

CHAPTER 6: CRITICAL ANALYSIS OF PREVIOUS DETAILED ASSESSMENTS OF DOSE AND POTENCY

There have been two recent attempts to examine the historical development and unfolding of dose and potency. Both are posted on the Internet and available for examination. Prior to this, in the main homeopathic texts, little attention was given to this issue other than to describe the use of the centesimal scale. Without the historical picture, one is left with the view that homeopathy is linked to the use of potentized remedies and that there were abrupt breaks in Hahnemann's approach to dose size and repetition.

Thus, these two articles represent a welcome effort to place the matter within a broader context. However, while each article is presumably based on the historical record, the evidence available shows that some of the conclusions are not sustainable upon closer examination. The first article, by Will Taylor, is the shorter, but also more accurate and scholarly of the two. The second, by David Little, presents a strong claim concerning the watershed between the methods of prescribing of the 4th and 6th editions of the *Organon* that is not borne out by the available historical record.

6.1 WILL TAYLOR'S ARTICLE ON: THE DEVELOPMENT OF DOSE AND POTENCY

in the History of Homoeopathy (www.similibus.com/hahnemanns_dose.html)

Hahnemann's assertions on the efficacy of such "infinitesimal" doses naturally brought out some criticism from his materialistically-oriented contemporaries. He responded with his 1801 (year 5) article *On the Power of Small Doses of Medicine in General, and of Belladonna in Particular*, in Hufeland's Journal. It is clear that he still understood these infinitesimal [sic] preparations to be *dilutions* or *small doses*. But there is also an inkling of an appreciation of the release of medicinal power by dispersal of a substance in a quantity of solute, which begins to shadow his 32-years-later appreciation of the dynamization of remedies.

[As can be seen from the historical study on dose and potency in Volume I, Hahnemann had developed a strong sense of the dynamization of remedies as early as 1801 in the article, *On the Power of Small Doses of Medicine in General and of Belladonna in particular*, wherein he speaks of "of the purely dynamical action of medicines."]

Hahnemann's first homoeopathic materia medica, the 2-volume *Fragmenta de veribus medicamentorum positivis*, came and went in 1805 (year 9) with no mention of dose, as did part 1 of his *Materia Medica Pura* in 1811 (year 15). The 1st edition of the *Organon* was published in 1810, and referred only to "small doses", individually determined for each medicine. In 1819 (year 23), the 2nd edition of the *Organon* devoted §§300-308 to the issue of dose. §300 stated: "The suitability of a medicine for any given case of illness depends not only on a relevant homoeopathic selection, but just as much on the correct quantity necessary or rather the smallness of the dose." He went on to suggest that dose determination requires "clear experiments, careful observation and accurate experience."

[This section of the *Organon* also existed in the 1st edition, as aphorism 237 – see Dudgeon, *Organon*, p.182.]

In 1821 (year 25), in volume 6 of his *Materia Medica Pura*, Hahnemann refers constantly to treating with "the smallest part of a drop". In the 1822 2nd edition of volume 1 of the *Materia Medica Pura*, dosing recommendations ranged from the crude tincture for Cannabis, to the 9th to 30th centesimal dilutions or triturations, with the dose consistently specified as the "smallest part of a drop". By "year 26", Hahnemann had evidently begun giving remedies in fraction-of-a-drop doses on medicinally-moistened globules, and had apparently settled on a centesimal [sic] standard for his serial dilutions.

[Hahnemann had already referred to the use of the "smallest part of a drop" in 1819, in the fifth volume of the *Materia Medica Pura*.]

Although Hahnemann briefly alluded to an accentuation of medicinal influence from dispersing a medicine in fluid solution in his 1801 (year 5) article *On the Power of Small Doses of Medicine in General, and of Belladonna in Particular*, there is as yet no real mention of the notion of *potentization* or *dynamization* of remedies. These preparations arrived at through serial dilution were still viewed as *attenuated* doses, and the process of shaking the dilutional solutions or triturating the solid dilutions was viewed as essential merely to disperse the medicine throughout the diluting medium.

[Again, as can be seen from the historical study on dose and potency in Volume I, Hahnemann had developed a strong sense of the dynamization of remedies as early as 1801 in the article, *On the Power of Small Doses of Medicine in General and of Belladonna in particular*, wherein he speaks of "of the purely dynamical action of medicines." In 1805, in *The Medicine of Experience*, the precursor to the *Organon*, Hahnemann speaks of the fact that "medicinal substances act in a purely dynamic manner."]

In the 5th edition of the *Organon*, Hahnemann clearly spells out the concept of dynamization/potentization in §269. He provides the first specific instructions on dynamization in §§270-271; 30 successive serial dilutions of 1/100 dilution, with 2 succussions at each dilutional step to produce the decillionth dilution, (reduced from prev. 10 succussions - note to §270). He also advocates that Provings be carried out with the 30C potency (§128).

[While it is true that the first formal description of what we now call the centesimal scale is given in the 5th edition of the *Organon*, it is also clear that Hahnemann gave fairly precise indications much earlier, as early as 1801, for the preparations of serial dilutions with succussion on a metric scale: "For internal use, I take a drop of this tincture and mix it intimately with 500 drops of diluted alcohol, and one drop of this mixture likewise with other 500 drops of diluted alcohol, shaking the whole well." (Cure and Prevention of Scarlet Fever)]

In 1832 (year 36), Hahnemann began experimenting with olfaction of remedies, having the patient smell a moistened pellet as a dose. He described this in his preface to Boenninghausen's *List of Symptoms of the Antipsoric Medicines*, and again in detail in the 5th edition of the *Organon* (in the note to §288). He evidently experimented extensively with olfaction in 1832-1833, but although he continued to use it as a dosing option into his later years, it did not catch on well among his colleagues.

Also about this time, Hahnemann began experimenting with giving the dose in solution, rather than as a dry pellet on the tongue. In the *Organon*, 5th edition, §§286-287 he describes an increase in the medicinal action of a dose when it is fully dispersed in medicinal solution.

[Hahnemann used, right from the very beginning (1798), drops mixed in liquid, and even when he used pellets or fine globules they were to be mixed in an amount of water, except when used for smelling (olfaction). See Haehl, Vol. I, p. 312.]

6.2 DAVID LITTLE'S ARTICLE ON: A COMPARISON OF THE 5TH AND 6TH *ORGANON* AND THE C AND LM POTENCY

(from www.simillimum.com)

The main argument in this article is twofold:

- That Hahnemann used a dry dose up to and including the 4th edition of the *Organon*, but that in the fifth edition he introduced the liquid dose
- That Hahnemann felt he needed to have a strong aggravation for a cure, but found that this was not necessary when he developed the LM potency, which provided a gentle cure.

Both of these arguments are not grounded in fact, but seem to be a function of a political argument against both classical one-dose-dry-and-wait prescribers and those apparently using high potencies and doses “mechanically,” both in a manner producing strong healing reactions.

Introduction

[Comments in square brackets]

Dear Colleagues,

A homoeopath should have a deep knowledge of the models of the 4th and 5th *Organon* [as well as of the *Occasional Writings*, the *Chronic Diseases* and the 1st edition of the *Organon*] to understand the Homoeopathy of the 1840s, which is found in the 6th edition. Homoeopathy as commonly practice [sic] today is based on the single dry dose wait and watch method of the 1st *Chronic Diseases* (1828) and the 4th *Organon* (1829). [Hahnemann recommends a liquid dose in both these books.] In this method a single pellet dose of the centesimal potency [dissolved in several tablespoons of water] is used as long as [I presume that he means that a single dose is used and no repetition so long as – see immediately below] the patient is improving even in the slightest manner. Many of the great 19th century homoeopaths like James Kent were masters of this method [Unlike Hahnemann, who saw the dry dose as the least effective!]. The dry [liquid] dose may only be repeated when there is a definite relapse of the old symptoms calling for repetition. Hahnemann was not completely comfortable with this method [understandable as it was not his!] in cases that only slowly improved over a longer period of time.

For this reason, in the 5th *Organon* [1833] Hahnemann introduced olfaction and the oral medicinal solution as a new delivery system for homoeopathic remedies.

[No, what was introduced in the 5th edition was the use of repetition once again; a return to a position taken early on in his career.]

The change from a dry static pellet dose to a dynamic medicinal solution succeeded prior to administration had an immediate impact on his posology and case management strategies.

[There was no such change and no such impact! The use of the dynamic medicinal solution was already there in 1801. What changed in the 5th edition was the repetition of dose within the full action of the previous dose - simultaneity of action.]

In the 5th *Organon* he suggested any "striking progressive improvement" precludes the repetition of the remedy because the cure is already taking place at the fastest possible rate.

At the same time, he taught that the single dose [This is correct, but we need to remember that it was a liquid or wet dose] was not sufficient for those cases that slowly improve over a period of weeks to months. For these cases the Founder recommends administering the remedy in medicinal solution or olfaction [correct, but this was not new] at "suitable intervals to speed the cure". Hahnemann called this his new "middle path" as it stands between the single [wet] dose wait and watch and the mechanical repetition of remedies

[This latter is a red herring. It is more accurate to state that the other side of this path, as described in a footnote in the 5th edition, was the use of a larger single dose, which was the method used previously, mainly in so-called acute diseases, by Hahnemann up to about the early 1820's.]

This is a truly artistic method that demands individualization of the case management procedure.

[All of Hahnemann's methods demanded this individualization. Are we to understand that Hahnemann used a mechanical repetition at some point, or didn't individualize prior to the 5th edition?]

Over the next 10 years Hahnemann worked exclusively with the medicinal solution for oral administration and olfaction

[This is correct, although the use of the medicinal or liquid dose began much earlier, around 1800.]

Around the year 1840 [closer to 1838] the Founder began to introduced [sic] his new LM potency into clinical practice to complement his C potencies. The introduction of the new 1/50, 000 dilution ration [sic] introduce [sic] a new potency system with unique medicinal qualities. From the year 1840 to 1843 the Great Experimenter used both the C and LM potencies side by side in medicinal solution. This new double pharmacy greatly expands the therapeutic horizons of Homoeopathy.

[This may be correct, but how exactly does this occur? This position seems to be at odds with the assertion by Little later that the LM potency is a move away from the "pro-aggravation" position associated with the C-scale. Could Hahnemann have been both pro- and anti-aggravation in continuing to use both potency scales?]

The Paris Casebooks

I wish to review the posology systems of the 5th and 6th *Organon* in relationship to the centesimals and LM potencies. It is very important to study the remedial powers of Hahnemann's twin potency systems and recognize their similarities and differences [agreed]. The most important aspect of the revised methods of the 1840's is the MEDICINAL SOLUTION AND THE METHODS OF ADJUSTING THE DOSE.

[This is misleading. The medicinal solution existed from at least 1835 on, if not sooner.]

Many people think that Hahnemann used the dry dose for his centesimal potencies and the medicinal solution exclusively for the LM potency. This is incorrect. The Founder used the C and LM potency side by side in the clinical in medicinal solution from 1840-1843

[This is essentially correct, but again the implication that the medicinal solution for the C potency scale was used only after 1840 is incorrect.]

An investigations of Hahnemann cases from 1840-1843 shows that he used a remedy bottle with the addition of a dilution glass for all his homoeopathic remedies (C and LM). In his last 10 years he refined the Homoeopathy of the 4th *Organon* (1829) and expanded his posology and case management strategies. So the first point is that Hahnemann introduced his revised liquid method for the centesimals in the [sic] 1833 and the LM potency in 1843.

[No, the use of liquid doses began around 1800, although the use of the divided liquid dose – medicinal solution - began only around 1835.]

The Mother of All Potencies

The 3c is the mother of all homoeopathic potencies.

[This would seem to be the mother of all presumptions. Where is this grounded in Hahnemann?]

It is when Hahnemann first proved Arsenicum in 3c that he wrote an article in 1806 titled "What are medicines and What are Poisons?".

[Hahnemann used Arsenicum in at least the 3C potency in 1800 – see Haehl, vol. I, p. 312.]

The 3rd Centesimal was the first true homoeopathic dynamization.

[Medicines can act dynamically, as Hahnemann pointed out, even in crude dose.]

This is the root of the centesimal scale, as at the 1 to 1,000,000 ratio 3c marks the level that [most] homoeopathic remedies become non-toxic. For 34 [40] more years he would run trials with raising the potency of the centesimal scale until he had experimented with the 3c to the 1M...

At 85 years old the Founder came to another turning point in his long career. With his young wife Melanie at this side, Samuel Hahnemann began to ponder his legacy. Homeopathy had come a long way since its birth in late 1700's, but the old homeopath was not satisfied with his system. The medicinal solution had greatly improved the treatment of the virulent acute, and degenerative chronic disease, but the weak, the elderly, and those suffering from the chronic diseases and miasms

[How is this different from the degenerative chronic diseases just mentioned?]

still presented a particular dilemma.

[Only to the extent that the olfactory method Hahnemann had earlier advocated, even as late as 1837, was not as flexible as the medicinal dose.]

When Hahnemann used his low potencies (6c, 12c, 24c, 30c) they would not cure but if he used the high potencies (200c-1M) they produced unproductive aggravations.

[This is not substantiated by the evidence at all. Also, it contradicts the letter that Mme. Hahnemann wrote in 1876 that Hahnemann used the range of potencies, from the lowest to 1M right to the end of his life.]

Your enquiry as to whether Hahnemann altered his views about potencies in the last period of his life and whether he made us only of high potencies, I can answer in this way; Hahnemann used all degrees of dilution, low as well as high, as the individual case required. I saw him give the third trituration, but I also know that he used the 200th or even the 1,000th potency whenever he considered it necessary.

[The main reason that Hahnemann moved to the use of the divided dose in the higher potencies was to produce a more speedy cure. He laid the foundation of the LM potency scale in 1837 in all aspects of administration, but then added in subsequent years a higher dilution scale.]

§246.4. a)1 What I said in a long footnote to this paragraph in the fifth edition of the *Organon* in order to prevent these adverse reactions of the Living Principle was everything that my experience at that time allowed me; but in the last 4 to 5 years all of these difficulties have been fully lifted by my new, perfected procedure which has been modified since then. (that is, since around 1837)]

[The main reason for the new dilution scale was that the higher dilution allowed for the more frequent succussion necessitated by the daily dosing. §270.5. f)3 With this unequally higher proportion between medicine and dilution medium, many succussions of the vial filled to 2/3 with wine spirit can produce a far greater evolution of power.

§270.5. f) However, with such a small dilution medium as 100 to 1 of the medicine, very many impacts by means of a powerful machine are, as it were, forced in, thus arise medicines which, especially in the higher degrees of dynamization, almost instantaneously, but with stormy, indeed dangerous intensity, impinge especially on the delicate patient without having as a result a lasting gentle counter-action of the Living Principle.]

What could he do with this unfortunately large percentage of cases

[Where is the evidence for this assertion? If this is the case, then why did Hahnemann continue to use the C-scale until his death, even in the same cases where he used the “new dynamization?”]

that still resisted homoeopathic treatment? This was a lacuna in his therapeutic system that he wished to fill before he died.

[As we can see in the historical study of dose and potency, there was no lacuna, simply an unfolding of principles over time and in response to his clinical experience and understanding. There was no abrupt change as is implied here. For sensitive patients, Hahnemann had the olfaction method, but this was not as flexible as the medicinal dose.]

6.3 WILL TAYLOR'S ARTICLE ON: THE DEVELOPMENT OF APPROACHES TO THE REPETITION OF DOSE IN HAHNEMANN'S HOMOEOPATHY (WWW.SIMILIMUM.COM)

In the early years of homoeopathy, we find little written about the issue of repetition of dose. Undoubtedly Hahnemann was experimenting widely, and he likely viewed the issue of repetition similarly to the manner in which he viewed dose at this time (see the accompanying essay re dose and potency) - as a variable to be determined individually for each of the various medicinal substances he employed, guided by an evolving recognition of the general significance of the minimum dose. It was not until 1825 (year 29*), with the recognition of the principle of dynamization, that Hahnemann broke from materialistic perspectives

re dose, and began to see dose as an issue that transcended the physical properties of the particular medicinal substance in question.

[This assertion is answered fully in the section on Repetition of Dose. Essentially, a lot is written in the early years on repetition. Equally, the principle of dynamization existed from the very beginning, which has been addressed in the comments above and in the section on Dose and Potency.]

6.4 RICHARD HAEHL'S HISTORICAL ANALYSIS OF DOSE AND POTENCY

In the classical treatment of the issue of dose and potency, that by Dr. Richard Heahl, written in 1922, we find a number of errors.

It is often more difficult to decide what quantity of the suitable remedy will be most adaptable to the sick organism and most speedily effective. Hahnemann devoted more than forty years of his life to the solution of this problem, and did not complete the task. His views and theories repeatedly changed...(p. 310)

[Hahnemann's approach to potency and dose is remarkably consistent throughout his career – see Dose and Potency and The Historical Development of Dose and Potency.]

Then the year 1810 brought forth the “*Organon*.” Whoever expects a detailed treatment of the dosage question in this first edition of Hahnemann's fundamental treatise, is doomed to disappointment.” (Haehl, Vol. I, p. 316)

[This is true, but the details are found in the more occasional writings, collected in the book, *Lesser Writings*, as has been detailed elsewhere in this work. The occasional writings form an integral part of Hahnemann's oeuvre and legacy and must be read in conjunction with the more formal writings of the aphoristic *Organon*.]

This smelling of the medicine is first mentioned by Hahnemann in his preface to Boenninghausen's “List of symptoms of the anti-psoric medicines.” [1832]

[Hahnemann talks of the use of olfaction in the *Chronic Diseases* (1828)]

322.1 In addition, a dose of homeopathic medicine for extremely sensitive patients lends itself to moderation and diminution in no better way than by way of smelling*

322.1* Even persons born without the sense of smell or who have lost it through disease may expect equally efficient help by holding the mouth of the open vial in one nostril or the other and drawing in the unnoticeable vapor as those do who are gifted with the finest sense of smell. From this it follows that even just the nerves of touch assume the salutary impression and propagate it unstoppably to the whole nervous system.

a fine globule moistened with the selected remedy in a high potency which lies in a stoppered vial the mouth of which is held in the nostril of the patient who draws in only a momentary little whiff of it.

Hahnemann's final decision in favour of high potencies and his mistake in the question of inhaling, is to be explained by reason of his conception that, in diluting medicinal substances, they become harmless, as contrasted with the tincture and that their effect upon the morbid fibre is increased. Thus, a second thing takes place, the so-called dynamisation, which is an increase of strength. Ordinarily there was no mention of dynamisation or potentising. ... This theory

elaborated and carried to an absurd length in “Chronic Diseases” (1828 and later editions)... (Haehl, Vol. I, p. 324)

[Hahnemann did not give a final decision in favor of high potencies. As Haehl points out elsewhere, Hahnemann used to the end of his life the entire range of dynamizations, from low (3C) to high (1M), as well as the new LM potencies (see p. 328). His use of inhalation was not a mistake; he still included it in his final edition of the *Organon*, as Haehl also points out on p. 328.

§248.6. If for purposes of treatment one avails oneself of a vial (containing about one dram of diluted alcohol, wherein a globule of the medicine is dissolved by succussion) from which should be smelled daily or every 2, 3 or 4 days, then must this also have been vigorously succussed 8 – 10 times prior to olfaction.

The impression that the theory of dynamization/potentisation was developed just prior to 1828 is not supported by the historical record – see section The Historical Development of Dose and Potency.]

In the sixth edition of the “*Organon*,” Hahnemann abandoned his instructions, formerly so definitely expressed, of giving if possible only one dose of the well-chosen remedy in chronic diseases and then allowing it to act for weeks and even months. Evidently his experience since the appearance of the fifth edition had taught him differently... (Haehl, Vol. I, p. 327)

[Hahnemann, already in the 5th edition had allowed for more frequent repetition, up to weekly, and then in 1835 had suggested almost daily doses. The recommendation in the 6th edition was not novel as far as frequency goes, only in the new scale for dilution of the remedies.]