

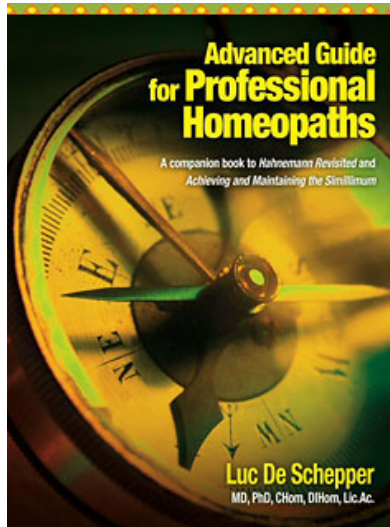
Luc De Schepper Advanced Guide for Professional Homeopaths

Leseprobe

[Advanced Guide for Professional Homeopaths](#)

von [Luc De Schepper](#)

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Chapter 14: The Final Potency Selection

The Great Homeopathic Debate

From homeopathy's early years till now, the debate between low and high potency prescribers rages on. Not one topic creates more confusion and causes more feathers to fly, yet it is essential for homeopaths to come to a sensible consensus. Tempers flare and everyone claims success with their potency selection. While I have no doubt that both camps, the low and high potency prescribers, are correct to some extent, there must be a middle way, one that originates from reasoning, not passion. I want to emphasize that I'm talking about the "potency" (strength) of the remedy, not the "dose" (amount administered). I am continually surprised that homeopaths worldwide confuse these terms, whereas eminent homeopaths from Hahnemann to H.R. Roberts have made a clear distinction between the two concepts. The great culprit here was James Tyler Kent who stated that the dose made no difference. Many present-day homeopaths follow his lead, creating similar aggravations (and dissimilar ones) that turn patients away from homeopathy, never to return. In this chapter, I discuss not only potency selection, but also the dosing of the remedy. Homeopaths who claim that it does not matter whether you give three pellets or 10, three drops or a whole 4-oz. cup (and they are legion), must in my opinion be asleep at their job, since experience clearly shows that this does matter. May all homeopaths test the contents in this chapter for themselves! I am open to further discussion if they see things differently after trying what I suggest.

The Puzzling Reality in the Practice

Homeopaths see so many examples in practice that puzzle them: one person will react beautifully to a low potency, while another responds only to high potencies. One reacts to the C scale and not to LM potencies, while another patient appears to need LMs. No wonder homeopaths find it difficult to agree when they discuss potency selection. But there must be a plausible explanation for all this: some kind of middle road in the madness of determining the correct potencies. Here are some examples from actual practice that could create such confusion:

"I was using the 5th edition *Organon* split-dose method and giving *Phosphorus* 200C, repeated every two hours, for my daughter. It did nothing for her cold,

which she'd had for three weeks. One single 10M dose and the next minute she was coughing up lots and lots of mucus, then she sat down and made jokes at dinner, then played with her brother and sister, which she had not done for four weeks. Ate voraciously and is still doing well. Cough has decreased from four times an hour with much expectoration to once every two to three hours" (i.e., *Phosphorus* 10M cured in one day, whereas 200C had no effect).

"I gave my aunt *Kali carbonicum* LM1 for spinal stenosis (she had all the keynotes of *Kali carbonicum*) with the following instructions: succuss the Remedy Stock Bottle (RSB) 2 times, dilute 1 tsp. of remedy from the RSB in 1 cup of water, and take 1 tsp. from the cup as needed (see *Achieving and Maintaining the Simillimum*, Chap. 4). I checked with her many times to see if she was taking the dose correctly. She said she was. When her bottle was finished, I found out that she had been drinking the whole cup each time she repeated a dose instead of taking 1 tsp., yet she had made splendid progress and is now 80 percent better."

"A 50-year-old lady reacted beautifully to 6C split-dose of *Natrum muriaticum*, bringing back old symptoms; improvement on all levels. After finishing the RSB of 6C, I changed to a 30C. She reported that she was continuing to do great, but that she "ran out of gas" a day and a half after each dose. Thinking she needed more "horsepower," I changed to LM1 with instructions to succuss the RSB 2 times, dilute 1 tsp. of remedy from the RSB in 1 cup of water, and take 1 tsp. from the cup. She had no response even when I increased the succussions." (On receiving a freshly made up bottle of LM1, the patient responded beautifully to the same dose! Were non-impregnated pellets used before? Most likely!)

"I seem to experience an aggravation for about four days after each dose of my remedy, then I do well for 14 days, but as soon as I repeat the dose, I go through the same cycle!" (This is a true hypersensitive and adjustment of dose/potency is necessary!)

In my practice I have many examples where three drops from the cup was too much and one drop did not do anything, but two drops of the remedy cured!

A Word About the Dose

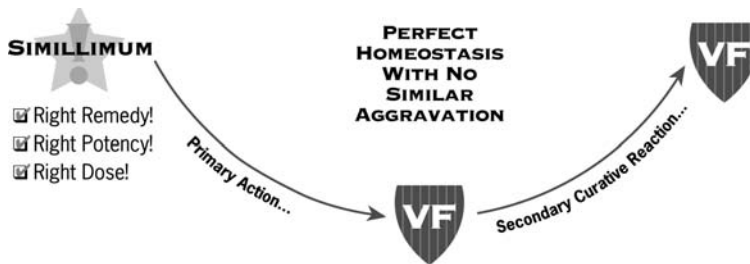
When discussing potency selection, there is one golden rule for the practice: when using the C scale for chronic or acute cases, always choose the 5th edition split-dose method! With this method, the homeopath has many ways of adjusting the potency and dose (see *Achieving and Maintaining the Simillimum*, Chap. 4). The question I am posing in this section is, which potency does the homeopath select for diverse problems, *not the way* we administer it! Many homeopaths

incorrectly assume that if the selection of the remedy is accurate, it will cure in whatever potency it is administered. They base this on the fact that Hahnemann “stated” in Aphorism 279 that the medicinal power can never be weaker than the disease power. But what did Hahnemann really say?

A 279 ... the **dose** [he says **dose**, not potency!] of the highly potentized homeopathic remedy beginning the treatment of a significant (chronic) disease can, as a rule, not be made so small

- that it is not stronger than the natural disease,
- that it cannot at least partially overcome it,
- that it cannot at least partially extinguish it in the feelings of the vital principle,
- that it cannot start the process of cure.

The exact definition of the simillimum is the correct remedy, potency, and dose for that case!



Let me stress once again: in this section of the book I am concentrating on the **potency** aspect, not the dose. For the latter, we adhere to Aphorism 279 and use the split-dose method described in the 5th edition of the *Organon* for C potencies or the LM method described in the 6th edition of the *Organon*.

Furthermore, concerning the dose of the remedy, Hahnemann states that:

A 280 One continues to give a medicine as long as it continues to benefit the patient and does not give rise to any new troublesome complaints [De Schepper notes: such as too many accessory symptoms or new symptoms], and one *gradually increases the dose* until the patient, *while feeling generally better*, begins at once to experience one or more of his old, original symptoms to a moderate degree. If the remedy has been modified each time by succussion (par. 247) and the very moderate doses have been gradually increased, this return of old symptoms indicates that cure is imminent, and that the vital principle has almost no more need to be affected by the similar medicinal disease in order to stop feeling the natural disease (par. 148), and that, now more free of the natural disease, it is beginning to suffer somewhat from the homeopathic medicinal disease, otherwise known as *homeopathic aggravation*.

The homeopath can clearly see how Hahnemann distinguishes between dose and potency! One more word of warning, in general, the homeopath can do a lot more harm with too large a dose and too frequent repetition than with too high a potency. If too high a potency is repeated at judicious intervals, then little harm will be done! Too large a dose and frequent repetition, even of the homeopathically selected remedy, will harm the patient to the point of making a case incurable. If too high a potency is repeated in the smallest **dose**, and repeated when the action of the previous dose has ceased, much less harm will be done. Regarding the dose, we can say, in general, that the closer the chosen remedy is to the simillimum, the less quantity of the drug is required. Roberts says:

The greater the number of the characteristic symptoms of the disease that are found to correspond to the drug (similarity), the less the quantity and the higher the potency that can be used. ... In sickness susceptibility is markedly increased, as the avenues of diseased states are widely opened so that which would have an effect on health will be quickly grasped in disease. The resemblance of the group of symptoms is marked, therefore accordingly the very smallest possible dose will satisfy the susceptibility and therefore be curative (Roberts, 1986, pp. 121, 122).

In homeopathic terms, the patient's diseased part has a higher sensitivity to the simillimum, therefore the smallest dose will be curative!

In the above statement, Roberts is paraphrasing **Aphorism 277** of the *Organon*:

A 277 ... if the dose is appropriately small, a **well-dynamized** medicine becomes increasingly curative and almost miraculously helpful the more homeopathically it has been chosen, it follows that if a medicine is accurately homeopathic it must become increasingly beneficial as its dose approaches the ideal degree of **smallness** for gentle action (emphasis added).

I think the homeopath will do well to heed Hahnemann's words where he warns us about the dose and potency of the **simillimum**:

A 275 The correctness of a medicine for a given case of disease depends not only on its accurate homeopathic selection but also on the correct size (or rather **smallness**) of the dose. A medicine given in *too large dose*, **though completely homeopathic to the case** (emphasis added) and in itself of a beneficial nature, will still harm the patient by its quantity and unnecessarily strong action on the vital force, and through it, because the medicine is homeopathic, on precisely those parts of the organism which are most sensitive and have already been afflicted most by the natural disease.

Hahnemann explicitly talks about the large **dose** and reminds the homeopath that the diseased part of the patient is **highly sensitive to the remedy**; hence the smallest possible dose of the simillimum is required. This additional warning is for those who believe that "whenever they have the simillimum, the dose does not matter." Hahnemann says:

A 276 For this reason a medicine, although homeopathic to the case, does harm when it is given in **overdose**. In strong doses the more homeopathic the medicine and the higher its potency the more harm it does: indeed it is far more harmful than equally large doses of unhomeopathic medicine ... Excessively large **doses** of an accurately selected homeopathic medicine, especially if frequently repeated, are, as a rule, very destructive. Not infrequently, they endanger the patient's life or make his disease almost incurable ... (emphasis added).

Again the homeopath can clearly see in this aphorism how Hahnemann makes a distinction between dose and potency. In view of Hahnemann's words, I wonder how so many homeopaths can have their patients repeat daily doses of highly potentized remedies, advising the patient to, "Repeat the dose every day and come back when the bottle is empty." Read and reread **Aphorism 276** in its totality and may it be your guide in practice!

Susceptibility of the Patient

How to choose the right potency is the real question. The effect of the potency depends on the **susceptibility** of the particular patient, as outlined by Hahnemann:

A 281 ... for patients in whom one observes considerable sensitivity, the doses are increased far more slowly, and by far smaller amounts than for patients who are less sensitive, for whom the doses can be more rapidly increased. There are patients who are unusually sensitive, a thousand times more sensitive than those who are least sensitive.

In order to give correct guidelines for choosing the potency, I need to define what susceptibility means! **Susceptibility** is the capacity of the living organism to react to external and internal stimuli. In other words, it reflects the **reactivity** of the Vital Force (VF).

We feel pain on being pinched, we feel morose when something bad happens to us, excited when something good happens, etc. The idiosyncratic susceptibility of people is frequently seen when they are exposed to varying climates: one person will thrive in warm weather while others become sick. Altitude will affect some individuals very little and others adversely. Being at the seashore improves one person's condition while it makes another person sick. Mountainous regions are desired by some while avoided by others.

The power of assimilation and nutrition is another expression of susceptibility. Patients needing *Natrum carbonicum* and *Calcarea carbonica* do not assimilate milk (aggravation from milk), while patients needing *Arsenicum* and *Chelidonium*

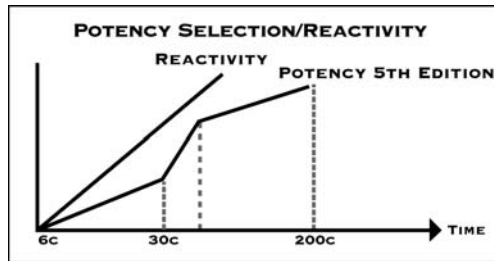
improve from it. And, of course, certain people are able to make wonderful contributions to a homeopathic drug proving when given a particular remedy whereas other provers will show no reaction whatsoever to the same substance. All these responses have to do with susceptibility.

The homeopath can derive from these examples, and especially from the definition of susceptibility, that one must avoid using any agent or anything in nature that would diminish, suppress, or destroy this power of susceptibility (reactivity) as this is the organism's natural defensive reaction. The status of a person's health (VF) determines their ability to react. If susceptibility is low, the VF has little reactivity, in other words, it can't react strongly in a secondary curative reaction (Aphorism 64). But if susceptibility is high, the VF can react in a strong, quick manner; this shows that the patient has a responsive defense system.

In disease, susceptibility or reactivity is exaggerated (if the person hasn't suppressed his "immune system" or if the VF is highly alerted), and the homeopath must be careful not to impair the body's ability to respond, because it is through this exaggerated reaction (a defensive reaction) that we find our clue to the *simillimum*. This exaggerated reaction or "throwing up" of symptoms is what the homeopath will use to find a remedy. Only the *simillimum* can satisfy the susceptibility, anything else will palliate or perhaps even suppress.

The VF reacts (and the question will be: to what extent?) against the entry of any "pathogenic factor" or disease-causing factor and tries to prevent mistunement through this reaction. There is no susceptibility in the dead; a dead person does not react to any stimulus. Partial destruction of the reactivity of the body by true organic lesions may render the patient a chronic invalid with impossibility of cure. With the destruction of susceptibility, the corresponding destruction of bacteria in infections is not accomplished, and the patient remains an invalid. In fact, that is why most severely diseased patients (those suffering from cancer, for instance) succumb to an infection and not to their chronic disease. Producing passive immunity through the use of sera (vaccinations) and even the use of antiseptics destroys normal susceptibility. One can see the same when antipyretics are used in feverish conditions. Their use retards the formation of antibodies, reduces the number of white blood cells (macrophages), and delays the body's ability to respond to an infection. The physician should remember Hippocrates' dictum: "Give me fever, and I cure any disease!" Fever is a manifestation of the vital reaction or susceptibility and thus of resistance to disease on the part of the organism. It is Nature's way of protecting the organism. The homeopath can formulate the potency choice when taking into account the patient's susceptibility as follows:

Susceptibility depends on the strength of the VF: low VF (lowered susceptibility) will necessitate a smaller stimulus or a lower potency since a higher potency would overwhelm the VF. When the VF is strong (strong susceptibility), the patient needs a higher stimulus or potency.



You can imagine that in the case of a long-term chronic illness or serious pathology, as well as in cases of great overload of miasmatic taint, the VF is not very susceptible or reactive. It is smothered. So should the homeopath stimulate it with a high potency? **No!** This VF is initially too sluggish to react!

I'd like to make this crystal clear to the reader. Take, for example, concentration camp survivors or shipwreck survivors who have been deprived of food and drink for a long time. What happens if they suddenly eat and drink too much, that is, the amount that would be normal for someone else? Many die, as the small intestine has shriveled and cannot absorb that amount of food or drink! (Note that it is not the stomach that has this function.) So to help these unfortunate victims, one needs to first feed them small quantities of food and drink in order to revive their susceptibility or reactivity—in other words, their capacity to absorb food again. Only then can they again consume normal quantities. How rapidly can they readapt? It depends on each individual—the length of time they were deprived of nourishment; their constitution, etc. Once their VF (or small intestines in this example) is restored, if one were to continue feeding them small quantities, they would barely be kept alive and could possibly die. These same principles must be applied in homeopathy!

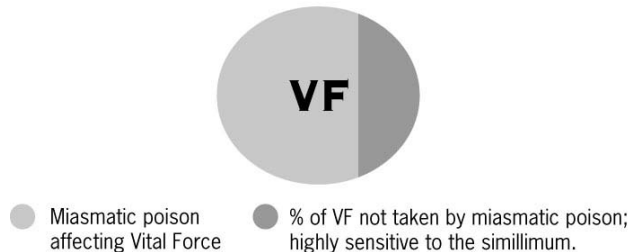
Analogous to shipwreck survivors, if the VF, which was initially overwhelmed by the natural disease, has been slowly brought back to life through the judicious repetition of remedies in low potencies, then the reactivity or susceptibility of the VF will increase.

If the homeopath wants to follow Aphorism 2 and “expedite a permanent, **rapid** cure,” when he sees that there is a positive reaction, the increased susceptibility of the patient will now warn him that he can and must jump to a higher

potency. At this point, the VF **needs** a higher potency to react, especially if the homeopath does not see any further progress on lower potencies.

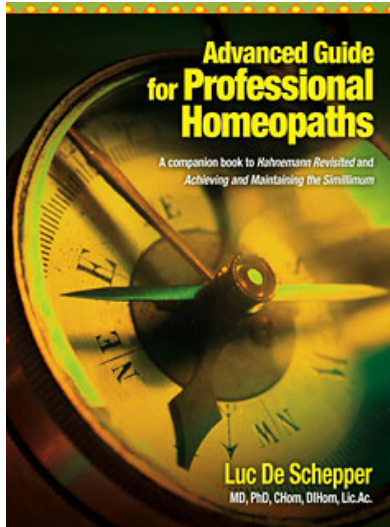
Let's say the homeopath sees a good reaction until the patient finishes a 6C RSB, and the patient feels much stronger. He should not hesitate to jump to 30C, using the 5th edition split-dose method. If the improved VF (just as in the survivors' case) were now stimulated with a 9C or 12C, it would be too small a stimulus to allow as rapid progress as can be achieved. The danger also exists that in the meantime another new or already existing, stronger pathogenic factor might overwhelm the VF because it is not well enough supported! Yes, the homeopath could still see progress, but not as fast as he otherwise might. There are exceptions. The homeopath sometimes finds in the practice, when a patient does well on the C scale, that after 30C, switching to LMs gives less progress, not always more. In those cases it is better to stimulate the VF using a 200C split dose! For some unknown reason, some patients do better on C potencies than on LM potencies! On the other hand, I have had striking results after one single dose of LM potency, where the C scale did nothing.

MIASMATIC BLOCK



Fine-Tuning This Method

Often in the practice, for example, the patient is initially doing very well on a 6C split dose for their chronic disease. Then halfway through the RSB, the patient suddenly stops going forward or there is barely any change or progress perceptible. Rather than **first** thinking of a miasmatic block, consider that the susceptibility of your patient's VF has perhaps increased and needs a stronger stimulus (higher potency) to make the cure go forward. On going to 30C the homeopath sees the case going forward again. This in fact corresponds to what Kent always said, when his colleagues asked his advice regarding stuck cases: "Increase the potency!" What the homeopath aims toward is that the potency selection follows the increase in reactivity, so both lines must run parallel in order to achieve a cure.



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