



Utility of Lower Potencies in Different Pathological Cases

Dr. Rahul Velhankar M.D. (Hom.)

Associate Professor & HOD, Department of Pathology & Microbiology,
Shri Bhagwan Homoeopathic Medical College, Chhatrapati Sambhajanagar. (M.S.) India
E-mail: velhankardrrahul@gmail.com

ABSTRACT

The issue of potency choice in homoeopathy has always been controversial. In “high” potencies there are no molecules of the starting substance remaining and in low potencies (including tinctures) the line between homeopathy and herbal medicine is blurred. The use of low potencies with a specific focus on organ function was introduced in the 19th century by Compton Burnett. This type of use of low potencies was subsequently developed further in Germany, France and Britain as part of more comprehensive homeopathic treatment approaches.

Homoeopathic dynamization are the process by which the medicinal properties which are latent in natural substances while in their crude state become awakened and developed into activity to an incredible degree. Lowe potency or decimal potency is used in various purposes and pathological conditions are one of the reason.

Keywords: Potency, Pathology, Pathological cases, Homoeopathy.

INTRODUCTION

Pathological cases ranges from small mucosal and epithelial inflammation to the benign and malignant tumors. It varies from small structural change to the gross organic irreversible pathological changes booth structural as well functional.

Epidemiology of different pathological cases is not possible to state hear because of varieties pathological conditions and various structures.

Homoeopathy is the science of healing based on the law of similar as law of selection. The physician must learn that he cannot practice homoeopathy on one potency of each drug.

Whatever the potency a physician use, that one potency is not sufficient for chronic diseases. And this one potency cannot be done with continuous curative action, unless the doctrine of series in degrees is fully understood and used. It is also important to begin whit what type of potency in acuteness, chronicity, underline pathology and type of diseases.

Failure which is noticed in the result of many of homoeopaths in treating pathological diseases. It is noticed that the problem or the confused state in selecting the potency, as it is always a debatable topic.

Health is harmony, physical mental & social all this dimension plays an important role in the maintenance of health. Health means biological perfection in physically, genetically and effectively discharged function in human body.

In natural history evolution of diseases patient either recover, die or get disability due to gross pathology and damage. Homeopathy offers treatment in pathological condition as curative and palliative in lower potency

The selection of potency is a debatable issue and even stalwarts vary on that. This is a very important aspect of Homoeopathic selection.

The homoeopathic practice demands artistic prescribing backed by a logistic methodology. Since the problem of potency selection has remained a stumbling block specially in pathological cases.

REVIEW OF LITERATURE

Definition of Pathology, it's classification and dynamic aspect:

The word Pathology is derived from the Greek word “pathos” meaning disease and “logos” meaning study. It is a scientific study of disease - it's nature, causes, mechanisms and effect. More specifically, it is a bridging disciple involving both basic science and functional changes in cells, tissues and organs that underline disease.

Pathology has its roots deeply implanted in Medical history. The earliest observers, from Celsus (30 B.C.) to Morgagni (18th Century) based their work upon the naked eye appearance of disease individuals and organs. As the technique of microscopy improved, Rudolf Virchow (1821 -1905), was able to investigate changes at the cellular level.

It mainly concerns its work with the study of disordered function and deranged structure in diseases and their correlation with the clinical picture. The knowledge and understanding of pathology is absolutely essential for all medical practitioners since unless they know the causes and mechanisms of disease and understand the language spoken by pathologists; in the form of laboratory reports; they would not be able to institute appropriate treatment or suggest preventive measures to the patient.

The four aspects of a disease process that form the core of pathology are as follows:

- (a) Its course (aetiology)
- (b) the mechanism of its development (pathogenesis).
- (c) the structural alterations induced in the cells and organs of the body (morphologic changes).
- (d) the functional consequences of the morphologic changes (clinical significance).

The dynamic aspect of pathology deals with the role of vital force towards the pathological changes. In the 6 edition of Organon of Medicine, Dr. Hahnemann invariably use the term, Vital Principle instead of vital force, even speaking in one place of “the vital force of the Vital Principle”, thus making it clear that he holds firmly to the substantialistic view of life that is, that Life is a substantial, objective entity; a primary, originating power or principle and not mere condition or mode of motion. From this concept arises the dynamical theory of disease upon which is based the Hahnemann pathology, viz: that disease is always primarily a morbid dynamical or functional disturbance of the vital principle; and upon this is reared the entire of therapeutic medication, governed by the Law of Similia as a selective principle.

The homeopathic physician studies the science of pathology and tries to interpret, correlate and integrate all the facts of science so as to harmonize these with his homeopathic concept, so that he can get an in-sight into the real state of sickness.

So long in health, man enjoys normal sensations and functions because of harmonious flow of immaterial life substance, which governs mind and body. Even though of all hygienic precautions many individuals do not enjoy normal health because of some hereditary disease dyscrasia. In such case the individual's psychosomatic make up is affected, but at the beginning the abnormality remains in a latent state and group of symptoms deserves no attention of the person concerned.

Evolution of Pathology

- (a) From dynamic to prefunctional to functional and structural changes.

The human organism is constantly subjected to noxious influences in the atmosphere where in the life preserving force i.e. the vital force is constantly interacting with them and tries to maintain health. Thus the vital force is initially deranged on the dynamic level but as the derangement of the vital force progresses it gives rise to pre-functional changes and a point in time appears when the functional disturbances predominate and gives rise to the “totality of symptoms” at least in the early stages.

It is only in the later stages that the alternatives in structure become grossly evident which dominate the scene. This may be true to such an extent that in the last stage of disease, it may occupy the whole field and nothing else may be discernible except the gross structural disturbances or symptoms arising from it. Thus a homeopathic physician may find it difficult to get characteristic in individualizing symptom / symptoms, on which he prefer to base his prescription.

Thus in the initial phases where disordered functioning is known to precede derangement of structure as per the Law of Biological Development that “Function creates and develops the organ”. The state of functional pathology is now reorganised and considered more important than the structural pathology, for it is the signs and symptoms in the functional plane that clinches the prescription to cure.

- (b) Importance of Predisposition, Disposition, Diathesis and Expression:

The disease phenomena is centrifugal (i.e. from within outwards) as compared to the expression of disease which is centripetal (i.e. skin to mucous membranes). Therefore when the disease evolves with pathology we must consider the entire evolution of the disease taking into account the predisposition, disposition, diathesis and expression.

The Pre-disposition is obtained from the family history and past history of the patient, which in turn helps to define the fundamental miasm which is responsible for the chronic disease.

The Disposition in other words is nothing but the type, typology or constitution of an individual which is partly inherited through the pre-disposition and mainly acquired as the individual grows up during his walk in life, thus following the good or bad path of life, each one attributing to different signs and symptoms.

The Diathesis is nothing but a delicate equilibrium between normal susceptibility and health. Out here the individual is not in a diseased condition, but is predisposed to certain factors deceptive of the diathesis. For e.g. a Tubercular diathesis will have recurrent tendency for respiratory tract infections; the Lithic diathesis will have a tendency for stone formation and so on.

The expression is the one wherein the internal derangement of the vital force can be seen through mental and physical signs and symptoms which often characterise the case and forms the “qualitative totality of symptoms”.

Relationship between Pathology and Homoeopathy:

(a) Importance of totality of symptoms with respect to Pathology

The relationship between pathology and Homoeopathy has generally been either unrealised or often even misunderstood. We depend mainly on the totality of symptoms and select the remedy on the basis of this and often cure the patient. In the picture of the totality, for the purpose of deciding the prescription, the pathological state and symptoms arising from it rank quite low. Sometimes the pathology is even ignored. But in spite of the pathological state being given lesser or no value, it is noted that with the application of the similimum not only do the symptoms disappear, but simultaneously with it the underlying pathological conditions get corrected living behind only a healthy state Hence, the homoeopath generally finds no need to consider or worry about the pathology.

With the passage of time pathology has become a well-developed science. Detailed studies have been made of the tissue changes in various diseases to such an extent that an accurate diagnosis can be made from a small section of the tissue involved, e.g. in carcinoma. Pathological studies fully supplement clinical studies and help us enormously in diagnosing the case and assessing the prognosis. So wisdom dictates that we should utilize all the developments of pathology and in fact all sciences for our own purpose to the fullest extent possible, carefully interpreting them.

Usefulness of Pathology To A Homoeopath

It is a widespread misconception that a knowledge of pathology is not helpful to a homeopath and that it is even a hindrance to his work. As such, it is also believed that a homoeopath has no need to know or understand pathology.

Every clinical symptom effects some underlying pathology which may serve as its cause, explanation or Concomitant. A good homoeopathic physician should be well conversant with the type and extent of pathology. Not only that a homoeopath must be able to gauge the speed, pace, depth & range of a disease & also of homoeopathic remedies.

Our remedies, even if they are indicated by the symptom-totality, they have certain gauge, depth of action and cannot in a case unless these aspects also match. For example Aconite is not useful in typhoid because Aconite dose not have that range or depth in other words it is not able to cover the pathology of typhoid. Further if two remedies seem equally indicated in case on the basis of the symptom-totality, a remedy which covers the pathology would be naturally preferable.

Even the famous Dr. Kent who did not look pathology with much favour has given numerous pathological indication in his *Materia-Medica* and *Repertory*.

Clinico pathological co-relation of different disease conditions with each miasmatic state -

i.e. psoric state, sycotic state, syphilitic state.

Mixed Miasmatic State (syndrome and different phases in syndrome) The state resulting from each miasm i.e. psora, sycosis and syphilis are psoric state, sycotic state, syphilitic state respectively.

We know that, comma shaped ‘vibrio’ is the causative organism of cholera i.e. the organism comma shaped ‘vibrio’ contains or carry the miasm cholera. It did not mean that the living organisms, but the organisms having miasmatic properties. The bacteria or viruses carry miasm but all bacteria or viruses may not have miasmatic properties.

e.g. The comma vibrio containing the acute miasm of cholera cannot affect a person unless he or she is susceptible to be affected by them. This susceptibility towards cholera or any true acute disease is caused by the chronic miasmatic state of psora.

Unless the field is made suitable by psora for the growth and multiplication of bacteria no true acute disease can occur. So we see that some bacteria or viruses may act as the acute miasms to cause acute diseases and chronic diseases also. Identification of miasm depends upon

1) Type of pathology -

Inflammation (Hypersensitive state)

Induration (Process of hardening)

Degeneration (Reversible / Irreversible)

2) Duration of pathology and pace

Slow – sluggish – sycosis

Fast appearance and disappearance – psora / tubercular miasm

3) Pattern of response

Periodic or Irregular

Erratic or static

Progressive

4) Tissue affinity

Skin - psora

Glands - sycosis

Bone and Brain - syphilis

5) Expression -

Psora – Emotion <, PQRS sensations and modalities

Sycosis – Damp whether <, sticky discharge

Syphilis – Night <, structural changes.

Example

1) Bronchial Asthma

Psoric Bronchial Asthma – When bronchial asthma shows periodicity, PQRS sensations and modalities related to anxiety.

Sycotic Bronchial Asthma – When the progress is slow, or suppressed by drugs, damp whether aggravation, sticky discharge.

Tubercular or Syphilitic Asthma – When structural changes has taken place like Bronchieactasis, Emphysema

Mixed Miasm – All above stages combine together

Example

2) Inflammation

a) Acute Reversible - Psora

b) Chronic, Hypersensitive, Reactions, Exudation – sycosis

c) Hypersensitive reactions, Erratic unpredictable appearance of pathology – Tubercular.

d) Degeneration or Atrophy – Syphilis

Miasm to identify needs to view the whole disease process in its evolutionary sequence.

Homoeopathic approach

In treating chronic miasmatic diseases and practice utility of miasm

Aphorism - 206, says - Before commencing the treatment of chronic diseases, the most careful inquiry in order to determine whether or not the patient has had a venereal infection, either syphilis or the fig wart disease (gonorrhoea)

Miasm - syphilis or sycosis alone - If the only symptoms present are those of syphilis or gonorrhoea, the treatment must be directed against this alone. However in recent time such pure cases are very rare.

Psora complicated with syphilis or sycosis - .In any case of psora with a history of venereal infection, the venereal infection must be taken into consideration as it will have complicated with psora.

This is always the case when the signs are not those of pure psora. Almost always when the physician imagines that he has a case of venereal disease before him, he in fact has a case that is principally associated with (Complicated with) psora. This is because the internal itch (psora) is by far the most frequent fundamental cause of chronic diseases.

THE MIASMS AND THEIR RELATION TO PATHOLOGY

We all recognize that there are two distinct schools of homoeopathy, yet very few of us are willing to admit the fact; most of us being desirous that the name homoeopathy should cover every phase of that school and every conception of the different teachings in vogue today. But this can not be so; for, if

there are two distinct schools, there must necessarily be two distinct doctrines or teachings. These are sometimes designated as the false and the true, the pathological and the symptomatological, the materialistic and the non-materialistic, the chemical and the dynamic, the scientific and the non-scientific, the high potency and the low potency. Other terms are sometimes used, as the "pure," the "straight," the mixed, the Eclectic, the school of Hughes, the Hahnemannian school, etc.

The fact of the matter is this, when Hahnemann promulgated the science of homoeopathy and made it public to the world it was then a very complete science; and, although he had not brought out all the minor details as clearly as we see them today, it was nevertheless a comparatively perfect science, for he had formulated it all under law, and that law stands today the same—just as sound and as scientific as any law ever discovered by man. Now, a law can not be set aside, can not be compromised with; it can not be tampered with without spoiling the whole science. This is just what a part of our school has done, or has tried to do. They have attempted to conform this wonderful law, or set of laws (for there is more than one, physical law involved in the science of homoeopathy, as we will see further on, but all co-operate in one law, even the law of similia) to their own meaning and to their own way of thinking. Hahnemann teaches that the remedy given in each case should be the one that has been proven in each particular case to be able to produce symptoms as like as possible in the healthy individual. We are to understand by "symptoms" that all the deviations from health, all morbid phenomena, found in the organism, with their conditions of change and concomitants, circumstances which we perceive or conceive with our senses of those of the patient; or, in other words, the totality of the symptoms is all that there is to disease when considered from a therapeutic standpoint. Now herein lies the departure which draws a distinctive line between the false and the true, sometimes called the physiological and symptomatic. But there can be no physiological school, for "physiology is the science or theory of function and change in healthy bodies," while pathology has reference to the diseased body. Therefore, it must be called the pathological school.

Dr. Richard Hughes, who is high authority in this school of pathological homoeopathy, defines the true school when he says, "I quite admit that there is many a *terra incognita* as yet in disease, and many a case which, as yet, we can treat only symptomatically. I am thankful that the law of similars enables us to fit drugs to disease, even when we are unable to say what the phenomena of either mean. But none the less do I reckon the other mode (the pathological) of applying the law as the more satisfactory, and, in most hands, successful; and believe that a scientific pharmaco-dynamics, linked to a scientific pathology by the bond of the homoeopathic method, will constitute the therapeutics of the future." Thus the adherents of his school departed from the teachings of Hahnemann by making the pathology of the disease and the remedy the basis of the treatment, the modalities and the minute symptomatology being rejected as of only secondary importance; whereas the followers of the Hahnemannian school make the minute symptomatology the basis of their treatment, pathology and all else being subservient to it.

SUSCEPTIBILITY AND POTENCY:

The general rules are two

1. More the susceptibility more the potency

2. More the age less the potency.

But every where this theory may not be applicable. Every case is new in respect of its character and bases by individualization. Hence in order to assess the susceptibility the following schema is formulated.

A. Disease:

Purely Acute

- Pathology: Reversible with no danger to the life of the patient (High Potency)
- Pathology: Reversible with danger to the life of the patient As in meningitis, pneumonia (Low potency with repeated doses)

Acute exacerbation:

- Pathology: Reversible with no danger to the life of the patient. As in acute episode of bronchial asthma (Low potency with repeated doses)
- Pathology: Reversible with danger to the life of the patient. As in cirrhosis of liver with ascitis (Low potency even mother tincture)
- Pathology: Diseases with complications (Low potency)
- Pathology: Irreversible (Low potency even mother tincture or organopathic drugs)

Purely chronic:

- Pathology: Reversible with out danger to the life of the patient E.G. Eczema (Low potency)
- Mental Diseases: (High Potency)
- Mental diseases with acute stage as rage, fury (Low potency)
- Pathology: Irreversible with danger to the life of the patient. As in Heart failure (Low potency even mother tincture)

B. As per the patient:

- Hypersensitive: Though they possess high susceptibility but should be tried with low to medium potency.
- Moderately sensitive: Moderate potency.
- Average level: Moderate to high potency.

C. As per the medicine:

- Nosodes: High potency
- Sarcodes: Low potency

D. As per the treatment taken:

- Patient received immunosuppressive drugs, narcotics, habit forming drugs, corticosteroids (Low potency)
- Prolonged allopathic medicaments (Low potency)

This chart has been framed after studying the available literature and this is tallied in every cases.

CONCLUSION:

After literary study, clinical trials, data collection, data classification, data presentation and data analysis in the dissertation work “**UTILITY OF LOWER POTENCIES IN DIFFERENT PATHOLOGICAL CASES**” here is time to conclude few interferences found from the study.

1. Lower potencies had wide range of chronic diseases.
2. By using lower potencies, successfully evaluate pathological conditions.
3. Result of study after Homoeopathic medication, after administration constitutional Homoeopathic medicine in both group cases, In Group A, 29 patients were Improved and 1 patient was not Improved. In Group B, 7 patients were Improved and 23 patients were Not Improved.
4. Evaluation of pathological cases with lower potencies is effective, safe, easy to consume, easily available, cost effective.
5. No complications or adverse drug effects lower potencies with Homoeopathic management during study.

Finally, it can be concluded that, Lower potencies are effective in the management of pathological cases.

SUMMARY

By working on “**UTILITY OF LOWER POTENCIES IN DIFFERENT PATHOLOGICAL CASES**” while doing postgraduate, I conclude from this that in order to achieve effectiveness of Homoeopathic medicine in full swing take cares the following-

- Start the treatment from the lowest possible degree of potency and increase the potency gradually higher.
- Never mix or alternate more than one remedy at a time, instead of that use single medicine only.
- Use new bottle for each new dispensing and potency.
- Keep away the medicine from strong smelling substance, extreme heat and cold.
- Never refrigerate the medicine.
- Keep at least one-hour gap between medicine and food you have to take.

Homoeopathic prescription depends upon various factors of patient’s disease & applied remedy, on which we come to the remedial management of patient. After first prescription the remedy reaction has started in patient, and physicians’ approach to the in next prescription is very crucial to retain the case and further management of case. Hence, I studied the importance of lower potencies of Homoeopathy for prognosis and management of cases of pathology.

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REFERENCES/BIBLIOGRAPHY:

1. Textbook Of *Homoeopathic Pharmacy book*, by Banerjee DD.
2. Textbook Of Homeopathic Pharmacy by Partha Pratim Mandal, Biman Mandal
3. A Text Book of Homoeopathic Pharmacy Mandal B. Mandal P.P.

4. Organon of medicine – S Hahnemann
5. Portrait Of Homoeopathic Remedies' (I & II) -Coulter Cathrine
6. Principals & Practice Of Homoeopathy' - Dhawale M. L
7. The Science Of Homoeopathy Vithoukas J.
8. 'Homoeopathic Heritage'
9. 'National Journal Of Homoeopathy
10. Kent James Tyler, " Lectures On Materia Medica", New Delhi: B. Jain Publishers (P) Ltd, Reprint Ed.
11. Kent James Tyler, Repertory of homoeopathic Materia Medica, New Delhi : B. Jain Publishers (P) Ltd., Reprint Ed. 1996.
12. Kneer B. Calvin, Repertory of Herring guiding symptom of our Materia Medica, New Delhi : B. Jain Publishers (P) Ltd., Reprint Ed. 2000.
13. Murphy Robins, Homoeopathic Medical Repertory, New Delhi, Indian Book and periodicals, Ist Indian Edition, 1994.
14. Nash,E.B.,M.D., Regional Leaders, New Delhi-55 Indian Books And Periodicals Syndicate, Reprint Ed., 1998.
15. Phatak S.R, A concise repertory of homoeopathic medicines,
16. Roberts, H. A., The Principals And Art Of Cure By Homoeopathy. New Delhi, B. Jain Publishers Pvt. Ltd. 55. 1996 reprint edition.
17. Various website on Internet like www.similima.com, www.hpathy.com, www.homoeoint.com etc.
18. Boericke W.Pocket Manual of Homoeopathic Materia Medica and Repertory.Reprint Edition.New Delhi:Indian books and Periodical Publishers.; 2004. 711.
19. Schroyens, Frederik. Synthesis Repertorium Homoeopathicum Syntheticum. Edition 9.1, New Delhi, B. Jain Publishers Pvt. Ltd. 2002. [RADAR 9.0 Version treasurer edition].
20. Kent J. T. Repertory of Homoeopathic Materia Medica and Repertory.Reprint Edition.New Delhi:Indian books and Periodical Publishers.; 2004.