOS. Generally, this remedy is used in low potency 3x is particularly suitable for epistaxis, Anaemia, as an effective dressing for wounded vein etc. For colds and respiratory problems upto 30c may be needed.

6. HEPAR SULPHUR

CALCAREA. We should be very conscious while prescribing above 200c potency. It is safe to begin with 30c when you are not sure about its selection or the clinical history of the patient is not known. Later, prescribe lower or higher potencies as needed. In boils or inflatory conditions where abscess is not formed lower potencies (say 6th) will hasten the process, early drainage and heal. If the abscess is not yet formed Hep S 200c will most probably avert and abort it. In doubtful cases it will be safer to be content with 30c as stated earlier.

7. PHOSPHORUS. I need not go into details of the drug picture. We will find the warning in texts about its indiscriminate repetition and administration above 200c. About the repetition, when the selection is correct 3 or 4 times a day can be continued for a few days or a week continuously, ie till the process of amel is commenced. If the medicine has to be repeated further it is advisable to wait and watch the effect of the administered set of doses; ie. let the drug complete its action before repeating in the next ascending potency. The length of this waiting period may vary in different patients and in different occasions. If there is no positive effect of the first set of doses seldom the remedy will do any good in subsequent doses.

8. SILICEA. Here the same precautions are required as in the case of Hepar Sulph. But the risk involved is graver owing to its ability to liberate concealed lesions or growths to new heights. Knowl-

edge of the patient's personal and family history; TBs, Fibroids, Surgery in particular, is of paramount importance. You will be wiser to commence treatment with 30c in doubtful cases, LM potencies still better. In case of any threatening abscess, except in vital organs, two doses of silicea cm administered in 20-30 minutes interval will abort suppuration and cure in a relatively short time. If the suppuration has already begun the lowest potency (3/6) repeated 3-4 times a day and continued till the abscess is ripened and drained will frequently help in nonsurgical drainage and healing. Once after completed the drainage process a single dose of high potency will hasten the cure. Occasionally a small outlet may be required to be provided by a simple surgical process of puncturing by a sterilised sharp edged instrument for the easy and quicker drainage of morbid matter in sites where the skin is hard like that of sole.

9. SULPHUR. My experience is this Hahnemannian anti-psoric is needed in all potencies for various cases, ie right from ' $\phi$ ' to the 'cm'. But often aggravates in higher potencies. I always in most cases begin with the 12c one, two or three doses, once twice or thrice daily, then repeated after the power of the doses is exhausted, with single dose of 12c or higher and daily for a week if lower power is required ( $\phi$ /3/6). In majority of cases of itch 6c is ideal and some other higher potencies and rarely mother tincture may become necessary. Always rule out a history of TB, Ulcers/other growths surgi-

cally removed or existing when prescribing above 30c of sulphur. This drawback is likely to find an answer in LM potencies.

In general, nosodes are useful in high potencies only. Hardly we have a day without the need of these xaviers. Those in general use are;

Baccilinum	(30-cm)
Diphtherinum	(1m-200)
Influenzin	(200/1m)
Malaria Officialialis	(200-1m)
Medorrhinum	(1m-cm)
Psorinum	(200-cm)
Syphillinum	(1m-cm)
Thyrodinum	(30-cm)
Tuberculinum	(30-cm)

Variolinum (30-cm). Variolinum-CM is helpful in clearing pock marks of eruptive fevers.

My effort was to attract the attention of the profession towards some of the medicines which in my view deserved special attention with respect to selection of potency and repetition. They have to be considered differently from other medicines for safe and legitimate selection. I could not deal with all such type of drugs which is out of the scope of this humble attempt. Some readers may have reservations about the frequent repetition

I have mentioned. If we care to look into the works of our masters, we will find that many great prescribers of their times have deviated some time or other from the single dose theory. Example: Ref.H.C.Allen's Materia Medica of Nosodes, B.Jain.Psorinum-200 every night for a week (p-407) Psorinum 52M 4 doses repeated 1/2 hrly (P-408). Many such instances can be reproduced which is unnecessary. I am concluding with the hope that this short note will help some students of homoeopathy in some way in practice. □

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