

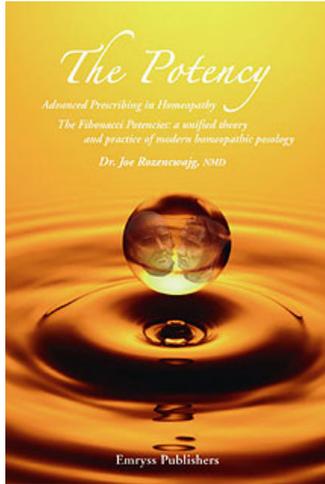
Joe Rozencwajg The Potency

Reading excerpt

[The Potency](#)

of [Joe Rozencwajg](#)

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Tel. +49 7626 9749 700

Email info@narayana-verlag.com

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The Potency

Advanced Prescribing in Homeopathy

*The Fibonacci Potencies: a unified theory
and practice of modern homeopathic posology*

Dr. Joe Rozencwajg, NMD

Emryss Publishers

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IN THE BEGINNING....

What you are about to read is the compilation and a rework of my previous two papers “Removing the guesswork from potency selection” (October 2008) and “The Fibonacci Potencies Series: update, discussion and conclusions” (September 2009). Both theoretical notions and deductions and conclusions from patient’s cases have been enhanced and discussed more in depth. You will of course recognise the conglomerate of the texts from both previous papers. The intention of this publication is to create a summary and an instrument for the ease of understanding and use of this new method, as well as the integration of new or at least different concepts in homeopathy that do answer many questions and highlight some dark corners of daily practice.

Although firmly entrenched in my personal practice, the Fibonacci Potencies Series still has to find a wider audience and be experimented with to fine-tune the method. My own practice has allowed me to have a statistically valid number of patients, cases, situations and “problems” to offer certainties and not just hypotheses; nevertheless, validation or more upgrading and updating by colleagues is not only expected and requested but more than welcome. I certainly do not intend to rest on my laurels and plan to keep analysing my results; there will be more to come, in due time.

THE ITCH

Finding the right remedy is one thing, the most important one. We all agree on that. Then comes the question of which potency, in which system (C, X, LM/Q) to select the potencies and how to find the proper ones.

Articles, books, treaties have been written on the single, frustrating, issue of which potency to use and when to use it. In a recent book “What about the potency?” the author (Michelle Shine) has interviewed many masters of homeopathy about their ways of using potencies; no consensus emerged, every single practitioner had another very successful but different system and was committed to it. I reviewed that book for the journal Homeopathic Links. I remember being very excited when I received it, finally some answers will be available, and very irritated after reading it, as I was left high and dry. It is possible that this book was one of the triggers for this research.

David Little teaches to evaluate the sensitivity of the patient on a scale of 1 to 1000 and “prescribe accordingly”; more precise than what others suggest but still very subjective as it is based on a “guess-timate” by the practitioner and is then very much a function of the practitioner’s own health and state of mind.

Kent’s Harmonics of 6C – 30C – 200C – 1M – 10M is a widely used system and is based on his and his followers’ experience, but what is its logic, except for habit and availability?

The French series of 3C – 5C – 7C – 9C – 12C – 15C – 18C – 24C – 30C has been useful to generations of patients and has proved its usefulness, but again, what is its logic?

LM/Q potencies are purely linear, and remove a lot of trials and errors by starting at the lowest potency and climbing them one after the other. Even if you jump a potency, the progression is still linear, but straight lines are rare if at all present in Nature

and this is often a protracted and slow process, which is perfect when this is what is needed.

Now I am able to present, in detail and with a significant number of patients treated over almost 3 years, a new approach to the use of C potencies that is based on a mathematical order and relationship found everywhere in Nature; this removes completely the guesswork and has proved to be easy to use, deep acting, fast acting, but needing a close collaboration between the patient and the practitioner. Moreover, it has the added advantage of using low and medium hand-made potencies, avoiding another piece of guesswork: what is it we really give above 30C/200C?

This technique has evolved to become the main, if not almost the only way I prescribe in my homeopathic practice. It has also given me some insights into some frequently asked questions and allowed me to find integrated answers to most of them.

Those answers are certainly bound not to please everybody and I am quite prepared to witness some ferocious arguments swamping the homeopathic community. So be it. It is only through challenges and by getting out of our comfort zone that we can progress.

There will be lots of repetition of notions, informations and cases because they appear in different sections that have been divided artificially for more clarity (hopefully that worked out well...); read through the whole book, then read it again and then again, as the information, as it suits to homeopathy, is not linear but is a complex pattern.

GENESIS: THOSE NAGGING DOUBTS AND QUESTIONS...

You will recognize here a few of the many recommendations we are given as students and beginning practitioners in the Colleges and by seasoned practitioners:

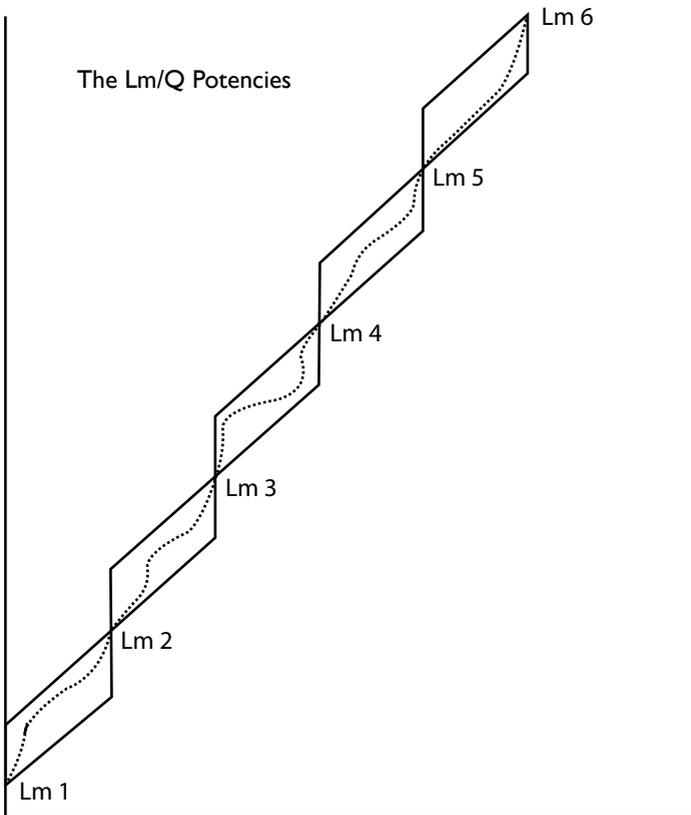
- ~ start low, progress slowly to high potency
- ~ give a single dose and wait
- ~ give repeated doses
- ~ give them dry
- ~ give them wet
- ~ give ascending potencies
- ~ give descending potencies
- ~ start with LM1
- ~ start with LM5, LM18,
- ~ repeat LM every day
- ~ repeat LM only when needed
- ~ adapt the potency and repetition to the patient (how?)
- ~ whatever.....

All claim to have good results, and there is no reason to doubt them, honestly, but none has any real logic except that *“It works for me”*.

LM/Q series

The LM/Q series is said to be gentle, adaptable and having less aggravations; indeed it is, and a very useful technique with sensitive patients; yet it is nothing but a linear increase in potencies, modified by variable adaptations within each potency (multiple dilution glasses, multiple succussions, drop doses, spoon doses, variable timing, etc,...); but in the end, as you can see in the graph, it is a straight, slow, linear progression.

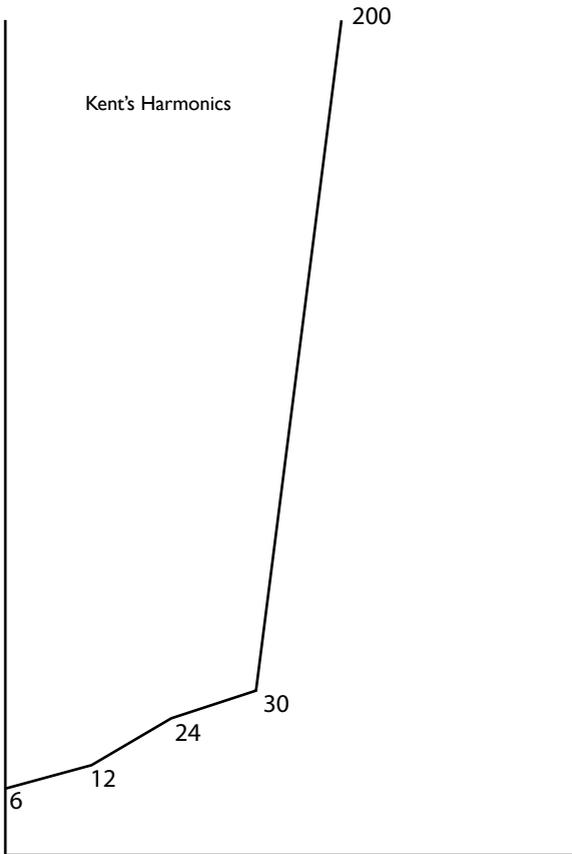
I have renamed the LM/Q progression “the Meandering Potency”. It is very time consuming and has again that nagging question: what is LM1 or any other LM in terms of potency? Admittedly, it is a system on its own, and a formidably effective one at that, but to be told that “LM1 is as gentle as a 6C but as deep as a 200C” does not make too much sense to me. That has not prevented me from using this system extensively and intensively. Also see Addendum 4 for more discussion about the LM/Q potencies.



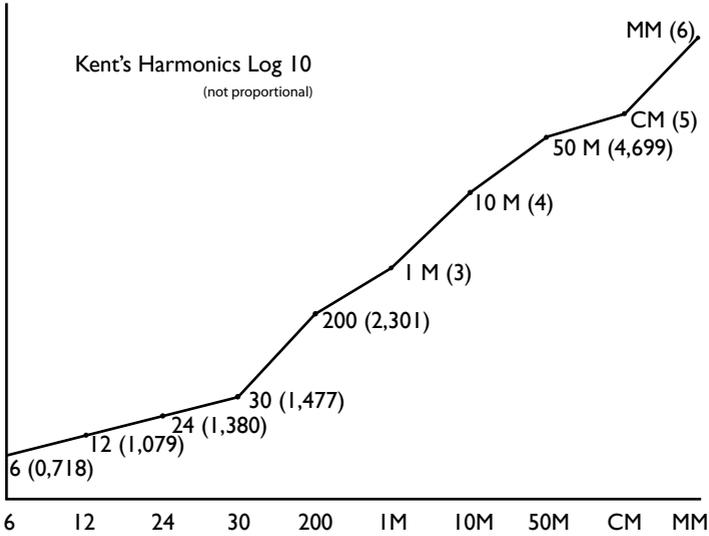
Meandering potency according to number of dilution glasses, doses, succussion.
But still the end result is a straight line.

Kent's Harmonics

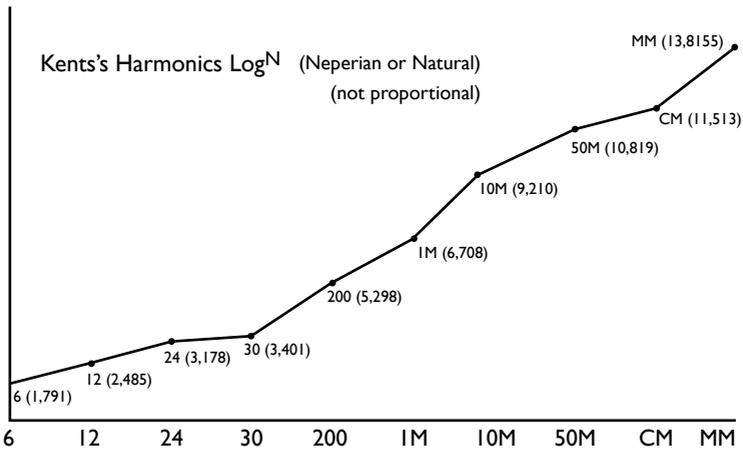
Kent's Harmonics of 6C, 30C, 200C, 1M, 10M or 6C, 12C, 30C, 200C, 1M, 10M are based on his experience and confirmed as useful by generations of homeopaths, but what are they based on? As you can see on the graph, the progression is haphazard with huge gaps in potencies and no clear logic.



Still this system is so much used that I needed to examine it through different angles. Here it is when converted in Logarithm 10, used for simpler mathematical analysis:



In Neperian Logarithm, used for scientific calculations:



Even though those graphs are not proportional between potencies, we can see the irregularities and the disproportionate jumps between them.

Glen Dupree, DVM and Susan Beal, DVM have beautifully demonstrated in their paper “Rethinking Kent’ Octaves” that those Harmonics or Octaves are in fact disharmonic and especially that the 200C should be replaced by 135C to find anything close to regularity, according to a mathematical manipulation and approximation. Here is what they write in their abstract:

Abstract: rethinking Kent’s Octaves

Glen Dupree, DVM, CVH and Susan Beal, DVM

Using Kent’s Octaves in ascending potencies presents us with a source of disharmony in the otherwise elegant and harmonious system of Homeopathy. This can be represented mathematically using a standard XY-coordinate system. When the potencies are plotted symmetrically, a potency of 135C is suggested rather than the commonly used 200C. This approach also allows us to apply the harmonics of scale as is used in music to further validate the universal nature of the laws of Homeopathy.

Key words: Graphs, Kent’s Octaves, Posology, Potency.

Glen Dupree, DVM, CVH and Susan Beal, DVM

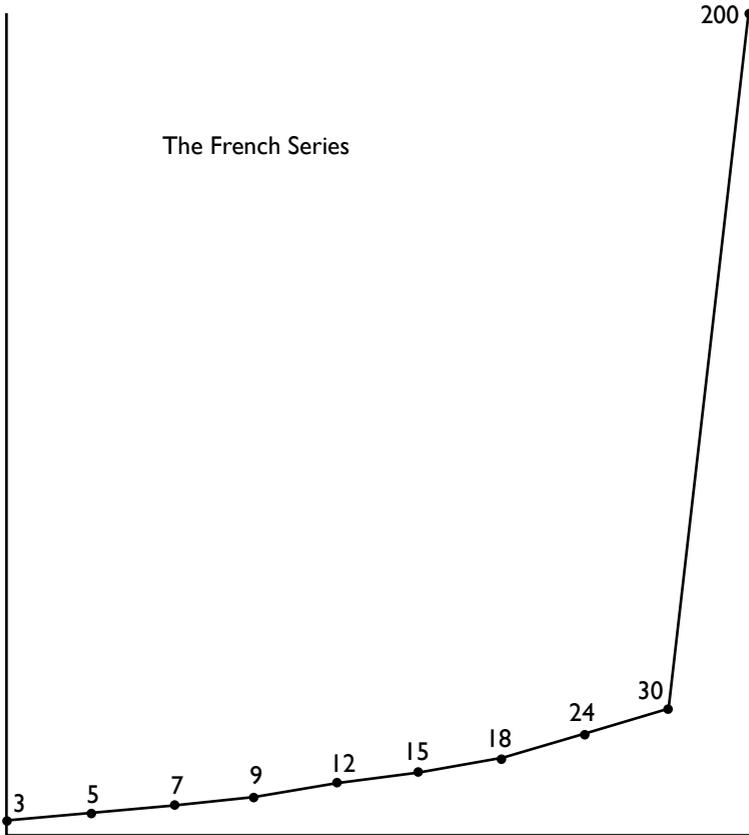
Journal of the American Institute of Homeopathy

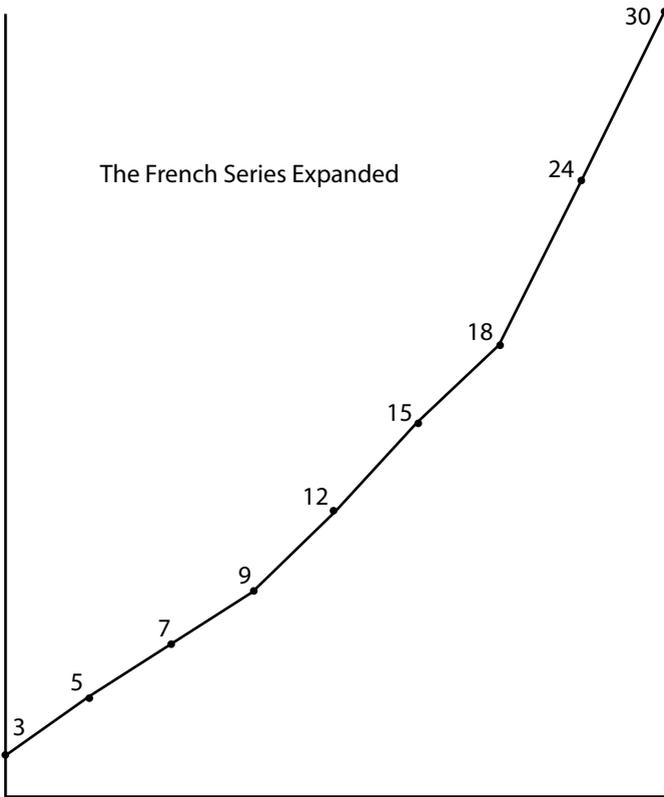
Vol. 93 No. 2 Summer 2000 pg. 89-93

The full article can also be found in Homeopathy for Everyone (www.hpathy.com).

The French series

The French technique of low potencies is more regular and appears almost exponential, especially when limited to a maximum of 30C.





But there is still a big jump after 30C and there is no logical rule in the choice of the potencies.

Why not 11C and 13C instead of 12C, 17C instead of 18C, 23C instead of 24C, go to 31C and eliminate 9C? What remains would be prime numbers, prime potencies and a case could be made for the use of those remarkable numbers; but what determined the choice of the actual series? It is a mix of prime, decimal and duodecimal numbers in incoherent progression.... I must confess that I did try the prime numbers potencies and did not find any measurable or even subjective difference with the regular low potencies series.

THE QUEST

This blurred and imprecise approach to potency and dose has annoyed me for the last 20 years! After all, I come from a school where posology is a major issue, not something that every practitioner can build according to his perception, which can vary at any time. It is beautiful to have this type of freedom to adapt one's practice to each patient; but all my readings, and studying with different schools and teachers showed me in fact an important amount of rigid prescription methodology within each school of thought and little leeway to integrate other methods. Moreover, what mostly irritated the Cartesian scientist in me was the lack of logical, scientific and physiological explanation for any of the systems. How do I decide which system to use? Which one is safest and fastest for which patient?

Another issue was apparent at the same time: the preparation, dynamisation, of the remedies, which I found out to be in a total state of anarchy. Do we really know which potencies we prescribe?

Hahnemann described the **Centesimal Potency**, 1: 99; that is fixed, clear, and simple. When we go to the **Korsakovian** system, we have "the residual part in the vial, *assumed* to be one drop" + 99 drops. That "residual part" will change with the time of inversion of the vial, the volume of the vial, the quality of the vial (simple glass, silicone, plastic, polypropylene, anti-wetting coating, etc,...), the room temperature, the barometric pressure, and so on.

I was not able to find any standardisation by looking up the different manufacturers (maybe there is) and no one bothered to answer my questions. So Korsakovian potencies are anything but Hahnemanniann Centesimal (CH); they are centesimal within their own system, assuming that all the aforementioned criteria remain unchanged between potencies and that they start with the first potentisation, not after a manual 30C.

Moreover, some people have claimed that in the Korsakovian system, there could be residual earlier potencies remaining in the container, making the final remedy a chord or **plasma** potency, although the only way I could imagine how this would happen is that previous residual potencies are adsorbed on the glass wall and not affected by further succussions. That would explain the assertion by some practitioners that K potencies are more effective than strictly CH potencies...more questions...

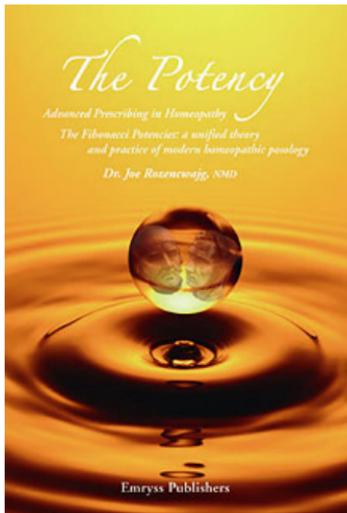
When looking at higher potencies, many different methods have been used. I have extracted this list from Julian Winston's book, *The Faces of Homoeopathy*:

- the Boericke potencies: MM potencies and 5 shakes (how much water?)
- the Fincke Fluxion potencies: 1 dram of water circulating through 1 vial = 1 potency: arbitrary, how do we know it is really 1 potency and that it is 1C of difference?
- the Dunham potencies: mechanical banging with high energy: how many bangings, at which dilution?
- the Skinner potencies: a Korsakovian system with a theoretical 1 drop in 100 "minims": this is then not centesimal!
- the Santee gravity potentizer: no succussions
- the Kent potentizer: a Korsakovian method with 10 shakes but nothing more precise!

How does that relate to a Centesimal Hahnemanniann Potency? What are we using today? Who knows? Indeed they work, as every practitioner can testify but in honest reality we do not have a clue as to what REAL potency we give. We need to revert to a simple, reproducible and standardized method. Very early in my practice I started using Margaret Tyler's succession of potencies 30C, 200C, 1M, 10M, still widely used by many homeopaths, with good results, and some failures, this despite being convinced repeatedly that the

remedy was correct. It has now become clear to me that in fact, except for the 30C, I had no idea what potency I was giving, and for all practical purposes I could have given my patients descending potencies, as Hahnemann did at some stage of his experimentations; and if my treatment did not work, was it because of a poor choice of the remedy or of the potency? Go figure....

As if that was not enough there is the issue of the number of succussions at each dilution. This will be discussed in a forthcoming paper, but let me introduce the subject here: Shui Yin Lo of the California Institute of Technology (and many other physicists) has demonstrated that water mixed with a substance, when shaken, forms clusters; those clusters are different in shape and configuration for each substance; therefore, Silica, monoatomic, would form smaller clusters than more complex substances like salts, tinctures, nosodes. Using the same number of succussions, the concentration of clusters in the Silica solution would be different than that of a more complex substance, which would be relevant for the next succussion and increasingly so with each succussion. At the final potency, there would be a different amount of information in the same potency of Silica than in a salt or tincture. This might explain why Silica is considered as a slow remedy; but if it were succussed a lot more, it might become a fast acting remedy. Or to write it differently, the same potency would have a different intensity, depending on the number of succussions. We need to study the cluster concentrations according to the number of succussions and find the optimal number that will certainly be different for each substance.



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