"High Potencies in Homeopathy: A Mean of Tremendous Harm & Tremendous Good."

Introduction

In this article I wish to discuss the implications and significance of a statement made by James Tyler Kent on the prescribing of remedies in the high potency. The statement that Kent (1998, p. 557) made reads:

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

In order to understand the significance of this statement for a student of homœopathy or for anyone seeking an insight into the efficacy of homœopathy, it is critical to understand certain key points, of particular relevance in relation to this statement.

To begin with I aim to define potentising and explain how a remedy is defined as being of greater or weaker potency. A discussion about high potency, its possible effects and related issues, would certainly require an understanding of homœopathic potency.

I would also like to address what means of tremendous harm or good can result from improper and proper use of the fifty millesimal potencies while also drawing comparison, in particular, to the centesimal potencies. For example, what is a 'homœopathic aggravation' and what is the impact of an aggravation if it were similar or dissimilar to the original disease? Is there also a danger in overusing high potencies?

What then are the potential 'means of tremendous good' of high potencies? Are they able to hasten cure, while curing gently and permanently? Can they cure chronic

illness where lower potencies have failed and can they apply to both chronic and acute states of illness? Are they also able to avoid aggravations and can they unlock the true potential of a given substance?

As 50 Millesimal potencies are a highly debated issue in homœopathic circles, it is also important to consider the current perceptions on this topic. How have the changes in the 'Organon', homœopathy's establishing textbook, influenced current perceptions and on what changes has the majority of current practice been established? Do differences in opinion still exist in regard to the selection potency and if so what are they?

To begin with, understanding potencies will be the first step to providing an answer for most of these questions.

What is Homœopathic Potency?

Is homœopathic potency simply a large dose of a given medication? Or even a concentrated dose of a given medicine? What needs to be understood is that it is neither of the two. Homœopathic potentising can act as a means of reducing the toxicity of a selected substance, such as Arsenic for example, without decreasing its dynamic therapeutic action. By reducing the toxicity and hence potential side effects the ideal of homœopathic cure is: a rapid, gentle, smooth and permanent restoration of health (Gunavante 2002, p. 2), as well as removal of the disease in its whole extent in the shortest, most reliable and harmless way (Kent 2004, p. 14). Administered in doses so subtle they suffice to lift a malady without causing pain or debilitation to the patient (Hahnemann 1996, p. 5). Samuel Hahnemann, the father of homœopathy, first experimented with diluting his remedies, which successfully reduced the toxicity, but at the same time nullified any measurable therapeutic value it once held. If the

therapeutic value was nullified, of what value was dilution on its own? How did Hahnemann then find a use for such a diluted medication?

Vithoulkas (1980, p. 102) explains:

> Hahnemann began experimenting with the concept of adding kinetic energy through means of shaking or succussing the remedy against a hard object after preparation. His observations after application of remedies prepared in this way were that the more a substance was succussed and diluted the greater its therapeutic effect while simultaneously nullifying any toxic side effects.

Homœopathy has its basis in the belief that all substances hold energy, a 'life force', potent in their unbroken whole form, but becoming more potent in a disintegrated atomic form, as this then places them in a position where they can then act directly upon the energy of the human 'life force' (Roberts 2000, p. 72).

The principle and theory of a homœopathic remedy is clearer now, but how exactly is potency achieved? Potency is achieved through a series of triturations usually followed by dilutions of the crude substance, then followed by numerous succussions. Homœopathy has a specific nomenclature for each potency or dilution. If a crude drug were to be diluted to 1/100 parts or 1/50,000 parts, how do we then differentiate between the two? The first stage of dilution I would like to consider is the centesimal dilution or what may commonly be referred to as the 'C Potency'. To begin, if dilutions are made on a starting scale of 1 part drug to 100 parts solution (i.e. 1/100), the scale being used is then known as the 'centesimal scale' (Vithoulkas 1980, p. 102).

As Gaier (1991, p. 448) also defines:

> The centesimal dilution is prepared on the principle that first potency should contain one-hundredth of the base drug in its solution and each succeeding potency should contain one-hundredth part of the one directly preceding it. The scale is denoted by the suffix 'C' after each dilution; for example, the first dilution is '1C' (1/100), the second '2C' (1/1000) and so on.

Having roughly defined how the centesimal scale is prepared, I would now like to consider the preparation of 50 Millesimal dilution or what is commonly referred to as the 'LM Potency'. The millesimal potency is a starting dilution of 1/50,000 parts. As Barker (1992, p. 3) explains:

> "…remedies are prepared by trituration up to the 3C potency, so the original material is 1 part to a million." Then dissolved in alcohol at a rate of 1 grain to 500 drops of alcohol to make the mother tincture, one drop from this should be dissolved in 100 drops of alcohol and given 100 succussions.

We can see from this explanation that one grain of the 3C potency is dissolved first in 500 drops of alcohol, one drop of this solution is then further diluted in another 100 drops of alcohol. Here we can clearly see how the millesimal scale is 1/50,000 ratio. This is the first potency of the millesimal scale, which is accordingly labeled LM1 (Choudhary 1988, pp. 11-12).

A '1C' remedy contains 1 part drug to 100 parts solution and is a potent remedy. An 'LM1' remedy contains 1 part drug to 50,000 parts solution, and due to the higher level of dilution, we can conclude that the LM1 remedy would be more potent in its effects than the 1C remedy.

This explanation about potency and Centesimal and 50 Millesimal dilution scales provides a basis for a clearer understanding to discuss how high potencies have potential as a means of tremendous harm as well as tremendous good.

A Means of Tremendous Harm

The area of harm I would like to focus on is side effects, or what could more appropriately be termed as "Aggravations." Specifically, a homœopathic aggravation

can be indicative of a two things, both of which will require special attention if harm to the patient is to be avoided. What is most important to discern between is aggravations of the current symptoms and the aggravation and appearance of new symptoms. If attention is not paid to either of the two, considerable harm to the patient will occur. We can term it a similar aggravation if it corresponds to the totality of the symptoms; in such cases we can take it for granted that the given doses were too high (Choudhary 2000, p. 27).

In some cases, however, homœopaths actually look for an aggravation in order to confirm that a selected remedy is actually working and matches, perhaps, the totality of symptoms (De Schepper 1999, p. 129). However, this approach has also been shown to have its disadvantages. An aggravation is the primary action of the remedy, which is so strong that it actually represses the secondary curative action of the vital force for a long or short period of time (De Schepper 1999, p.129). What this means is that if an aggravation has occurred, even if it matches the totality of symptoms, it will take longer to affect a complete cure.

How are we to know if a patient is going to be hypersensitive to a remedy and avoid a ‘similar’ aggravation? Susceptibility to a remedy can be a factor in determining potency. As the greater the susceptibility to the remedy, i.e. the greater the number of characteristic symptoms of the drug in the case, the higher the potency required (Close 2003, p. 192). In the occurrence of ‘similar’ aggravation, it is necessary to lower the potency and the succussions to avoid this happening. If the aggravation is dissimilar and new symptoms begin to appear it is also liable to cause great harm. To begin with new dissimilar symptoms should be a clear sign that the wrong remedy has been chosen and to; choose a new remedy if the aggravation is only slight or if the

aggravation is too violent to administer an antidote and apply a new medicine (Choudhary 2000, p. 28).

What also needs to be considered is the damage that over useage of the same potency, however well selected, can cause. Given that when they are used in such high potency they can also quickly establish new symptoms. As Boenninghausen (1979, p. 187) states: medicines given in high doses unfold their symptoms, which nullify the similarity but at the same time establish another dissimilar disease in place of the former.

If aggravations occur even after minute doses that have been gradually lowered what should be done in this situation? If the remedy was perfectly similar to the case, the aggravation should only be slight and is the best indication to do nothing further but wait. If improvement shows do not change the remedy or repeat the dose, as there is no danger in waiting, not until new symptoms appear (Boericke 1990, p. 73).

Homœopaths on one hand, may repeat a high potency dose to accelerate healing, but on the other hand, should refrain from repeating the does to avoid violent aggravations (Schmidt 1994, p. 48).

As the 50 Millesimal potencies are said to be more potent in their effects we can see it crucial, not only in the use of the 50 Millesimal but any homœopathic prescribing to always select the similar remedy, take thoughtful steps to avoid aggravations and avoid unnecessary repetitions of the same potency.

Looking at the means of tremendous harm that can result from the improper use of high potencies, it is of equal importance to understand a great means of tremendous good can also result from the correct use of high potencies.

A Means of Tremendous Good

The highest ideal of homœopathic cure is the rapid, gentle and permanent restoration of health, in the shortest way possible, as defined by Gunavante (2002, p.2), Hahnemann (1996, p. 60) and Kent (2004, p.14). This then raises the question if the Centesimal potencies are potent remedies in their own right, why should the application of the millesimal potencies be considered and in some cases be preferred over the Centesimals?

This is because the 50 Millesimal potencies hasten the process of cure and at times cure is not possible by medicine of the centesimal scale or it takes too long. Additionally 50 Millesimals posses the ability to cure both acute and chronic patients, in the shortest possible time and sometimes cure where the lower dilutions have failed, as expressed by Choudhary (1988, pp. 150-151), Barker (1992, p. 21) and Dunham (1993, p. 238).

It is clear then that the first advantage of the 50 Millesimals is in their ability to cure quickly over the Centesimals, while also being applicable to both acute and chronic patients. What then are the other advantages of the 50 Millesimal potencies that could affect ‘tremendous good’? Considering the advantages of 50 Millesimal potencies

Das (1986, pp. 95-96) and De Schepper (1999, p. 132) both state:

- aggravations are minimized and can be regulated easily, as there is less material drug actually contained in the remedy. With a centesimal we usually have to wait weeks to months, whereas a higher potencies effects can be seen quickly after a few successive doses.
- in cases of long standing chronic disease 50 Millesimals may not only gently palliate but cure hopeless cases at the same time, while also being quicker and gentler in their curative actions. In palliative cases 50 Millesimals have been gentle enough to completely avoid aggravations.

The theory behind the high potencies is to reduce the toxicity of the crude substance while unlocking the latent therapeutic value of the substance. Does the 50 Millesimal scale achieve this aim? The millesimal potencies unlock the maximal latent power of the drugs for rapid and lasting penetration, achieving the ideals of potency activity,

being: rapid penetration, gentle impression and permanent restoration of health (Das 1986, p. 95). We can now see that the 'tremendous good' that the 50 Millesimal potencies can affect are tremendous. To minimize aggravations, to palliate or to cure both acute and chronic disease and to do it in the quickest, safest way possible, is a sure means to integrate the use of the 50 Millesimal scale into homœopathic practice. However, having discussed the potential means of tremendous harm and good that the millesimal potencies can affect, it would be wise to consider the perceptions of other homœopathic practitioners in regard to the 50 Millesimal potencies.

Practitioner Prescriptions

What is known of homœopathic practitioners' perceptions toward potency? In a paper on the selection of potencies by Deroukakis (2002, p. 150) states that: potency has always been controversial and debated issue in homœopathic circles.

How did potency become controversial within homœopathic circles? Hahnemann's ideal potency varied from edition to edition of the 'Organon', for example, in the fourth edition 30C was the best potency to be used (Deroukakis 2002, p. 150). It was not until the sixth edition of 'Organon' that the millesimal potencies were introduced and became the preferred potency. However, the sixth and final edition of the 'Organon' was not published until 80 years after Hahnemann's death, by this time homœopathy had established itself according to the fifth edition (De Schepper 1999, pp. 129-132). Since the release of the sixth edition, there now exists numerous beliefs and applications concerning both high and low potencies.

For example, some homœopaths have adopted the practice of using Centesimals for acute disease and 50 Millesimals for chronic as a preference. In one such example, Dr Margaret Blackie (Blackie 1986, pp. 12-13) explains: 'In chronic cases the high potencies should be used, however, if symptoms are only local and pathological I

would give a low potency (6C).' However, if experience shows favorable results in such an application then why not apply it.

Others have emphasised a greater preference toward higher potencies overall. As Dr Carroll Dunham (Dunham 1993, p. 253) explains: 'My own experiences lies in favor of high potencies for both chronic and acute diseases'. Other homœopaths have also experienced wonderful success after thoughtful application of millesimal potencies. Such as Peter Chappell who stated: 'On the basis of my experiences I suggest that the LM1 (50 Millesimal) may be the only potency needed in homœopathy' (Chappell 1993, p.25).

Due to the number of different views regarding potency, it seems the preference for either Centesimal or 50 Millesimal potency will in most cases come down to the homœopaths personal preference, however it seems open to change after actual experience.

Conclusion

It is now clearer to understand James Tyler Kent's statement regarding the use of high potencies. The dilution of pure substances that would otherwise be toxic to a patient are reduced in their toxicity by dilution, however, due to the level of dilution the substance then lost its therapeutic effects. It was only after the addition of succussions that energy in the remedy was released and unlocked an amazing therapeutic effect. It was found that the remedy became more potent the more it was diluted and succussed. Two scales were used to label these dilutions, these were known as the centesimal and millesimal scales. The dilution of the centesimal scale is 1:100, known as 1C, while the dilution of the millesimal scale is 1:50,000 and is known as 1LM. Due to the higher scale of dilution and subsequent succussions, the 50 Millesimal potency is therefore regarded by many as more potent than the Centesimal potency.

I hope I have been able to clarify that what Kent means when he said: “It is well to realize that you are dealing with razors when dealing with high potencies”, refers to the fact that the effects of the higher potencies are not without their risks. Due to the remedy being more potent and faster acting the remedy could cause aggravations in the disease symptoms in sensitive patients hence slowing down the healing process. However, the more susceptibility a patient showed toward a remedy the less chance there was of causing an aggravation. However, if disease symptoms were dissimilar to the original ones first expressed by the patient then the wrong remedy was obviously chosen and had the potential to manifest a new disease within the patient. In severe cases of dissimilar aggravation an antidote to a remedy had to be applied before selecting a new remedy. Overuse of the high potency remedy could also cause serious damage, even if the remedy was correctly chosen. If the remedy were to be repeated without subsequently lowering its potency, its power would eradicate the current symptoms, but develop new dissimilar symptoms in its place. It is clear that Kent wants us to be aware that high potencies have the potential to cause serious damage if used improperly.

At the same time Kent knew that high potencies, in the hands of a competent homœopath had a means for tremendous good. They were faster, gentler and more permanent in their actions than the lower potencies. They worked on both the acute and chronic diseases equally as well and in cases where low potencies had failed. 50 Millesimals were also found to cure in cases that had been labeled as incurable and if they were not able to affect a cure, they were able to palliate more gently than Centesimals or allopathic medicine.

However, the use of different potencies is still a highly debated issue among homœopathic circles. Hahnemann’s Organon was changed a number of times and it

wasn’t until 80 years after his death that the sixth edition was released. Practice was established based on the fifth edition where the 30C was the preferred potency and it wasn’t until the final edition of the Organon that the 50 Millesimal potency was introduced. Opinions vary on potency, some preferring only to use Centesimals for acute and 50 Millesimals for chronic, while some even prefer to use 50 millesimals in both cases.

I hope I have been able to show that it is in this debate that Kent’s statement is of particular importance. The 50 millesimal potencies have been shown to have great potential to do amazing good, however in the hands of a homœopath who doesn’t correctly know how to apply them they can cause serious harm. 50 Millesimals should be less debated about and more closely researched in order to integrate them into general practice and provide proper training for their application.

Reference List

Barker, R 1992, *LM Potencies – A Selection of Articles Giving a Practical Guide To Their Use,* Homœopathic Supply Co., Norfolk

Blackie, M M.D. 1986, *Classical Homeopathy,* Repertory Edition, Beaconsfield Publishers, London

Boericke, G M.D. 1990, *A Compendium of The Principles of Homœopathy For Students in Medicine,* B. Jain Publishers, New Delhi

Boenninghausen, C 1979, *The Lesser Writings,* B. Jain Publishers, New Delhi

Chappell, P 1993, 'The Potent One', *The Homœopath (Journal),* vol. 13, pp. 23-26

Choudhary, H M.D. 1988, *Indications of Miasm,* B. Jain Publishers, New Delhi

Choudhary, H M.D. 2000, *50 Millesimal Potency in Theory and Practice,* 3rd Revised Edition, B. Jain Publishers, New Delhi

Close, S M.D 2003, *The Genius Of Homœopathy,* Indian Books & Periodical Publishers, New Delhi

Das, A 1986, *Treatise on The Organon of Medicine: Part II,* Souvik Homœopathic Publications, Calcutta

Deroukakis, M 2002, 'Selection of Potencies by Medical and Non-Medical Homeopaths: A Survey', *Homeopathy,* vol. 91, pp. 150-155

De Schepper, L 1999, 'LM Potencies: One Of The Hidden Treasures of The Sixth Edition of The Organon', *British Homeopathic Journal,* vol. 88, pp. 128-134

Dunham, C 1993, *Homœopathy: The Science of Therapeutics, Principles of Homœopathy,* B. Jain Publishers, New Delhi

Gaier, H 1991, *Thorsons Encyclopaedic Dictionary of Homœopathy,* HarperCollins Publishers, London

Gunavante S.M 2002, *Introduction to Homœopathic Prescribing,* B. Jain Publishers, New Delhi

Hahnemann, S 1996, *Organon of The Medical Art,* Edited and Annotated by Wenda Brewster O'Reilly PhD, Birdcage Books, California

Kent, J.T M.D. 2004, *Lectures on Homopathic Materia Medica: Together with Kent's 'New Remedies' Incorporated and arranged in one alphabetical order,* B. Jain Publishers, New Delhi

Kent, J.T M.D. 2004, *Lectures On Homœopathic Philosophy*, Indian Books & Periodical Publishers, New Delhi

Roberts, H.A M.D. 2000, *The Principles and Art of Cure by Homœopathy*, Indian Books & Periodical Publishers, New Delhi

Schmidt, J.M 1994, 'History and Relevance of The Sixth Edition of The Organon of Medicine', *British Homeopathic Journal*, vol. 83, pp. 42-48

Vithoulkas, G 1980, *The Science of Homœopathy: The Classic Homœopathy Textbook.* HarperCollins Publishers, London