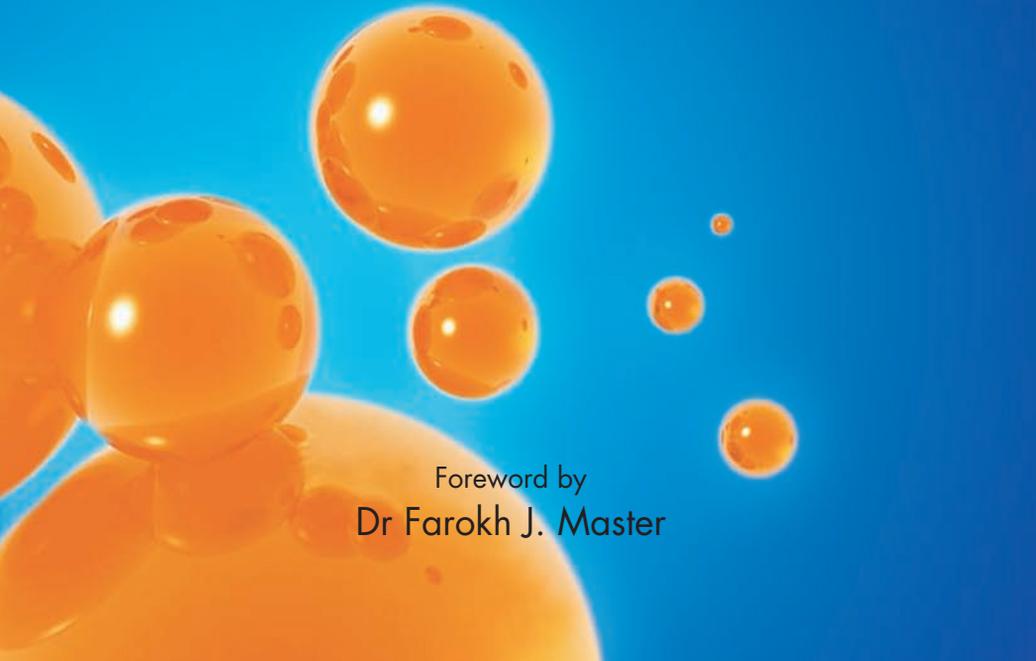


DECODING
THE
DOSE

Evolution of the Concepts of
Homeopathic Posology

Dr Sumit Goel

Foreword by
Dr Farokh J. Master

The bottom half of the cover features a decorative graphic of several translucent orange spheres of varying sizes, scattered across a blue background. The spheres have a glossy, reflective surface, with highlights and shadows that give them a three-dimensional appearance. They are arranged in a way that suggests movement or a dynamic field, with some larger spheres in the foreground and smaller ones receding into the background.

Decoding the Dose

Evolution of the Concept of Homeopathic Posology

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Reader, Smt. Chandaben Mohanbhai Patel Homoeopathic Medical College

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Foreword

I would like to extend my hearty congratulations to *Dr Sumit Goel* who has come up with yet another work on the vast science of Homeopathy. It's my pleasure to be penning this foreword for a book on a very important, but highly undervalued topic as posology.

A topic as sensitive and subjective as posology needs adequate research on the multitudinous ways of its application in real practice to make it a complete work and Dr Goel has done complete justice to it.

'Decoding the Dose' spans over decades showcasing the changing patterns and evolving concepts of prescribing our pills. It begins with the Hahnemannian era followed by the Kentian and Post-Kentian eras concluding with the preferences of the stalwarts.

Dr Sumit Goel also puts forth his own experiences in selecting the right potency and repeating the dose which complete the art of prescribing the simillimum. This book delves into the core of the issue to crystallize the gems of homeopathic posology.

This book shall therefore make an interesting read not only for undergraduate students but also for practitioners of this art.

I strongly recommend this book to all those who wish to get an insight into the past and present of accurate prescriptions as regards potencies and their timely repetition.

I once again congratulate Dr Sumit Goel for this sincere effort and wish him loads of luck for the future.

Dr Farokh Master MD (Hom)

Preface

Characteristic, peculiar, in Homeopathy we seek
Everyone, yes everyone, is special and unique.
We Homeopaths are in this world for reasons pure and sure
We have a mission and that is to CURE.

Guided, we are, by eternal fundamental laws,
But, what do we do, when it comes to the 'Dose'?
Confusion, contradiction should be things of the past,
Hard work, introspection, dedication will last.

Just as pieces of a jigsaw, all symptoms have their place,
To correlate, inter-connect, the whole to interface.
Each symptom is important, to make the totality unique,
But, if the right dose is amiss, the Simillimum's incomplete.

The strongest arguments against Homeopathy have never been those directed at its fundamental principle, the law of similars but the most controversial, debated and argued issue has always been the remedial power of 'high dilutions'.

That the activity of a drug should be not only maintained but actually enhanced by attenuation seems on the face of it opposed to common sense.

It is ironical that the question of the right dose and posology, whose decisive affirmation is dependent only upon simple and practical clinical experiments that could be made at any time, cannot as yet be answered unanimously by the profession inspite of more than a century's work.

It would have been very simple for me to analyse my own cases and to offer my views on posology and add to the plethora of opinions and guidelines. Ironically, one section denies all action of high potencies and ridicules them while another praises the action of high potencies, and each claims to CURE and rest on experience.

So, where do we look out for the answers to all those questions that we have refrained from asking ourselves? What is the right source, the right experience that can shed some light on the perplexing issue of selection and administration of the dose? Is blind orthodoxy the only way out?

This was the reason, why this work was undertaken.

To understand the concepts and the evolution of concepts of homeopathic posology, a detailed study of the views and clinical experiences of pioneering homeopaths over the ages was essential. This involved a review of published literature like books, journals as well as cases of leading homeopaths.

This is not a theoretical work of speculation, but one that is based on Inductive Logic. This is not purely a theoretical study, but a study that is based also on the clinical experiences of leading homeopaths. As any study can never be complete in itself, this work does not claim to be the gospel truth on posology, it does leave scope and guidelines for further clinical study and research on the subject. I request the reader to follow the flow of thoughts as elucidated in the book, chapter by chapter, chronologically, to be able to evolve their understanding on the subject.

The purpose of the book is not to offer instant, ready made tips and rules for posology, the purpose is to clear the misconceptions and make the foundation strong.

The purpose of the book is not to give you INFORMATION on posology ... the positive intent is that the knowledge should evolve within you!

Words and actions are the factions
that make or break our day.

Thoughts and Ideas are the things
from whence all 'wonders' spring.
Never doubt the possibilities to be,
and obstacles will never become a reality.
We create our own success you see
but only with a positive mentality.

As Sir Edmund Hillary said, '*It is not the mountain we conquer,
but ourselves*'.

Finally, I thank you in advance for reading this book, and I wish you patience and success as you respond to the demanding challenge of sickness in everyday life.

Thanking the profession in general for their guidance, I humbly present this book as a contribution to an already valuable homeopathic literature.

Sumit Goel

Mumbai, August 2010

Acknowledgements

This work would not have been possible without the efforts of more than 200 years of sincere, honest pioneering work of the torchbearers of homeopathy. Samuel Hahnemann, Boenninghausen, Constantine Hering, Kent, Nash, Clarke, and many others have contributed much to the foundation and monument of homeopathy. Their legacy truly inspires today's entire generation of true sincere homeopaths.

- This book is dedicated most humbly and with profound reverence to my late mother Mrs Madhur Goel, who taught me the true meaning of vital force.
- I would like to express my gratefulness for the blessings of my father Dr Sunil Kumar Goel, a homeopath, who has contributed for more than four decades to the growth and spread of homeopathy in Mumbai and Maharashtra and the treatment of the sick in the most humble manner.
- Anamika Goel, my silent support, critic, my wife, who has always been with me in my trials and triumph. She truly deserves my love, friendship, respect and a lot of my time that I have deprived her of. My warmest hugs to my kids Samidha and Sparsh for livening up my life!
- I sincerely thank my respected teacher Dr Farokh Master, who has seen me growing up from my kindergarten days. He is one of the leading homeopathic physicians of today. His methodology of working is a constant source of inspiration. I thank him for consenting to go through this work and penning the foreword for this book.

- I am truly inspired by respected Dr Praful Vijayakar and Dr Rajan Sankaran, who have been true followers of Hahnemann and their untiring hard work and original thinking has reinforced in me the zeal to think the unthinkable and the realisation that nothing is impossible.
- I thank my Alma Mater for nurturing me right through my student days into my teaching. Smt. Chandaben Mohanbhai Patel Homeopathic Medical College is today one of the finest Institutions imparting classical homeopathic education. I sincerely thank the mentors Dr Mohanbhai Patel and Dr Asmita Parikh for always encouraging and supporting me when it was most needed.
- I thank Dr Neeraj Goel, Principal of CMP Homeopathic Medical College and Dr P. P. Page, Principal of YMT Homeopathic Medical College, for their guidance at every step of my work.
- I acknowledge the guidance of my teacher, Dr Parizad Damania, who has always been a pillar of strength and moral support. Thanks Dr Sonal Kothari, Dr Shivani Surve, Dr Jenil Panthaki, Dr Jayesh Dhingreja and Mrs. Khurshid Palkhiwala for always being there. Due respects to my teachers Dr Anagha Lagu, Dr Ashish Nanabhai, Dr Nimish Shukla, Dr Prabhakar Devadiga, Dr Nimish Mehta, Dr Daxa Vaishnav, Dr Vijay Vaishnav, Dr Jai Patel, Dr Kamlesh Mehta and to all my teachers and colleagues for always creating the right environment in the campus for optimum growth.
- Dr Sapna Punjabi has been solely instrumental in the editing and fine tuning of the language and the flow of the book. I am indeed indebted to her.
- I wish Dr Rachita Narsaria, an excellent student and a budding homeopath all the success and thank her for all her creative inputs and the credit for the title of this book.
- I sincerely thank Kuldeep Jain for his review, praise and recommendation of the book to the homeopathic profession.

Nishant Jain and Dr Geeta Rani Arora deserve high praise for undertaking the publication of the book in a very commendable and elegant form. Mere thanks are not enough for their sincere support and valuable advice. They are indeed doing a great service to homeopathy.

- I have considered my students more as friends, who have taught me the art of teaching. They taught me that teaching is not just a verbal delivery of thoughts, but to be able to resonate with each one of them and facilitate their process of learning. I would wish to place on record and convey my appreciation to all my students for their love and respect both within and outside the lecture hall.
- Kshiteesh Kirtikar, Snehal Shah, Nupoor Rawle, Meghali Jain, Ruby Moses, Archana Chamaria, Ishaan Thakkar, Henal Haria and so many others, have in their own unique way, been a part of my life. I cherish all those unique, golden moments of togetherness, especially with Anahita Zaveri, Manoj Talekar, Deepa Manchandani, Suraj Dhirwani, Divya Panicker and Surabhi Malesha.
- Warm hugs to Yuvraj Kapadia, Neeta Yuvraj, Yogesh Vasandi and my family at California Hypnosis Institute of India, IAOL and AOL, for being an integral part of my Universe.

Publisher's Note

'Decoding the dose' is the remarkable work by Dr Sumit Goel on the much debated subject of homeopathic posology. The author has done thorough research concerning history and evolution of the concept of homeopathic posology. He has meticulously divided the chapters into different eras of stalwarts according to their preferences regarding the dosage of prescribing medicines. In order to give justice to the work, the author has reviewed various books, journals and case records of the pioneering homeopaths and has also given his own clinical experience. It also highlights the controversial remedial power of the 'high dilutions'.

Reading this book will help students as well as homeopathic practitioners in clearing off the misconceptions and understand the concept of selecting the dose in the right way.

Kuldeep Jain

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3.1

Review of Evolution of Concepts of Homeopathic Posology

This section discusses the era beginning from Hahnemann's early pupils, disciples and followers and exhibits their experiences and opinions on posology continuing after Hahnemann's death in 1843, till the time when the concepts of posology were revolutionised by Kent.

Hahnemann's experiments, observations, writings and cures attracted many students and followers towards homeopathy. Some of his early students and followers were Stapf, Gross, Aegidi, Caspari, Trinks and later Boenninghausen.

Stapf (1788 – 1860) was Hahnemann's first pupil. He studied homeopathy in 1811-12. Together with Gross he represented pure homeopathy. He employed olfaction of the higher dilutions. He commenced his studies upon high potencies in 1843.

Gross (1794 – 1847) was also one of Hahnemann's earliest disciples. Gross was one of the converts that Hahnemann made during his course at Leipzig, between the years 1814 and 1816. Hahnemann looked up to him so much that he asked for his opinion before publishing the 'Chronic Diseases'. He was the earliest pioneer of high potencies.

Aegidi (1795 – 1874) was the next of Hahnemann's earliest disciples, Hahnemann's most devoted upholder. At one time Aegidi

proposed to Hahnemann to administer a mixture of two potentised remedies each corresponding to different parts of the disease. In the potentised state the medicines thus mixed would be incapable of chemical reaction but would each act separately in its own sphere. Boenninghausen had approved of the idea and Hahnemann was induced to present it. Hahnemann was later persuaded that this would probably lead to polypharmacy of old school, and he excluded this doctrine from the next edition of *Organon*. Aegidi also rejected this in 1857.

Caspari (1798 – 1828) joined the intimate circle of Hahnemann's students in the 1820s. Caspari's accurate observations concerning charcoal were supplemented by Hahnemann's provings of two kinds of charcoal. Possibly, this inspired Hahnemann to experiment with other inert crude drugs.

Trinks (1800 – 1868), another of his earliest disciples was opposed to mysticism. At an early period when Hahnemann was in danger of being led away by some of his enthusiastic disciples to promulgate crude and untested notions, Trinks prevented Hahnemann from committing himself to views that could not stand the test of experience. He declared himself an enemy of the so-called high potencies and a supporter of the lower dilutions.

Boenninghausen (1785 – 1864) got converted to homeopathy in 1828 and remained in close touch with Hahnemann from 1830 till Hahnemann's death.

Some of Hahnemann's followers were exploring higher potencies—Gross in Jüterbogk; Schreter in Lemberg; Korsakoff in Russia; Jenichen in Wismar. Korsakoff potentised to the 1500; Jenichen to 2500, 8000 and 16000. Hahnemann even felt in 1829, the urgent necessity of a limit in potentising and declared the ultimate degree of dilution to be the 30th centesimal potency.

Plan of Study

This era is studied under the following headings:

- Era of Mechanised Potentisation – High Potency Movement
- Principles of Homeopathic Posology
- On the Repetition of Medicines
- Mode of Administering the Homeopathic Remedy
- Boenninghausen, on Posology
- Analysis of Clinical Cases
- Discussion

3.2

Era of Mechanised Potentisation – High Potency Movement

In the early 1830's, with the global Industrial Revolution, experiments with potencies beyond 30C began. Certain homeopaths began to make high potencies by their own methods.

The reason for using higher potencies was to reduce the initial aggravation of symptoms. But, the period of action was extended considerably and the remedy then developed effects which had been hidden in the range of lower potencies.

Potentising by Machine

As the world was progressing through the Industrial Revolution, certain homeopaths started devising machines, to get rid of the manual process of potentisation to save time and labour. All these devices were aimed to simplify / modify the process of succussion.

There were basically two types of potentising machines:

1. Succussion potentiisers that used shaking strokes for potentising.
2. Fluxion potentiisers that potentised using turbulence in liquids.

Fluxion potentiisers were either –

- i. Discontinuous fluxion potentiiser - The medicinal bottle was repeatedly filled and emptied (for example, Skinner, Boericke, Kent).

- ii. Continuous fluxion potentiiser – this method measures the potency level from the amount of water continuously passing through the bottle (for example, Swan, Allen and Fincke).

Various plans were adopted for producing violent succussions:

1. By saw mills (Meyer)
2. By the stamps of an oil mill (Dunham)
3. By powerful muscular strength (Jenichen)
4. By a strong steel spring (Fincke)
5. By machinery (Skinner, Swan, Boericke)

Multi-vial versus single-vial succussion

Korsakovian method

For preparing homeopathic potencies by machine, the single-vial method of Korsakoff [1788 – 1853] is now considered indispensable. Changing the potentiising vial after each step would not only be too complicated but also too costly.

Hahnemann used a new vial for each potency. Korsakoff simply emptied the vial in use and added 99 parts of water/alcohol to produce the next potency. Observations had convinced him that at least one drop equivalent of the solution remained in the vial when empty. So, adding 99 drops of water/alcohol to the same vial when empty had the same effect as taking a drop of the solution and putting it in a new vial with 99 drops of water/alcohol. This method was less expensive and less time consuming than Hahnemann's approach and worked particularly well in the higher potencies. For example, to produce 200C potency by Hahnemann's method would require 200 vials, whereas this could be done with only one vial using the Korsakoff's method.

Mathematically, the final dilution of a Korsakovian potentiation was identical to that of the Hahnemannian multi-vial method provided that one hundredth of the remedy solution keeps adhering to the glass wall.

Hahnemann – A Limit to Potentisation

Hahnemann himself felt in 1829, the necessity of a limit in potentising and declared the ultimate degree of dilution to be 30C, though he had himself prescribed Thuja in 60C.

Some of Hahnemann's followers were exploring higher potencies like Gross in Jüterbogk, Schreter in Lemberg, Korsakoff in Russia and Jenichen in Wismar. Korsakoff potentised to the 1500C, Jenichen to 2500C, 8000C and 16000C.

In a letter to Schreter in 1829, Hahnemann wrote: 'I do not approve of your dynamizing the medicines higher. There must be some end to the thing; it cannot go on to infinity. By laying it down as a rule that all Homeopathic remedies be diluted and dynamized up to 30C, we have a uniform mode of procedure in the treatment of all Homoeopaths, and when they describe a cure we can repeat it, as they and we operate with the same tools. In one word, we would do well to go forward uninterruptedly in the beaten path. Then our enemies will not be able to reproach us with having nothing fixed – no normal standard.'

Even in days of Hahnemann, Boenninghausen potentised remedies up to 200C. Boenninghausen also motivated Lehrmann, Hahnemann's student, to manufacture 200C potencies following the Hahnemannian method as well as introduced other homeopaths into the 'high potency' movement. These homeopaths were characterised by employment of the very high potencies. These included the high potentisers like Stapf, Gross, Jenichen, Korsakoff, Fincke, Boenninghausen and Schreter and later Kent.

Jenichen

1. Jenichen was introduced to homeopathy by Hahnemann's student Gross [1794 – 1847].
2. Jenichen pursued the idea that further dilution is not necessary for the dynamization of medicine, but continuous succussion

without dilution is sufficient. He believed that succussions were a very important factor in making homeopathic potencies but the precise method he used remained unknown.

He started with 29C potency. He let the contents evaporate and thereafter refilled the vial with ethanol. He took large bottles and held them in a slant angular direction, shaking them vigorously. He considered the number of potencies by the number of shakes that he gave to the bottle.

- i. Up to 200th potency, he gave ten strokes per potency.
 - ii. From 200th to 800th potency, he gave twelve strokes per potency.
 - iii. From 800th to 40000th potency, he gave thirty strokes per potency.
3. By the help of thousands of succussions, he claimed to break up the molecules constituting each of the medicine to bring it to a more radiant state and develop its curative power. The homeopathic medicine, at each division acquired a new degree of power by the jerking given to it.
 4. In Jenichen's preparations, the quantity of the vehicle was much greater in proportion to the medicine and the shaking was much more powerful and longer continued.

Bernhardt FINCKE (1821 – 1906)

1. Fincke explained the action and efficiency of infinitesimal doses by applying the Law of Least Action of Maupertuis, which states that the quantity of action necessary to effect any change in nature is the least possible. The least possible is always the highest potency sufficient to bring about a reaction and effect the cure, provided that the basis of the selection of the remedy is homeopathic. The 'Law of Least Action' was a complement of 'Law of Similars.'

2. In 1869, he disposed all his remedies prepared up to then with the old machine and developed a new machine with which he manufactured his well known ‘Fincke High Potencies’ up to 1905. Kent reported—The Fincke High Potencies never failed me; they act quickly, long and deeply.
3. He never believed the value of the stroke. He advocated only the importance of water and forces that exert on a medicinal substance in raising the potency.

Procedure

1. Fincke did not believe in succussion as the potentising agent.
2. The drop over of the last potency forms the necessary link in the liquid chain of the fluxion process.
3. His fluxion method was based on a continuous flow of water through a one drachm vial without any succussion. Each time one drachm of water passed through the vial, Fincke reasoned that it raised the potency one degree.
4. Fincke manufactured initial potencies up to 30C with ethanol and then with distilled water. When potentising the first steps, Fincke diluted with ethanol in a ratio of 1:100 and shook the vial 180 times. Then he emptied the vial with two vigorous downward strokes and refilled the vial with ethanol. This represented his initial potencies.
5. The apparatus for the Fincke process by fluxion was simple, cheap and could be easily replaced when broken.

When recording cases, the name of the maker or his first letter was added to the potency number; for example (Fincke) or (F.).

Fincke’s case studies

In a study of 20 cases published in Medical Advance of 1891 and IHA Transactions of 1896 and 1905, the following observations can be made.

Use of potency*

1. All prescriptions were above 30th potency prepared by Fincke according to HIS method and scale.
2. The commonly used potencies were [prepared according to Fincke's method]:

CM = 37.21%

900 = 9.3%

1M = 6.98%

10M = 6.98%

These account for approximately 60% of his prescriptions.

3. More than 1/3rd of his prescriptions were of CM potency.

Mode of Administration

1. Most of his prescriptions of 'high potencies' were in the form of powders; one every night, dry, repeated for 7 – 14 days.
2. Few cases were administered 2 globules as a dose.
3. In one of the cases, one powder of 50M was dissolved in a glass of water, to be applied externally by means of linen rags wet with it along with internal administration of the same remedy in 90M potency.
4. Several powders of high potencies were given without a re-examination of the patient.
5. In many cases, more than one potency of the same remedy was administered without a definite pattern of ascent or descent of potency.

Carroll DUNHAM (1828 – 1877)

1. A visit at Boenninghausen's place in Munster in 1851 inspired Carroll Dunham to deal with high potencies. He was one of the early people to mechanise the process of potentisation.

* Refer Appendix A for detailed tabulated result

2. In order to test the medicinal efficacy of 200th potencies, Dunham developed an apparatus in 1851, with which he could manufacture high potencies quickly and effectively.
3. He was interested in the question whether the powerful mechanical energy used for manufacturing would change the efficacy and whether the energy of the potentising person would be of prime importance to the efficacy of a remedy.
4. He availed himself of an abandoned oil mill, in which, by waterpower, four stampers consisting of large oak timbers, eight inches square and eighteen feet long were lifted and let fall at a distance of eighteen inches. 120 vials were succussed at one time and by a single operation, advanced one degree in the scale of potentisation. One hundred and twenty five such succussions were given to each potency.

Thomas Skinner (1825 – 1906)

1. Thomas Skinner was introduced to the fluxion method by Fincke and Swan.
2. In 1878, Skinner developed the fluxion centesimal potentiiser, which was constructed to be placed on a small washbasin. The machine was based on a system that used the ratio of 1/100 but it did not employ any method of succussion.
3. Skinner emphasised the discontinuity of his method in contrast to Swan's and Fincke's methods. Skinner stated that Hahnemann was completely wrong in assuming that the act of succussion had any effect on potentisation and boldly stated that only the dilution factor was important.
4. The remedies were specified as FC (Fluxion Centesimal) to distinguish them from Hahnemann's centesimal potencies.