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RESEARCH ARTICLE

TO EVALUATE THE UTILITY OF HIGH POTENCIES IN MANAGEMENT OF ACUTE CASES.

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Abstract

Assuming that there is difference in action of various doses of medicines and that a series of potencies of different medicines are available for use, it follows that entire series should be open to every practitioner, that each man should be competent, willing and ready to use any potency or preparation of remedy indicated in given case without prejudice. If he confines himself to one or two potencies, be they low, medium or high, he is limiting his own usefulness and depriving his patient of valuable means of relief and cure.

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Introduction:-

The selection of potency is as much an integral part of the process of making a homoeopathic prescription as the selection of remedy and often quite as important. A well selected remedy may fail utterly because of wrong potency or dosage. Potency must be selected based on Hahnemann's 3 part guideline for potency selection-

1. Nature of disease.
2. Nature of patient.
3. Nature of remedy.

In general it may be stated that any curable disease may be cured by any potency when the indicated remedy is administered but that the cure may be much accelerated by selecting the potency appropriate to the individual case. Disease begins in the dynamic plane and ultimately settles in organs or tissues. As such in all diseases we get functional symptoms to start with followed by secondary organic or pathological symptoms. Hence the more the disease is in the dynamic plane, the higher should be the potency and the more it is in the organic plane, the lower should be the potency. This is why we may be able to abort many violent acute diseases in their beginning stage with repeated doses of high potencies.[1]

Hahnemann himself at one time, almost in despair of ever being able to bring his followers to an agreement on the subject, cut the known by proposing to treat all cases with 30th potency. Following this suggestion, others tacitly adopted the dosage confined to one or very limited range of potencies. The materialistic minded restricted themselves to crude tincture and trituration or very low dilutions (1X to 6X). Others ranged from 3rd to 30th potencies while another class of metaphysical tendency used only high potencies ranging from 200-millionth each according to his personal predilection.[2]

But such a state of affairs is unfortunate. Assuming that there is difference in action of various doses of medicines and that a series of potencies of different medicines are available for use, it follows that entire series should be open to every practitioner, that each man should be competent, willing and ready to use any potency or preparation of

remedy indicated in given case without prejudice. If he confines himself to one or two potencies, be they low, medium or high, he is limiting his own usefulness and depriving his patient of valuable means of relief and cure.[3]

Under homoeopathic principle any potency may be required in any case. It is as unreasonable to expect to cure all cases with any 2 or 3 potencies as it is to expect to cure all cases with any 2-3 remedies. In either case, those who follow such a course are governed more by love of ease and their prejudice than they are by their desire for efficiency.

Since Hahnemann's days, the potency makers have been busy and we now have potencies ranging up to millionth centesimal or even higher. Men with confidence, courage and zeal to experiment with these altitudinous preparations and publish their results have not been lacking. Physicians of unquestionable honesty, ability, and experience have testified that they obtained curative results from use even of the very highest potencies. It is not just for us to question this testimony until we have put the matter to test. In the light of experience and of recent revelations in other departments of science of the power of the infinitesimal, there is nothing inherently improbable about it and it is unquestionably to our advantage to have as large an armamentarium as possible.[4]

The great bulk of work of the profession however is done with the lower and medium potencies and these if accurately prescribed and wisely managed will give satisfactory results in great majority of cases. 3rd, 6th, 12th, 30th potencies with a set of 200th, gives general working range. When the young practitioner can afford to add to these a set of Boricke and Tafel's handmade 500th and 1000th he will be more well equipped. The rest is "velvet" but if anybody should offer him a set of Fincke's, Swan's or Skinner's 50 thousandths and 100 thousandths he should not let his modesty nor his prejudices prevent him from apting and trying them. Hundreds of practitioners have used them with great satisfaction.[5]

Even during the life of Hahnemann there was a split among homeopaths. A section believed in the use of potentized remedies and another believed in crude doses on the basis of Similia. Among those who used the potentized remedies, most were not in favor of very high potencies. During the later years of Hahnemann, the proponents of the crude doses decreased and the higher potencies came into greater use.

Homeopaths of all times have remained divided over the question of potency selection and even 160 years after Hahnemann's death, the question of potency selection is still open-ended. Let us take a look at the views of some leading homeopaths of different eras.[5]

It is believed that the higher potencies were first prepared by Korsakoff in 1834 but came in popular use with Jenichen's high potencies after 1844.

Now coming back to the question of potency selection, we will start exploring the views of renowned homeopaths of various eras. It would be appropriate to begin our tour with Hahnemann himself – the person who conceived homoeopathic potencies.

During Hahnemann's lifetime, he is known to have generally used only potencies up to 30C. But Farrington quotes Madame Hahnemann as saying that he had used the 200th and the 1000th when necessary. Hahnemann's experiments with the medicinal solution led to a review of the 30c limit he set on potency in his letters of 1829 and 1832. He knew through his own experiments that the high potency remedies were very powerful, but at the same time, he worried about the aggravations they could cause. He was also concerned about a loss of homoeopathic pharmaceutical standards making uniform results difficult. Some of Hahnemann's closest disciples were disappointed and spoke to him about their experiences with the higher potencies. They discussed the pros and cons of the potency question and its potential effects on the future of homoeopathic practice and pharmacy.[6]

After deep consideration Dr. Hahnemann decided to publicly support the high potency movement, but with certain cautions concerning their usage. In the 5th edition of *The Organon* Hahnemann publicly supported the high potency movement. In the footnote to aphorism 287 he recorded his own experiences of the use of the 60th, 150th and 300th centesimal potencies. The fact that the medicinal solution and the use of high potencies are introduced together in the *Organon* shows that Hahnemann was working hard to perfect the homoeopathic system. With the medicinal solution he felt he now had the means to control the power of the ultra high potencies.[7,8,9]

1st Principle of Choice of Potency - i.e.

- Low Potency in Organic Disease.
- Medium Potency in Functional Disorders.
- High Potency for Mental Disorders.

The 2nd principle based on the medicinal quality of the drug in non-potentized form. The **2nd Principle of Choice of Potency**, as done by **Dr. Gerhard Koehler**, is ----

- The lowest medicinal potency for drugs with practically no medicinal properties in non-potentized form (inert substance), usually corresponds to their colloidal solubility from about 8x & above.
- Highly toxic drugs only show alternative properties above their *aggressive* range from about 12x potency & above.

The 3rd principle derives from the observation that there is considerable variation in the individual's reactivity. The phenomenon of allergic or hypersensitivity reactions to minimal stimulus is much greater in persons with vegetative imbalance than those with sympathetico-tonic or parasympathetico-tonic regulation.

The indications of such reaction are red or white dermographic reactions, marbled skin, patches of redness in cheeks or neck or anywhere in the body. These patients generally respond very well to 30c or LM potency. The highest centesimal & decimal should only administer in very small doses.

So, the **3rd Principle of Choice of Potency** is -----

- Low Potency - if vegetative reaction is poor.
- Medium Potency - if Vagus & Sympathetic are imbalance.
- High Potency - with allergic / hypersensitivity / vegetative imbalance.

The 4th principle regarding the determination of choice of potency considers the patient's vitality and the degree of agreement between the patient & drug-picture. Several stalwarts experienced that in the final stage of a disease process, when the reactive potential of the patient has been exhausted - a very high potency (perhaps above 200c) performs much better to maintain the regulatory balance. If the patient has considerable vitality and case-taking reveals wide-reaching similarity in the mental & constitutional symptoms - it is perfectly safe to use a very high dilution.

So, the **4th Principle of Choice of Potency** is ---

- Good vitality of patient & good 'simile' give remarkable cure with very high potency.
- Where the drug-diagnosis is less certain, it is better to use medium or low potency. [10]

There are 'Five considerations influence us in the choice of the dose' - as stated by Dr. Stuart Close -----

- The susceptibility of the patient.
- The seat of the disease.
- The nature and intensity of the disease.
- The stage and duration of the disease.
- The previous treatment of the disease.

So, " **The more similar the remedy, the more clearly and positively the symptoms of the patient take on the peculiar and characteristic form of the remedy, the greater the susceptibility to that remedy, and the higher the potency**"

Aims and Objectives:-**Aim:-**

To assess the utility of high potencies in management of acute cases.

Objectives:-

1. To study in detail the efficacy of high potencies in managing acute cases.
2. To cut short the total time duration required for complete eradication of the symptoms and achieving cure by using high potencies.
3. To prevent any acute complications with the help of high potencies.

4. To prevent recurrence of the acute attack with the help of high potencies.

Purpose of selection:-

The disease to which man is liable are rapid morbid processes of abnormally deranged vital force which have a tendency to finish their course more or less quickly but always in moderate time (aphorism 72, 6th edition organon of medicine). Acute diseases can be defined as the one which has sudden onset, short duration, and a short course of less than 10 days. In acute diseases the symptoms take a quick evolutionary course and it is easy for the physician to ascertain the complete picture of the disease.

Managing acute cases is a very challenging job. They have a sudden onset and short duration. There is no time to wait and watch. In acute cases, both the remedy and the potency have to hit the bull's eye. In case of chronic cases, he/she can buy some time in case the prescription does not hit right in the first go, it may be in terms of remedy as well as potency. But it is not the case in acute cases. Acute cases are even more difficult to treat since there is added pressure to make the patient fine within a very short span of time. The patient is in acute distress and wants instant relief of the symptoms. Acute cases hamper all the day-to-day activities.

Also, the susceptibility is very much high in acute cases. Acute cases if not treated on time have a rapid progress and may lead to acute complications. If not completely treated and cured, it may lead to recurrence, both of which we want to avoid.

Thus, we may either give a series of low potencies and wait for the cure to take place on its own, in the mean time palliate the pain or we may give the same remedy in high potency to eradicate the symptoms once and for all and achieve cure faster and accurate as well as avoid further complications and recurrence.

Material and Methods:-

Type of study:-

30 cases will be studied over a period of 1 year. Being acute cases, follow up may be within 24 hours to 7 days depending upon the pace of the disease.

Theoretical study:-

The subject will be studied through various books on Homoeopathic psology, selection of potency and high potencies, journals, various web sites so that the subject is thoroughly known.

Clinical study:-

OPD patient's data will be collected. Each patient's data will be processed in standardized format with the following steps-

1. Data receiving: Each patient will be given adequate time and data will be elicited in a comprehensive manner as to elicit proper patient's picture in the disease.
2. Processing of the case will be done as per the principles and guidelines of homoeopathy.
3. References from Homoeopathic Material medica, Repertory, will be availed for selection of remedy. All cases will be followed up for sufficient period required as per the guidelines from Organon and Homoeopathic Philosophy.
4. References from Repertory and Materiamedica will be availed for selection of single remedy out of the indicated group of remedies.

Case definition:-All acute cases will be taken in to consideration. Acute case can be defined as the one which has sudden onset, short duration and a short course of less than 10 days.

Study design:-

Pilot study: All acute cases which satisfy the case definition will be studied.

Inclusion criteria-

1. All those cases that fit the case definition.
2. Acute cases coming for the first time without any history of similar episode in the past.
3. Acute cases coming for the first time with history of similar episode in the past.
4. Acute exacerbation of existing disorder.

Exclusion criteria:-

1. All those cases that do not fit the case definition.
2. Purely chronic cases.
3. Multi-organ involvement.
4. All potentially life threatening acute phenomenon.
5. Accidental injuries.
6. Phenomenon presenting due to poisoning, toxins.

G. Investigations and diagnostic techniques:-

Complete clinical assessment and then investigation to assist the diagnosis if necessary.

H. Criteria for assessment:- Will be

- a. Complete disappearance of signs and symptoms.
- b. Patient in general.
- c. No new symptoms.

Cure:-

- a. Complete disappearances of symptom-complex within 72 hours .
- b. Complete disappearance of pathology if any.

Good Response:-

- a. Improvement more than 70% of the symptom complex within 72 hours.
- b. Incomplete regression of the pathology, if any.

No Relief/Worse:-

No improvement whatsoever within 2-3 days.

For ease of evaluation I have graded the follow up thus,

Grade I- Complete removal of symptoms and signs within definitive period of each case.

Grade II- Complete removal of symptoms but signs remain.

Grade III- Some symptoms and signs remain.

Grade IV- No relief, followed by natural recovery or progressive worsening of case.

Selection and administration of drugs:-

Selection of remedy will be done after verification from standard text books of Materia Medica. Dose and repetition will be based on principles of Homoeopathic posology. High potency will be selected. Route of administration will be oral. All cases will be given placebo once improvement is seen (aphorism 246).

Case recording:-

All the cases will be recorded as per the standard case performa as prescribed by the institute. Being acute cases, stress will be laid on onset, pace and characteristics that the patients show. Unnecessary details of irrelevant chronic phenomenon were not taken as per the guidelines given in aphorism 92. Sample case performa is added to appendix no.1.

Statistical analysis:-

Effectiveness of high potencies was assessed according to statistical principles on the basis of change in score taken before and after treatment with homoeopathy. The data obtained from patients before introduction of variable (high potency) has formed the control which was compared with outcome of the symptom complex through the objective assessment after homoeopathic treatment in same patients. Since efficacy of high potencies on patients having definite group of signs and symptoms before administration of homoeopathic remedy were taken as control and compared with their symptomatology after administration of similar remedy in high potency as response, no separate strategies of elimination of error or bias like use of controls, randomization, cross over design or placebo group and blinding techniques were used in this study.

The following marks were given to the clinical features of cases-

Table 1:- cores before treatment-

Sr.No.	Clinical Features	Score
1	Presence of sign	3
2	Presence of symptom	2
3	Presence of pathology	4

Table 2:- Scores after treatment-

Sr. No.	Clinical Features	Score
1	Disappearance of sign	2
2	Amelioration of symptoms	1
3	Aggravation of symptoms	3
4	Disappearance of pathology	4

Observations & Analysis:-

A sample of thirty cases from patients who attended the Out Patient Department of Homoeopathic College and its Peripheral OPD's was taken for this study. All the thirty cases were followed up for a period of 7 days. These cases were subjected to statistical study. The following tables reveal the observation and result of this study.

Table no.1-Sex Incidence Distribution of cases according to their Sex:

Sex	Number of cases	Percentage
Female	15	50%
Male	15	50%
Total	30	100%

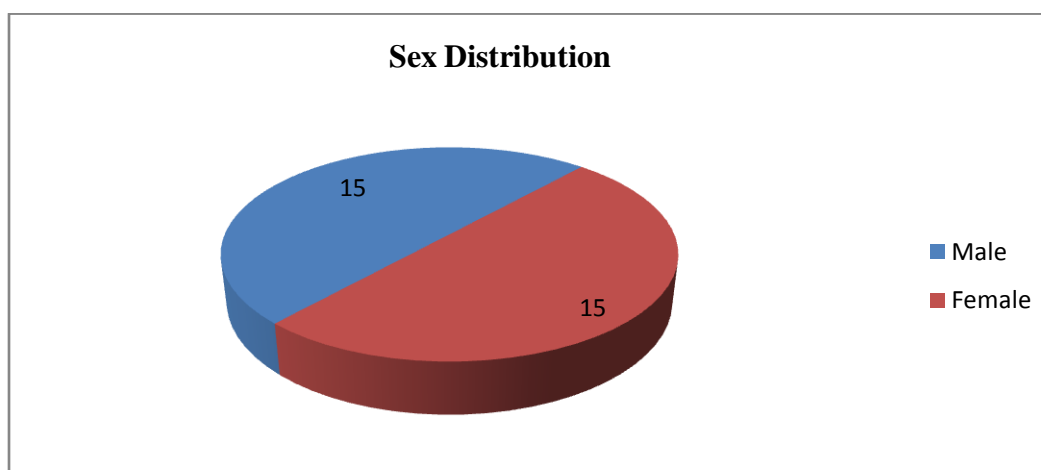
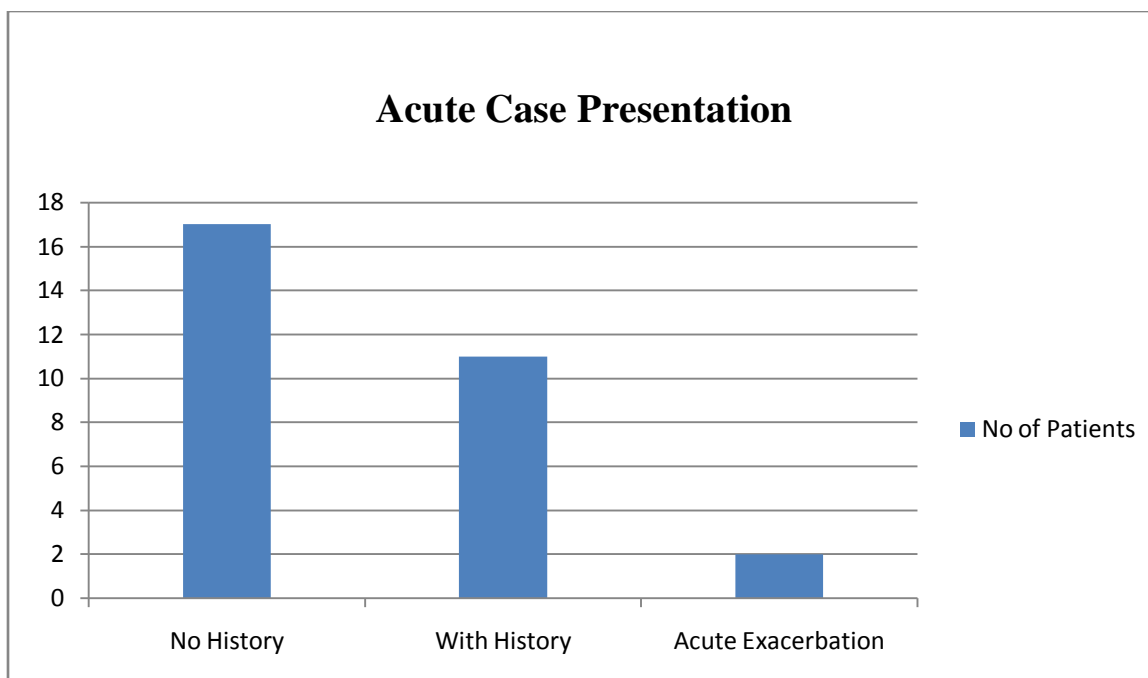
**Sex Distribution- Graphical Representation**

Table no.2-Acute case presentation Distribution of cases according to their presentation

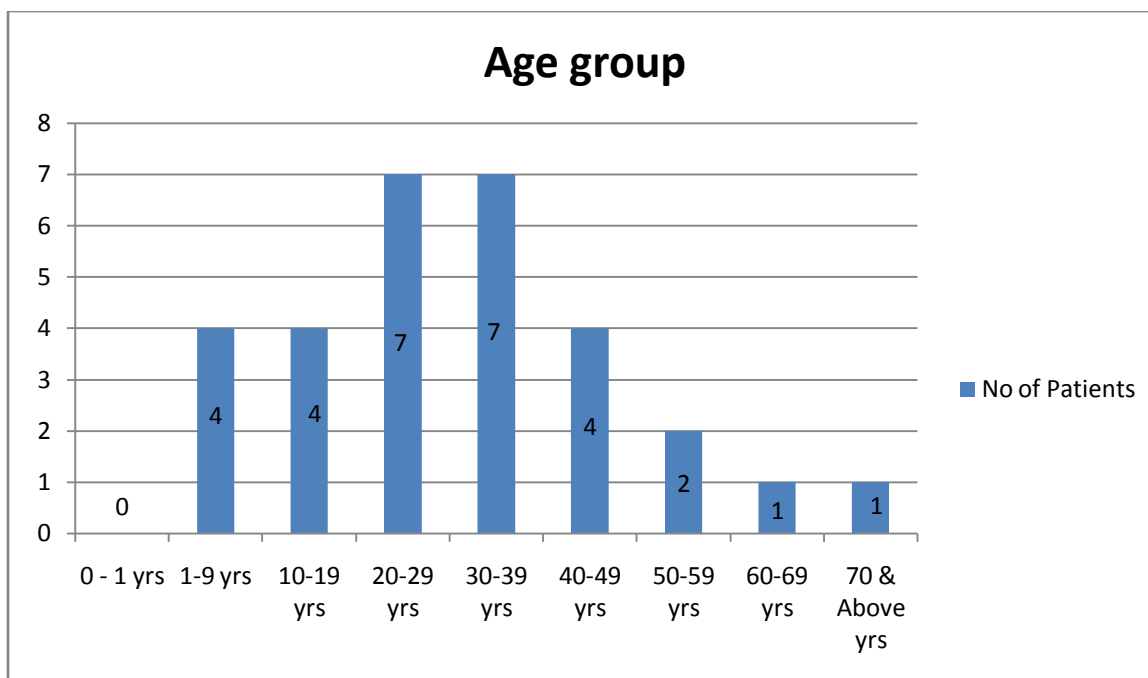
Acute cases	No. of Patients	Percentage %
1 st time with no history	17	56.66
1 st time with history	11	36.66
Acute exacerbation of existing disorder	2	6.66
Total	30	100



Acute case presentation- Graphical Representation

Table no.3-Age group Distribution of cases according to their age

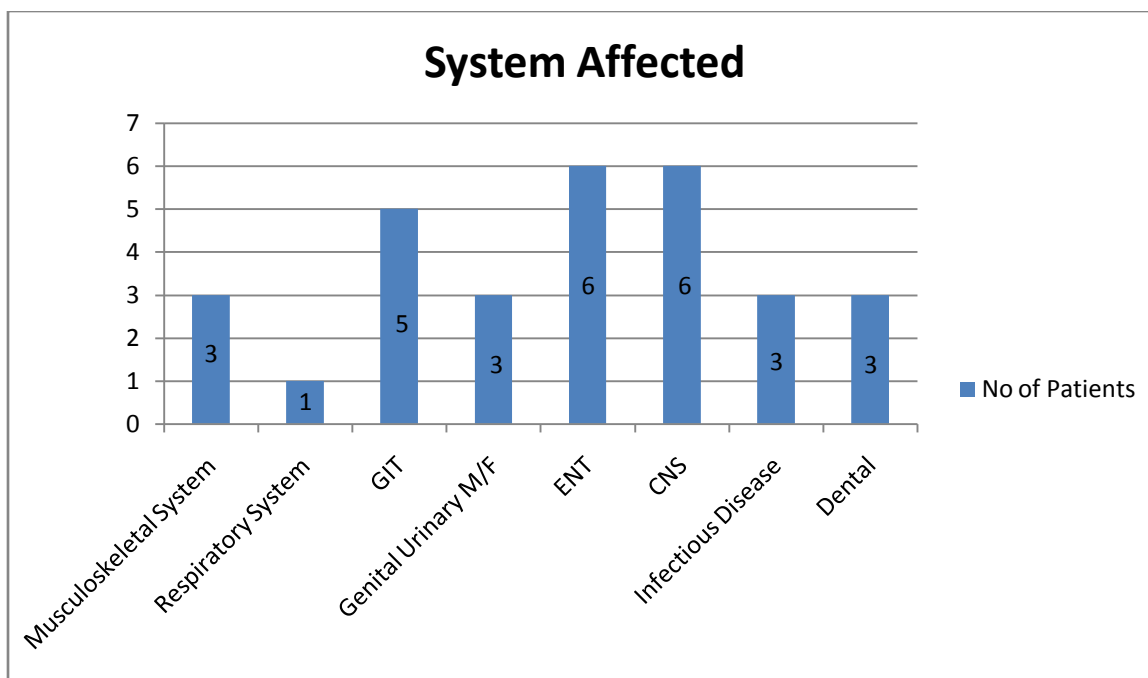
Age (in years)	Number of patients	Percentage
0-1	0	0%
1 – 9	4	13.33%
10 – 19	4	13.33%
20 – 29	7	23.33%
30– 39	7	23.33%
40 – 49	4	13.33%
50 – 59	2	6.66%
60- 69	1	3.33%
70 and above	1	3.33%
Total	30	100%



Age group- Graphical representation

Table no.4-system affected Distribution of cases according to system affected

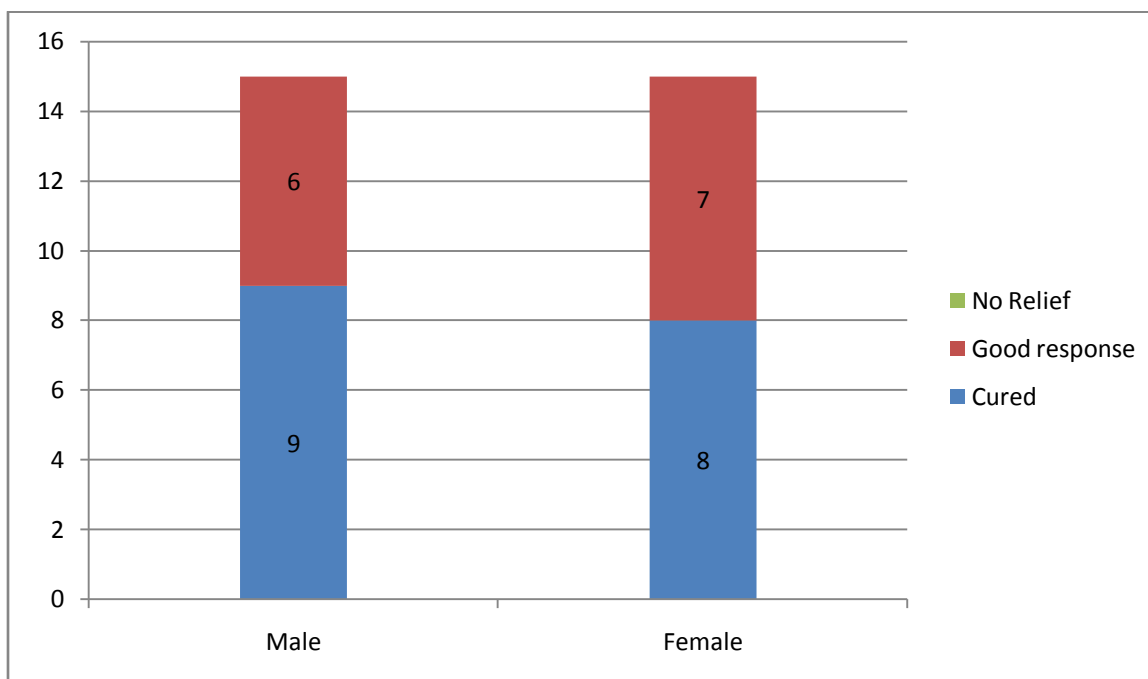
System affected	Number of patients	Percentage
Musculoskeletal system	3	10%
Respiratory system	1	3.33%
G.I.T	5	16.66%
Genito-urinary M/F	3	10%
E.N.T	6	20%
C.N.S	6	20%
Infectious diseases	3	10%
Dental/oral	3	10%
Total	30	100%



System Affected- Graphical Representation

Table no.1.1-Sex Incidence Distribution of cases according to their Sex:

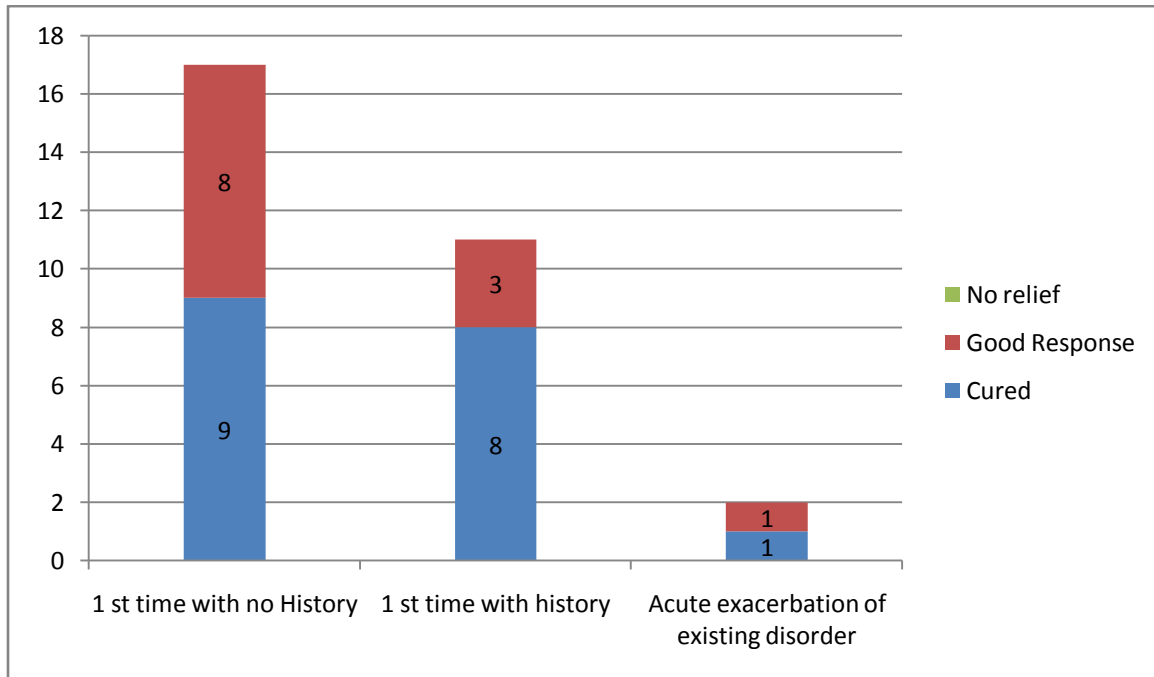
Sex	Number of cases	Cured	Good Response	No relief
Female	15	8	7	0
Male	15	9	6	0



Sex Distribution- Graphical representation

Table no.2.2- Acute case presentation Distribution of cases according to their presentation:

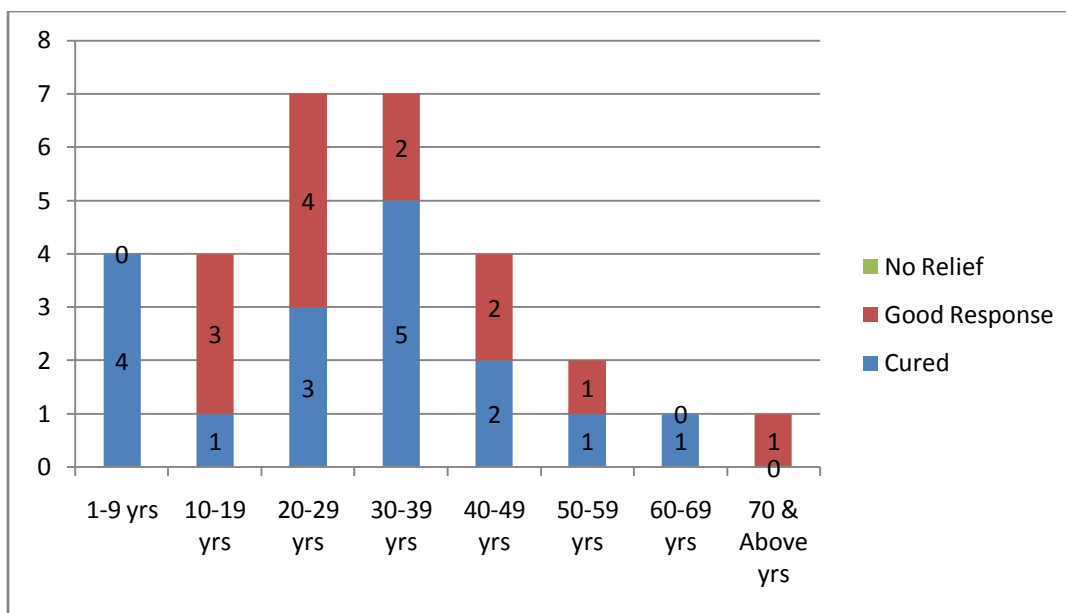
Acute cases	Number of cases	Cured	Good Response	No relief
1 st time with no history	17	9	8	0
1 st time with history	11	8	3	0
Acute exacerbation of existing disorder	2	1	1	0



Acute case presentation- Graphical Representation

Table no.3.3- Age group Distribution of cases according to their age:

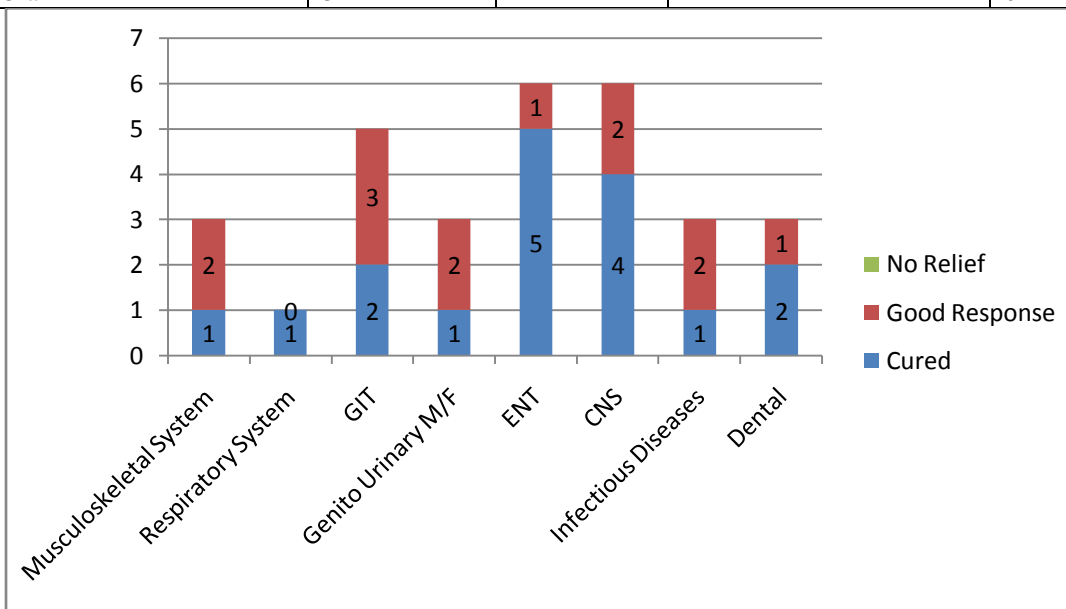
Age	Number of cases	Cured	Good Response	No relief
1-9	4	4	0	0
10-19	4	1	3	0
20-29	7	3	4	0
30-39	7	5	2	0
40-49	4	2	2	0
50-59	2	1	1	0
60-69	1	1	0	0
70 and above	1	0	1	0



Age group- Graphical Representation

Table no.4.4- System affected Distribution of cases according to system affected

System affected	Number of cases	Cured	Good Response	No relief
Musculoskeletal system	3	1	2	0
Respiratory system	1	1	0	0
G.I.T	5	2	3	0
Genito-urinary M/F	3	1	2	0
E.N.T	6	5	1	0
C.N.S	6	4	2	0
Infectious diseases	3	1	2	0
Dental/Oral	3	2	1	0



System affected- Graphical Representation

Statistics:-**Distribution of scores before and after Homoeopathic treatment:-**

Case No.	X	Y	X-Y	A - \bar{A}	(A - \bar{A}) ²
1	19	11	8	2.34	5.47
2	6	3	3	-2.66	7.07
3	14	9	5	-0.66	0.43
4	9	7	2	-3.66	13.39
5	4	3	1	-4.66	21.71
6	10	2	8	2.34	5.47
7	17	8	9	3.34	11.15
8	8	6	2	-3.66	13.39
9	15	12	3	-2.66	7.07
10	12	5	7	1.34	1.79
11	15	6	9	3.34	11.15
12	23	12	11	5.34	28.51
13	12	5	7	1.34	1.79
14	13	10	3	-2.66	7.07
15	14	13	1	-4.66	21.71
16	10	9	1	-4.66	21.71
17	12	4	8	2.34	5.47
18	16	12	4	-1.66	2.75
19	15	9	6	0.34	0.11
20	18	10	8	2.34	5.47
21	12	8	4	-1.66	2.75
22	12	6	6	0.34	0.11
23	12	2	10	4.34	18.83
24	13	2	11	5.34	28.51
25	18	11	7	1.34	1.79
26	14	5	9	3.34	11.15
27	15	9	6	0.34	0.11
28	10	10	0	-5.66	32.03
29	13	13	0	-5.66	32.03
30	17	6	11	5.34	28.51

Statistical Working:-

X= score before treatment Y= score after treatment

A= difference between the scores.

\bar{A} =mean of the difference between the scores

S=S.D of Differences S E= Standard Error of Mean

Now we assume

H₀ – null hypothesis states that high potencies are **not useful** in acute case prescribing.

H₁ – alternate hypothesis states that high potencies **are useful** in acute case prescribing.

$$\bar{A} = \Sigma A / n = 5.66$$

$$S = \sqrt{\Sigma (A - \bar{A})^2 / n-1} = \sqrt{348.5/29} = 3.465$$

$$SE = S / \sqrt{n} = 3.465/5.47 = 0.6334$$

$$t = \bar{A} / SE = 5.66/0.6334 = 8.98$$

Thus t =8.98

At 5% level for 29 degrees of level of freedom the value of t = **2.05**

At 1% level for 29 degrees of level of freedom the value of t = **2.76**

Thus the value obtained is more than the above values so; we **reject the null hypothesis** and **accept the alternative hypothesis**. [11]

Therefore high potencies are useful in acute case prescribing.

Discussions:-

In this study, the utility of high potencies in treatment of acute diseases was evaluated over a time period of 12 months in 30 patients fulfilling the case definition and inclusion criteria. Evaluation was based on improvement with respect to signs, symptoms and pathology (if present) and on statistical verification, the scores were taken before and after.

The prevalence was noted equally in female sex (50%) followed by male sex (50%) in this study.

The age group distribution was as follows, 30-39yrs (23.33%) followed 20-29yrs (23.33%) then by 40-49yrs (13.33% , 10-19yrs(13.33%) , 1-9yrs(13.33%) equally, then by 50-59yrs (6.66%) and then 60-69yrs(3.33%) and finally 70 and above (3.33%)

Coming for the first time with no previous history of acute episode (56.66%) followed by previous history of similar episode (36.66%) followed by acute exacerbation of existing disorder (6.66%).

Maximum system affection was seen in central nervous system (20%) and E.N.T (20%), G.I.T (16.66%), genitor-urinary system, musculoskeletal system, infectious diseases and dental/oral affections (10%) each, and lastly respiratory system (3.33%).

Summary and Conclusion:-

Out of the 30 cases which were evaluated, 17 cases were cured within 72 hours while 13 cases showed good response (more than 70% improvement within 72 hours). In none of the 30 cases, was there any recurrence of symptoms. Neither was there any acute complication. Total time duration required for complete eradication of symptoms was also greatly reduced with the help of high potencies. In cases 5, 12, 15, 16 and 21 respectively, where lower potency failed to act, high potency hastened cure. Statistical analysis also shows that there is great difference in scores before treatment and after treatment.

Therefore, according to the 30 cases I have studied, I can say that high potencies are very much useful in treatment of acute cases. This inference is not only for statistical purpose but it gives us guidelines for prescribing in acute cases. If we prescribe high potency in acute cases, we are sure to succeed in at least 9 out of 10 cases. This will give us consistent results in acute cases. This will then be a feather in cap for Homoeopathy. This will also make people get over the myth that Homoeopathy takes very long to act and has little or no role in treating acute cases.

Acknowledgement:-

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