

REPETITION OF DOSES

(Especially “Centesimal” potencies)

Part-C

By



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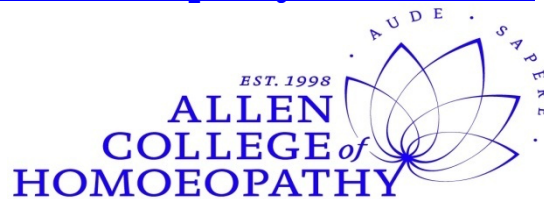
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In the beginning, even in acute diseases I was taught not to repeat the dose until and unless the action of the previous dose had been completely exhausted. [Ref. “Repetition of doses” by Dr. P. Sankaran Page No. 1]

REPETITION IN CHRONIC CASES: - In chronic diseases there are two standard procedures. In one, repeated doses of a low potency of the remedy are given till the patient is cured in the other a single dose of high potency is administered and then a wait follows till its action is over, sac lac being given in the meanwhile.

Repetition of Low Potencies: - The frequent repetition of low decimal potencies (tincture, 6x etc.) in chronic conditions seems to be generally acceptable. For instance, for hard tumours Calc. Fluor. 6x given two or three times a day for several weeks or months is quite a common prescription though it must be mentioned that people like R. T. Cooper were curing even chronic cases like peptic ulcers or even Cancer with single doses of the medicine.

The real difference of opinion and disagreement seem to arise only about the frequent repetition of high potencies in chronic cases.
[Ref. "Repetition of doses" by Dr. P. Sankaran Page No. 3].

Repetition of High Potencies: - Going back to the teaching of Hahnemann one is at first rather confused Hahnemann in his teaching up to and including fourth edition of the Organon has strictly warned against hasty repetition. We are advised not to repeat the dose until the effect of the previous dose is exhausted. In the 5th edition he emphasizes this but there is a hint of a change. He mentions that "..... this minutest yet powerful dose of the best selected medicine be repeated at suitable intervals." Later, in the preface to the third part of the 2nd edition of the Chronic Diseases he says: "..... in chronic diseases I have found it best to allow a dose (to wit, a spoonful) of such a solution of the appropriate medicine to be taken not seldom than every two days, but more generally every day."
[Ref. "Repetition of doses" by Dr. P. Sankaran Page No. 3 & 4].

Ad von Lippe (as quoted by Yingling) advises, where no response has been obtained, to repeat a lower potency in water every two hours till a good response is obtained, even if several days are required and then to wait on its action.

The farther removed the remedy is from the similimum the greater must be the repetition to get necessary action upon which to wait for a cure or a change.

..... Dr. Aegidi considers that remedies like Act-r, Blatta o., Lac can., Lach., Lyco., and Nat-m, may do harm if repeated needlessly.

Baker says that one powder dry on tongue may be all that is necessary, but again it is better to give three powders an hour apart or to dissolve a powder in six or ten teaspoonfuls of water and give two teaspoonfuls every half hour. Sometimes he gives one powder a day for three days or a powder night and morning for three days. But he never used this last method with potencies above the 200th.

[Ref. "Repetition of doses" by Dr. P. Sankaran Page No. 5].

Berridge feels that some cases, chronic or acute, may be cured by a single dose; others will require a repetition the cases which need repetition are: (1) those to which no absolutely perfect similimum can be found and, (2) those in which external disturbing factors continue to operate. [Ref. "Repetition of doses" by Dr. P. Sankaran Page No. 6].

Boger opines that the repetition of doses is one of the most difficult subjects that the beginner can possibly handle. In a case of a disease like malaria, a disease which inherently has the habit of recurring, he has never cured such a disease with a single dose, especially if it were chronic. In such cases he gives a dose night and morning until he sees some effect, then stops and waits to see how long that effect is going to last. He goes on to say "in the case of a disease where it does not give an immediate effect, I am in favour of giving the highest potency in a single dose and then waiting a long time, as in the case of a miasm although I would not give the so-called anti-psorics for that purpose." Then he mentions that in slow progressive diseases like arthritis deformans, it would be a mistake to prescribe to remedy and expect quick action because these diseases have a tendency to repeat and reassert their symptoms. In prescribing and administering the medicine we have got to take into consideration the pace – the natural pace of the disease. Then he further mentions that he has sometimes waited three months for a reaction. But he notes that sometimes repetition is necessary particularly of the newer remedies, e.g., Pyrogenum. He also says that an aggravation from a high potency can be avoided by giving the remedy in three doses two hours apart. [Ref. "Repetition of doses" by Dr. P. Sankaran Page No. 6 & 7].

Bradshaw thinks the failures to cure by high dilution are due to frequent repetition.

Buchmann says that he has often noticed aggravation from too frequent repetition and that he has frequently injured his patients by such undue haste. He says also that many remedies, e.g., Bryonia, Belladonna etc., when properly selected frequently show an improvement after the first dose. On repeating the dose, after some hours, an aggravation ensues at once, which increases more and more with every successive dose. So, he

never gives these remedies more often than twice a day even in acute cases.

Clarke G. H. Considers that Hahnemann's dictum must be observed viz. that the dose should not be repeated while the amelioration lasts.
[Ref. "Repetition of doses" by Dr. P. Sankaran Page No. 7].

Coleman says that the secret of Burnett's successes lay in the infrequent repetition of the dose. This gave the body a chance to react. Infrequent repetition is the successful method of treatment by isopathy or vaccine therapy, today. [Ref. "Repetition of doses" by Dr. P. Sankaran Page No. 8].

Cooper strongly advises us to rely on a single and solitary dose. He quotes the case of deafness of four years cured by a single dose of Mez. Given by Dunham. He calls repetition 'a barbarous habit'. He also describes a case of skin disease in which he prescribed Calc. Carb, 3x t.d.s. The patient reported after six months that he was completely cured not while taking the medicines but three weeks after stopping it. So, Cooper decided to rely henceforth more than ever upon the single dose and to allow a sufficient time to pass before repeating the dose. Since then, he says, his success proved to be much greater.

Dhawale says, "In chronic cases I generally use the single dose".

Edward Philips considers that the rightly selected remedy will cure more effectively when given at distant intervals.

Dr. Kent, 'It is well to realise that you are dealing with razors when dealing with high potencies. I would rather be in a room with a dozen negros slashing with razors than in the hands of an ignorant prescriber of high potencies. They are the means of tremendous harm as well as of tremendous good' (Kent's Lectures p. 453).

At all events, in most quarters, high potencies are usually given at rare intervals.

Daily repetition in a sensitive patient should be avoided as it produces an excited restless state.

Common sense would seem to suggest that if the frequent repetition of high potencies is dangerous, then the frequent use of lower potencies is dangerous, then the frequent use of lower potencies is more dangerous since the lower potencies contain many million times the quantity compared with the higher potencies.

[Ref. "Repetition of doses" by Dr. P. Sankaran Page No. 9].

John Weir thinks the rate of repetition is dependent entirely on the response of the patient. He quotes a case of Sulph. in which the patient was given a single dose to which he did not respond for 3 weeks but responded very well to it in the 4th week
[Ref. "Repetition of doses" by Dr. P. Sankaran Page No. 12].

Writing on the subject of Repetition, Kanjilal emphasises giving a single dose and waiting until the action of the single dose is definitely finished. He gives examples of cases spoiled by undue repetition. He quotes a case in which Ars. Alb. 6x gave relief to the patient for six months and another case where a dose of Sulph. 10M repeated to hasten the action of Sulph. 200 given earlier produced a fatal effect. He also describes another case in which a patient was given Lyco 200 did not find any effect for three weeks but then started improving. But by mistake he took a dose of Sulph. 200 and this made him worse, and it took more than six months to repair the damage. He says "From the very beginning to the end we never prescribe more than one of two doses of the indicated medicine and observe reaction for weeks or sometimes months, never thinking of repetition or a second so long as there is slightest trace of doubt of the continued action of the previous dose. *"It is an irrefutable fact of experience of all, that as soon as there is any evidence of reaction of the previous dose or doses further medication must be stopped until the reaction is completely over."* Commenting on Maganlal Desai's "adventurous" repetition of high potencies he further says that he has an open mind on the question and feels that this frequent repetition method cannot be accepted until there is more strong objective evidence in its favour. [Ref. "Repetition of doses" by Dr. P. Sankaran Page No. 13].

Pulford notes that he has seen excellent result with the single dose and thinks that the dose should be repeated only if its action is interfered with by some other cause. He advises even in acute cases such as pneumonia, a single dose of the 200th and cautions never to repeat until one is absolutely sure that the previous dose has ceased to act.
[Ref. "Repetition of doses" by Dr. P. Sankaran Page No. 14].

Reed thinks it is a fatal error to repeat the dose too soon either in acute or chronic cases.

Sutherland says that weeks and frequently months will elapse before it becomes necessary to give a second dose of the chosen remedy. It is remarkable too, how well these cases get along in the meanwhile.

Tomlinson writes that Lippe used to give one dose of high potency and would even wait for six months before giving the second dose. He reports that in a very serious case seen in consultation with Moore and H. M. Guernsey, he had selected the indicated remedy the giving of which was

followed by prompt improvement. Then turning to his conferees, he said “Gentlemen, whatever you do, do not give the patient another dose; if you do, she will die”.

[Ref. “Repetition of doses” by Dr. P. Sankaran Page No. 15].

Yingling himself is in favour of the single dose.

Almost all the galaxy of past masters from Hahnemann downwards to Sir John Weir and Pierre Schmidt (including Allen, Boenninghausen, Boger, Dunham, Farrington, Kent, Lippe, etc.) have advised against frequent and unnecessary repetition of high potencies. Some of them think it can actually obstruct the cure.

[Ref. “Repetition of doses” by Dr. P. Sankaran Page No. 24].

There is also the cardinal principle of homoeopathy which expounds the use of minimum doses. The homoeopath believes that the sick organism requires only the minimal stimulus to overcome the illness and to return to its original normal state. Roberts says that the dose should be diluted in time as well as in space, meaning thereby that the dose should not be given frequently. He says further that the successful homoeopath knows how and when to wait. He also mentions that to do this i.e. to hold one’s hand is the hardest thing for a physician to do and the really successful homoeopath will be the one who can do so. He, like the obstetrician, must know the secret of “*watchful expectancy and masterly inactivity*”, Besides, if a minimum dose can cure why should we give the maximum number of doses? Maximum doses and frequent repetition are more commonly associated with the allopathic method of treatment. This is the view of most homoeopaths. *Hahnemann himself has praised the value of sugar of milk, calling it ‘a gift of God’ meaning thereby that the judicious use of this placebo instead of the medicine can be most beneficial.*

Now again the question will arise whether such frequent repetition of high potencies is harmful or not. There is the possibility that in sensitive patients, it may actually give rise to more symptoms of the same remedy which the innocent or ignorant prescriber may consider as clear indications for the further doses of the same drug. Sensitive patients may be aggravated, sometimes even badly, by the repeated administration of high potencies.

We have known of cases in which the patients were violently upset by the repeated dose of even moderate and low potencies.

[Ref. “Repetition of doses” by Dr. P. Sankaran Page No. 25 & 26].

L.M. Potency Repetition: -

- i) Repeat until recovery ensues (§248).

- ii) Repeat until the patient experience continued improvement (§248).
- iii) Do not repeat during progressive improvement (§245).
- iv) Can be given daily and for months (§ F.N. 246).
- v) §280 (Continue till return of old disease).

To be continued in 4 Parts in consecutive months.