

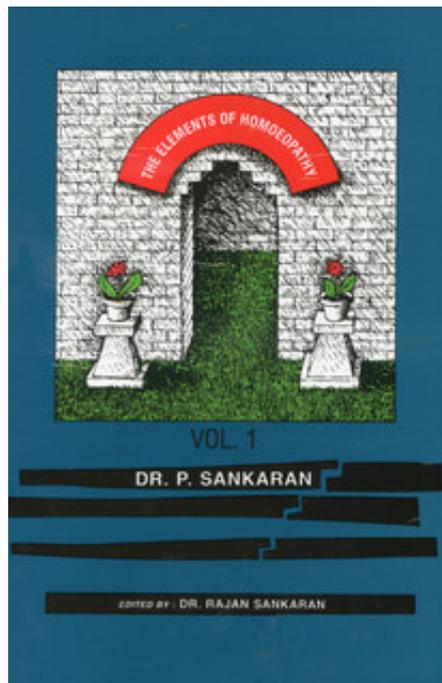
# Pichian Sankaran

## The Elements of Homoeopathy Vol 1&2

Reading excerpt

[The Elements of Homoeopathy Vol 1&2](#)  
of [Pichian Sankaran](#)

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# 17 THE REPETITION OF DOSES

In homoeopathic practice, the selection of the proper remedy is probably the most essential thing, but after the remedy has been selected and administered in the proper potency, the homoeopathic physician should be able to watch out for, understand and interpret the remedy reaction and should know the proper "period for repeating the dose". This is considered so important that masters like Kent warn us that a case can be completely spoiled by improper repetition of the dose.

## REPETITION IN ACUTE CASES

In homoeopathic practice, in acute cases, the frequent repetition of doses, even of high potencies, seems to be generally and universally approved. Borland, for example, used to give in cases of pneumonia 1M or 10M every 2 hours. It is believed that in acute disease the pace of the disease is such that the effect of the doses is quickly exhausted.

It must however be mentioned that there were masters like Boger who were prescribing single doses even in acute cases. Dr. Boger mentions, for example, that he had never given more than one dose of the remedy in the hundreds of cases of typhoid that he had treated. But such prescribers are exceptional. I quote here some of my experiences in acute cases.

In the beginning, even in acute diseases I was taught not to repeat the dose until and unless the action of the previous dose had been completely exhausted. I was instructed for instance, that in a case of fever if the maximum temperature was 104 °F on the day I prescribed, I should never repeat the remedy even if the patient continued to have fever until and unless the temperature went up to 104 °F again. Even if the patient had continued or intermittent fever for a month, if the subsequent highest level of temperature after the dose of medicine was less than the original level, the remedy was not to be repeated because probably the previous dose was still acting. In the initial stages, I obeyed this teaching implicitly like Casabianca and possibly I lost many patients. But, gradually, I made one observation. In acute cases, I used to give my patients a number of doses but I used to instruct them strictly that the moment there was any evidence of improvement, e.g. in a case of fever as soon as the temperature started coming down, the doses were to be immediately discontinued. Some patients followed my advice to the letter but others did not. The latter who ignored my instructions and repeated the doses in spite of the improvement would say that, even though they felt much better or even though they became completely alright with the first few doses, yet to be on the safe side they finished off all the remaining powders. To my surprise, I did not find in these cases any dire consequences as I had been warned to

expect. The acute disease was not aggravated nor did the symptoms return if they had ceased and the patient continued to remain well in spite of the doses having been thus repeated unnecessarily and against my orders. In fact, these patients appeared to have recovered quicker! In not a single case do I remember to have noted that the acute condition relapsed because the doses were repeated when not needed. On the other hand, the other group of patients, in whom the medicine was repeated Only if and when absolutely necessary, i.e. only if and when they felt worse, seemed to take a longer time to come round. These were the patients who followed my instructions strictly and discontinued the doses, perhaps too soon. Thus I was gradually led to the conclusion that acute disease at least require more repetition of doses and that, at least in acute conditions, frequent repetition or repetition of doses, even when "not required", does not do any harm.

Now, we come to the repetition of doses in chronic diseases.

### REPETITION IN CHRONIC CASES

In chronic diseases, there are two standard procedures. In one, repeated doses of a low potency of the remedy are given till the patient is cured. In the other, a single dose of high potency is administered and then a wait follows till its action is over, *Sac-l* being given in the meanwhile.

#### Repetition of Low Potencies

The frequent repetition of low potencies in chronic conditions seems to be generally acceptable. For instance, for hard tumours, *Calc-f 6x* given two or three times a day for several weeks or months is quite a common prescription though it must be mentioned that people like R.T. Cooper were curing even chronic cases like peptic ulcers or even cancer with single doses of the medicine.

The real difference of opinion and disagreement seem to rise only about the frequent repetition of high potencies in chronic cases.

#### Repetition of High Potencies

Going back to the teaching of Hahnemann, one is at first rather confused. Hahnemann in his teaching, upto and including the fourth edition of the Organon, has strictly warned against hasty repetition. We are advised not to repeat the dose until the effect of the previous dose is exhausted. In the 5th edition, he emphasizes this but there is a hint of a change. He mentions that "... this minutest yet powerful dose of the best selected medicine be repeated at suitable intervals." Later, in the preface to the third part of the 2nd edition of the "Chronic Diseases", he says: "... in chronic disease I have found it best to allow a dose (to wit, a spoonful) of such a solution of the appropriate medicine to be taken no seldomer than every two days, but more generally every day."

This teaching is finally incorporated in the 6th edition and he writes, "The same carefully selected medicine may now be given daily for months..."

No doubt, Hahnemann's clear advice in the 5th edition, that a remedy should be repeated only when the effect of the previous dose has been completely exhausted, was implicitly obeyed and the wisdom of this teaching repeatedly confirmed by his great followers like Allen, Boger, Clarke, Dunham, Farrington, Kent, Lippe, and many others. But we must remember that these masters did not have access to the later teachings of Hahnemann. They knew that Hahnemann was making some radical changes in his methods but since the 6th edition of the Organon was not published till as late as 1921 - thanks to the intransigence of Madame Melanie Hahnemann - though it was ready as early as in 1842, these masters had no idea about the new methods. They naturally faithfully followed and endorsed the original teachings of Hahnemann proposed and practised by him earlier, so that the final teachings of Hahnemann went unknown and therefore untested, unpractised and unendorsed.

During the 88 years that had lapsed between the publication of the 5th and 6th editions of the Organon, the teachings of Hahnemann as found in the 5th edition held the field, and it was natural that his great followers emphasized his teachings as contained in that edition. So when the latest edition came out in 1921, these new teachings apparently went against the weighty opinions of Kent and others and it was natural that no one seriously attempted to try them out.

Here, it would be worthwhile to go over the opinions, impressions and experiences of various well-known homoeopaths, as recorded in our literature.

Grisselich, after describing how Hahnemann had changed his idea about repetition in 1832 and had allowed earlier repetition, mentions that among his followers Aegidi was in favour of more frequent repetition. Also Tricks, Wolf, Gross, Kretshmar, Rau, Koempfer and Atomyr were all of similar opinion. Hering liked to repeat on the 2nd, 4th, 7th, 11th or 16th day, and until reaction or new symptoms appeared.

Ad. von Lippe (as quoted by Yingling) advises, where no response has been obtained, to repeat a lower potency in water every two hours till a good response is obtained, even if several days are required, and then to wait on its action. The single dose is an ideal dose but it is only applicable with the true similimum which is very difficult to get owing to the masked symptoms through promiscuous drugging. The farther removed the remedy is from the similimum, the greater must be the repetition to get necessary action upon which to wait for a cure or a change.

Baker says that one powder dry on the tongue may be all that is necessary, but again it is better to give three powders an hour apart or to dissolve a powder in six or ten teaspoonfuls of water and give two teaspoonfuls every half hour. Sometimes he gives one power a day for three days or a powder night and morning for three days. But he never used this last method with potencies above the 200th.

Bellokossy considers that the wrong remedy has always some bad effect though only temporary. The high potencies produce much worse effects than the low. He also thinks that repetition of the dose will generally make the bad effects manifest. He further notes that he began to prescribe MM and potencies much higher than MM repeated once or twice a day for weeks and months. The results surpassed all expectations and produced infinitely better results. He also mentions that in acute cases you have to repeat but it is not necessary to plus. The same potency will be just as good.

Beronville says, "As a rule we must stop repeating as soon as we have effect from the medicine applied", and then suggests a new method which he says he has found very useful in his long experience. Repeat the dose, in however high dilution it may be, at short intervals until its action becomes apparent or give a high dilution and interpolate it with a lower one and stop the medicine as soon as its action is manifested and as long as it continues to act. If the amelioration is not complete, repeat in the same way.

Berridge feels that some cases, chronic or acute, may be cured by a single dose; others will require a repetition. The cases which need repetition are: (1) those to which no absolutely perfect similimum can be found and (2) those in which external disturbing factors continue to operate.

Blackley reports two cases of hydrocephalus treated with *Hellebore* Ix given persistently for months.

Boger opines that the repetition of doses is one of the most difficult subjects that the beginner can possibly handle. In case of a disease like malaria, a disease which inherently has the habit of recurring, he has never cured it with a single dose, especially if it were chronic. In such cases he gives a dose night and morning until he sees some effect, then stops and waits to see how long that effect is going to last. He goes on say, "In the case of a disease where it does not give an immediate effect, I am in favour of giving the highest potency in a single dose and then waiting a long time, as in the case of a miasm although I would not give the so-called anti-psorics for that purpose." Then he mentions that in slow, progressive diseases like arthritis deformans, it would be a mistake to prescribe a remedy and expect quick action because these diseases have a tendency to repeat and reassert their symptoms. In prescribing and administering the medicine, we have got to take into consideration the pace - the natural pace of the disease. Then he further mentions that he has sometimes waited three months for a reaction. But he notes that sometimes repetition is necessary particularly of the newer remedies, e.g. *Pyrogenum*. He also says that an aggravation from a high potency can be avoided by giving the remedy in three doses two hours apart.

Bradshaw thinks the failures to cure by high dilution are due to frequent repetition.

Buchmann says that he has often noticed aggravation from too frequent repetition and that he has frequently injured his patients by such undue haste. He says also that many remedies, e.g. *Bryonia*, *Belladonna*, etc., when properly selected, frequently show an improvement after the first dose. On repeating the dose, after some hours, an aggravation ensues at once, which increases more and more with every successive dose. So he never gives these remedies more often than twice a day even in acute cases.

Pulford thinks one may have to repeat the dose until it starts acting.

Campbell reports a case of *Bar. curb*, in which the 200th potency was given but did not relieve in a noticeably short time. Nevertheless, he persisted in giving it at four-hour-intervals for a number of weeks and got results. He feels that in an aged person the vitality may need many doses to gather sufficient momentum to carry the patient to a complete cure.

G.H. Clarke considers that Hahnemann's dictum must be observed, viz. that the dose should not be repeated while the amelioration lasts.

Coleman says that the secret of Burnett's successes lay in the infrequent repetition of the dose. This gave the body a chance to react. Infrequent repetition is the successful method of treatment by isopathy or vaccine therapy, today.

Cooper strongly advises us to rely on a single and solitary dose, even if it is one drop of the O. He quotes the case of deafness of four years cured by a single dose of *Mez.* given by Dunham. He calls repetition "a barbarous habit". He also describes a case of skin disease in which he prescribed *Calc. carb.* 3 x t.d.s. The patient reported after six months that he was completely cured, not while taking the medicines, but three weeks after stopping it. So, Cooper decided to rely hence forth more than ever upon the single dose, and to allow a sufficient time to pass before repeating the dose. Since then, he says, his success proved to be much greater.

Dhawale says, " In chronic cases, I generally use the single dose. In resistant cases , repeated doses of the same potency or in the ascending potency scale are employed to the point of reaction. In acute diseases, I repeat often till a definite response is obtained and then I cut down progressively on the frequency as improvement sets in."

Dienst reports a case where he gave *Carbol. acid* 30, 4 hourly at least for 2 weeks.

Dixon is against repeating the dose too early.

Edward Philips considers that the rightly selected remedy will cure more effectively when given at distant intervals.

Ewart writes, "High potencies are in some homoeopathic circles spoken of almost with bated breath. I do not know whether this is due to the famous warning by Dr. Kent: "It is well to realise that you are dealing with razors when dealing with the high potencies. I would rather be in a room with a dozen negros slashing with razors than in the hands of an ignorant prescriber of high potencies. They are the means of tremendous harm as well as of tremendous good." (Kent's Lectures, p. 453). This warning is calculated to make the beginner steer clear of high potencies for the rest of his life. It is however hardly couched in the cool language of science and may have been due to an unfortunate experience of the doctor giving a homoeopathic remedy to a moribund patient. When the lamp of life is burning low, the exhibition of a homoeopathic remedy, high or low, is probably like a gust of wind. There is a last flicker, then extinction. At all events, in most quarters, high potencies are usually given at rare intervals. You can however find instances in homoeopathic books of cases where the CM potency has been repeated daily. I have done so myself on suitable patients, and nothing but good has resulted. Daily repetition in a sensitive patient should be avoided as it produces an excited restless state.

"Although high potencies are used sparingly, most homoeopaths are more lavish with lower potencies, even in chronic diseases. Common sense would seem to suggest that if the frequent repetition of high potencies is dangerous, then the frequent use of lower potencies is more dangerous since the lower potencies contain many million times the quantity compared with the higher potencies. As lower potencies can apparently be repeated t.d.s. with impunity, why cannot high potencies? I have made such experiments on myself with the CM potency over the past few years with so far no untoward results, in fact with benefit. For example, two hard tumours on the right side of my nasal septum, which practically blocked the right

nostril, have gradually reduced in size. They had been in existence some 20 years before the homoeopathic treatment.

"The rule I have tentatively adopted in giving high potencies, which I find more curative than low, is to dissolve the pilules in about 8 oz of water, and give a tablespoonful as a dose, instructing the patient to wait 10 days or so for reaction; if no reaction to repeat daily until reaction (aggravation or improvement) appears when the doses should be stopped, the dose not to be repeated until improvement comes to an end."

Fraser Kerr reports a case where he gave *Bry.* 1 M in plussed doses daily for forty-nine consecutive days.

Gagliardi mentions having prescribed *Nat-m* 30 seven doses, one dose every 3rd day for a patient.

George Royal quotes several cases - one of a child with a tumour on the head half the size of an egg for which he gave *Calc-c* 30 daily once for 2 weeks and then occasionally. For another similar case, he gave *Lapis alba* 12, twice a day for 3 weeks and then intermittently.

Gordon believes that Dishington's discovery of plus dosage, "has proved its value beyond all question or cavil". He has long used the single dose and for the last two years has been experimenting with double dosage. "This consists in giving, instead of the familiar single dose, two doses of different potencies, 24 hours or 48 hours apart, e.g. *Phos.* 200 (1) followed in 24 hours time by *Phos.* 1M (1). Thereafter, treatment proceeds exactly as for single doses except that instead of *Sac-l* (1), one gives two doses *Sac-l* 24 hours apart." Gordon holds that this method, in his experience, applies only to chronic diseases; that it is particularly useful in cases in which the single dose has failed to give results both deeper and quicker; that the average duration of action is usually, but not always shorter, ranging from about six to eight weeks that it is more profitable to repeat the double dosage in the same potencies at the second prescription and go higher for the third and fourth and higher again for the fifth and sixth; that the lower potencies are more effective when the patients's vitality is low; that the double dose causes harm instead of good in cases of deficient vitality. He believes, with Blunt, that plus dosage is of little value for potencies above 30, also, that when double fails, esp. among neurasthenics, triple dosage may be effectively given as follows: *Nit-ac* 1M, one dose, then 48 hrs later *Nit-ac* 10M, one dose and again 48 hrs later *Nit-ac* 45 M, one dose.

Grimmer while discussing Hahnemann's "New and Improved Method of Repetition" says, "Kent did say you could give in acute cases, the medicine in repeated doses, and he did it especially in febrile cases."

Harish Chand quotes Kamfor who suggested the repetition of remedies in increasing amount.

Hayes thinks that there is one serious objection to giving repeated doses, and that is late aggravation esp. in chronic cases. He had seen quite severe aggravation occur several weeks - as many as twelve weeks - after good improvement.

Horace Reed endorses the method of infrequent repetition in chronic cases.

Houghton reports his method of repetition. He says that he has given nearly all the long-acting remedies in several hundred cases, a single remedy at a time night and morning

for four days at a time followed by another similar remedy for 4 days or a week and so on for 3 to 6 months. Alternatively, he used to select four or five of the most strictly appropriate remedies for a given case, each one covering as many symptoms as possible, and administer one dose of each remedy during a day (that is four or five doses in all) for seven successive days then to give single remedies, night and morning for four days and after a week, to repeat the series of five medicines, daily for another week, and so on for a month or two\*. He further says, "For my own part, being largely engaged in the treatment of chronic diseases, many of my patients being at a distance and never personally seen, I have indulged in the use of very low dilutions, tinctures, first triturations, and even crude drugs, and have repeated these remedies oftener than the strict homoeopathic rules permit, without being disturbed by aggravations and with a degree of success, which leads me to think that some writers are far too timid and fastidious in regard to doses and repetitions."

Hubbard describes how she repeated the dose in a case expecting the patient to be worse but he got better, "I was giving it in one dose. It seemed to me he was not getting well on the one dose. I am afraid I was just plain experimenting with that 30. I went to see him carefully. After he had had the four doses, if he had been worse, I would have stopped it instantly. He appeared to get better. I told his wife to stop it instantly if he appeared to get worse, at any moment, but he fooled us and got gradually better, so I am afraid I have no reason for it except God given despair." But she teaches generally a single dose. She quotes Borland's claim that frequently he pulls through the pneumonias with a single dose. She further says, "I knew Borland when I studied over there thirty years ago, and admired him immensely. I have never seen any results from this so-called plussing, just a few shakes and pounds on your hand. I never have liked that."

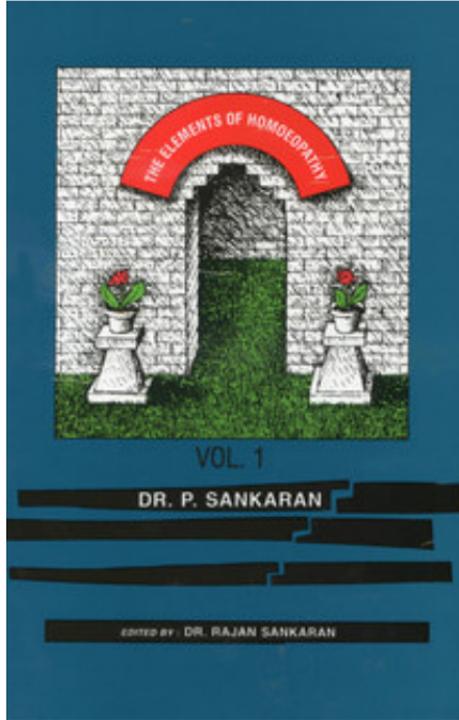
John Weir thinks the rate of repetition is dependent entirely on the response of the patient. He quotes a case of *Sulph.* in which the patient was given a single dose to which he did not respond for 3 weeks but responded very well to it in the 4th week.

Johnson considers the best thing to do is to wait.

Julian says that if experience shows that regular repetition is more beneficial we need not blindly follow Hahnemann.

Writing on the subject of repetition, Kanjilal emphasizes giving a single dose and waiting until the action of the single dose is definitely finished. He gives examples of cases spoiled by undue repetition. He quotes a case in which *Ars. alb.* 6 x gave relief to the patient for six months and another case where a dose of *Sulph.* 10M repeated to hasten the action of *Sulph.* 200 given earlier produced a fatal effect. He also describes another case in which a patient given *Lye.* 200 did not find any effect for three weeks but then started improving. But, by mistake, he took a dose of *Sulph.* 200 and this made him worse and it took more than six months to repair the damage. He says, "From the very beginning to the end we never prescribe more than one or two doses of the indicated medicine and observe reaction for weeks or sometimes months, never thinking of repetition or a second prescription so long as there is the slightest trace of the continued action of the previous dose. It is an irrefutable fact of experience of all, that as soon as there is any evidence of reaction of the previous

\* This can be hardly called Homoeopathy - P.S.



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