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Evaluation of the effectiveness of homeopathic medicines prescribed in 30 and 200 potency in 7 days: A retrospective observational study of cases

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Abstract

The selection of potency as well as repetition of doses requires vigorous research and standardization associated with prescription of potentised medicines. The concept of minimum dose is accepted by all homoeopathic physicians but what constitutes minimum dose and its repetition in relation to different diseases has not been properly described in textbooks of Homoeo-therapeutics. It is a general notion that in acute cases, high potency is more suitable than low potency where as in chronic cases, low potency is more suitable than higher potency.

Many stalwarts in Homoeopathy have adopted different potencies for use in their clinical practice. For example, Dr. Kent and Dr. Nash used to prescribe medicine in higher potency where as Dr. Clark and Dr. Boericke used low potencies.

So, this difference of using potencies by stalwarts in homoeopathy offers a scope to see scientifically the difference between action of indicated medicines in different potencies.

Every homoeopathic physician knows that medicinal action of indicated medicine starts immediately but there is no available documentation to prove this, that's why the general notion in public about homoeopathy, is that it acts slowly which needs to be looked at.

Objective: To study the effectiveness of Homoeopathic medicines in one week.

Keywords: Retrospective study, observation, minimum dose, potency, repetition of doses, action of homeopathic medicines, effectiveness of homoeopathic medicines

Introduction

Background: Homoeopathic doctrine of doses i.e Posology is the scientific study of drug dosages. Homoeopathic dosage includes selection of potency, dispensing and repetition of the dose of the medicine.

The Homoeopathic Posology includes three eternal principles of prescription i.e single simple remedy, minimum dose and minimum intervention (1, P.N. 281). There is absolute clarity about the use of single remedy but use of minimum dose and minimum intervention in relation to therapeutics has not been explored to the advantage of physician. Minimum dose includes all range of potentised medicines including LM potencies. Hence, scientific research on use of different potencies shall be held to evaluate their effects on diseased individual. Most of the physician uses potency and their repetitions as per their experience or as advised by different stalwarts.

Dr. J.T Kent writes in his "Lesser Writings" that "every physician should have at command the 30th, 200th, 1M, 10M, 50M, CM, DM and MM potencies made carefully on the centesimal scale. (2, P.N 207)

He suggested using potencies in series and gave open hand to use higher and higher potencies. He quoted that, "many chronic cases will require a series of carefully selected remedies to effect a cure." (2, P.N 208)

Dr. William Boericke, who used low potencies, writes in his Materia Medica that "the dosage needs apology. It is of course, suggestive only, more often to be wholly disregarded. I have followed the lines of the earlier homoeopaths in this regard." (3, P.N, 8)

Dr. Nash writes in his Materia Medica under Nux Vomica that "of course low potencies will often cure and that inspite of alternation, over dosing and frequent repetitions. But they will often fail." (4, P.N, 19). Again, Dr. Nash, under Pulsatilla mentions "You may give Pulsatilla in high, higher and higher potencies and confidently expect the best results." (4, P.N, 27)

Dr. Alexandra. L. Blackwood in his A manual of Materia Medica writes in the preface, that "many physicians have not obtained the desired results from their remedies because the right preparations has not been administered. This is especially true of remedies given in the lower potencies in dilution form. (5, P.N. 4). It is clear from above that most of the stalwarts are very precise in their selection of potency, but the most difficult part of potencies is related to their duration of repetition which has been more explained theoretically than practically. Dr Sumit Goel in his "The Textbook of Homoeopathic Pharmacy", chapter "Homoeopathic Posology", gives a heading-"The Confusion". He writes under it that "Posology and the related subject of potentiation are the subjects of so much misunderstanding and controversy that it has divided the profession into different camps." It is wrong and illogical to employ little potency, based on ease and convenience and expect a cure from such a routine. "Hahnemann felt in 1829, the urgent necessity of a limit in potentising and declared the ultimate degree of dilution to be 30th centesimal potency. But he himself has exceeded the limit in 1825, when he recommended Thuja for Gonorrhoea in the 60th potency."(1, P.N,290). The practice of Homoeopathic medicine gives emphasis on minimum intervention but, what quantitates that minimum intervention in relation to different cases is not explained in clear terms of pathology. What we have learnt from Dr. Hahnemann? Dr. Hahnemann was never satisfied unless and until he didn't get desired results. He didn't believe in hypothetical theories instead he laid the foundation of research and experimentation.

Introduction It is interesting to note that Dr. Hahnemann prescribed LM potencies in repeated doses as is clear from "Textbook of Homoeopathic Pharmacy" written by Mandal and Mandal under the topic of "Administration of medicine in 50-Millesimal scale of potency", thus, in chronic diseases, every correctly selected homoeopathic medicine, even those whose action is of long duration, may be repeated daily for months with ever increasing success. (6, P.N.185). It was the genius of Dr. Hahnemann who constantly dwelled on experimentation rather than on hypothetic speculations.

A data of 30 cases undergoing treatment in OPD of Homoeopathic Medical College, Sector 26, and Chandigarh was taken for retrospective study. Those cases were chosen where prescription of indicated medicine was twice daily for 7 days in 30/200 potency. The aim of studying the cases was to check whether the Homoeopathic medicines have acted in one week or not. This analysis is necessary so that we can be in a position to tell the outcome of our treatment to the patients who are under the homoeopathic treatment with certain certainty.

It is a common pattern in case taking that along with the chief complaints, there are a lot many other symptoms which are not related to each other but are taken care by homoeopath and are important for selecting the similimum. Some symptoms are of recent origin and some are of long duration. As per Hering's law of cure, cure in a chronic case can be foreseen in a case when the last appearing symptoms goes first. (7, P.N. 432). So, this rule was adopted in our observational study to analyze the final outcome of cases within in short span of 7 days esp. in chronic cases. Whether the patient was totally relieved or when last appearing symptom disappeared, both were considered a positive outcome.

Discussion

Materials and Methods

Study Design: Retrospective Observational study of Homoeopathic cases.

Place: O.P.D of Homoeopathic Medical College & Hospital, Sector 26, Chandigarh.

Sample size: 30 patients (only 30 cases who were fulfilling the criteria).

15 cases of 30 potency and 15 cases of 200 potency

Potency: 30, 200

Repetition: B.D daily

Time period – 7 days

Medicine prescribed

- 1) Acc. To totality of the case
- 2) Acc. To therapeutic need as per the case

Inclusion criteria

- 1) Registered patient of OPD
- 2) Acute & chronic cases
- 3) All age groups
- 4) Both sexes
- 5) Cases with routine blood and urine tests

Exclusion criteria

- 1) Emergency and critically ill cases.
- 2) Pregnant females.

Criteria for selecting the cases

- 1) Proper case taking done.
- 2) Selection of medicine on the basis of totality as per the principles of homeopathy/ on therapeutic bases.
- 3) Cases repertories by Murphy repertory ^[8].
- 4) Medicines prescribed twice daily for one week with at least one follow up.
- 5) Routine blood and urine tests done.

Results and analysis**Table 1:** Cases prescribed 30 potency

S. No.	Age	Sex	Residency	Dietary habits	Addiction	Presenting complaint and provisional diagnosis	Associated complaints	Totality of symptoms	Medicine prescribed, potency, repetition, days	Result
1	45	M	Sec-26, chd	Veg + egg	Alcohol, smoking	hyperlipidaemia	--	Fear, dog of Desire, eggs Aversion, spices Yielding, can't say no	Puls. 30, B.D	M.I cholesterol came normal along with dietary restriction
2	14	M	Shastri nagar, chd.	Non-veg	----	Ringworm	-----	Anger, talk indisposed to Crying, consolation ameliorate Grief ailments, hurt feelings	Nat. mur 30, B.D	M.I in itching and eruptions
3	74	M	Ind. Area, ph-2, chd	Veg	-----	Dysuria	Vitiligo	Grief death of Dreams, fishing Mind, solitude	Ars. Alb. 30, B.D	M.I in burning in urine, vitiligo patch showed normal pigmented skin
4	26	F	kishangarh	Non veg	----	Post traumatic pain	Cervical spondylosis	Pain, right shoulder Needle like pain, in back of neck Anger, until desire gets filled	After Hyp. 1M, R.T 30 alternated with Arnica 30	M.I in pains
5	58	M	Nayagaon	Veg	2-3 cigarettes daily	Fungal infection in toes	HTN	Fastidious, about time Over responsible Affectionate	Nat. mur 30, B.D	M.I in all complaints
6	35	M	Manimajra	Veg + egg	----	Keloid	----	Excessive self-esteem Anger, talk indisposed to.	Lyc0 30 B.D	M.I in reduction in size of keloid and itching
7	59	M	Sec-7c, Chd	Non veg	Alcohol occasionally	Post traumatic pain	Diabetes	Left shoulder pain, amel. By pressure Pain, agg, during motion Overthinks	Ruta 30, B.D	M.I in pain in first 2 days then partially better for 5 days.
8	39	M	Saketri, pkl	Veg	p/h of cigarette & alcohol	Pharyngitis	-----	Desire, salty Constipated, unsatisfactory stool Sensation as if something stuck in the throat Pain, spinal region	Kali bich 30, B.D	M.I in pharyngitis
9	17	F	Sec-2, chd	Non veg	-----	Renal stones	----	Anger, when father dominates Crying while telling her stories Crying hurt feeling from grief	Nat. mur 30, B.D	N.I
10	38	M	Kharar	Veg	-----	Ringworm	-----	Desire sweets Itch in groin area Heat after scratching	Sulphur 30, B.D	M.I in eruptions and itching
11	58	M	Kishangarh	Non veg	Tobacco	Diarrhea	Lachrymation	Bleeding after stool Diarrhoea painless	Phosphoric acid 30, B.D	M.I in diarrhea & lachrymation
12	62	M	Mani majra	Veg	-----	Colic	-----	Left side renal stones Sensation as if stone is passing	Berb.vulg.30	M.I in colic
13	20	M	Sec-26, chd	Non veg	-----	Dermatitis	Cold feet	Itching more during night Aversion eggs Desire salty	Sulphur 30, B.D	M.I in itching
14	25	F	Sec-26, chd	Veg	-----	Hyperpigmentation	Itching genitalia	Fear of height Fear of water Desires spicy food Mind sympathetic	Phos 30, B.D	M.I in pigmentation and itching
15	16	M	Maloya	Non veg	-----	Warts	Stretch marks	Fear of dogs Desire chicken	Phos 30, B.D	M.I in pains & headache

Table 2: Cases prescribed 200 potency

S. No.	Age	Sex	Residency	Dietary habits	Addiction	Presenting complaints/prov. diagnosis	Associated complaints	Totality of symptoms	Medicine prescribed, potency, repetitions	Result
1	62	F	Manimajra	veg	Tea	Alopecia	Cervical pain, burning and itching in urine	Insomnia due to worry, crying, consolation amel., grief ailments, hurt feelings	Puls 200, B.D	M.I in hairfall and cervical pain
2	24	F	Kaimbuala	Non veg	-----	Constipation	Skin eruption	Perspiration on single parts, uncovered, anxiety health about	Thuja 200, B.D	S.I in constipation. (chronic) M.I in recent itching (since one week)
3	55	M	Sec- 38-b, chd	Veg	Alcohol occasionally	Otitis media	Cervical, blocked nose, pain in wrist & knee.	Sleepiness sitting while Sleepless lying while	Cham. 200 then Ars 200, B.D	N.I
4	55	F	Zirakpur	Veg	Tea	Pain foot	Diabetes, acidity, headache	Worry ailments Crying while telling her grief	Ignatia 200, B.D	S.I patient was better in mental complaints but not in physical complaints.
5	45	F	Ind. Area,	Veg	-----	Colic	Heaviness limbs	Amelioration by warmth Stomach pain warm	Nux vom. 200, B.D	M.I in colic

			chd					drinks amel. Breath offensive odour		
6	59	M	Manimajra	Non veg	Tobacco	Burning in urine	Fatty liver, grade-1	Burning while urinating Pain after urination Desires sweets	Nux vom. 200, B.D	M.I in burning in urine.
7	50	M	Manimajra	Non veg	-----	Skin eruptions	-----	Desires sweets Insomnia	Lyco 200, B.D	M.I in eruption
8	62	M	Kharar	Veg	-----	Acidity	Backache	Colicky pain after eating Desires sweets Fear of snakes	Lachesis 200, B.D	M.I in acidity
9	30	F	Sec-7-c, chd	Veg	-----	Hyperpigmentation	Hyperthyroidism, hairfall, leucorrhoea	Injustice cannot tolerate Desires company of family Insomnia dreams of babies	Nux. Vom. 200, B.D	Better in leucorrhoea but not in hyperpigmentation
10	19	M	Manimajra	Non veg	-----	Alopecia	-----	Hairfall while washing hair Desires chicken Constipated	Sulphur 200, B.D	N.I
11	44	F	Sec-38, chd	Non veg	-----	Mastalgia	Leucorrhoea	Pain breast amel. during menses Fear of water Fear of snakes Desires fast food	Staph 200	M.I in leucorrhoea but not in mastalgia
12	34	F	Sec-29, chd.	Non veg	-----	Corn	-----	Desires eggs Corns, feet Desires salty Pain breast before menses	Phos 200	M. I in corn. Total relief.
13	52	M	Sec-26, chd.	Veg	-----	Blood in stool, burning in urination	Belching	Fastidious about time Desires sweets Mind anxiety	Nat. mur 200	M.I in burning in urine and bloody stool.
14	23	M	Sec-26, chd.	Non veg	Alcohol	Acne	Photo dermatitis	Aversion tea Vomiting after eating Pimples filled with pus on face	Ant. Crudum 200	M.I in all complaints.
15	42	F	Kharar	Non veg	Tea	Post traumatic pain	Headache, hypothyroidism	Ailments, death of loved ones Sensitive, cries easily Pain shoulder	Calc carb 200, B.D	M.I in pains and headache.

Frequency tables-

Age – Close to half cases (12 cases) were from age group

40-60 years and least were from 0-20 age group and 60-80 age group sharing common no. that is 4.

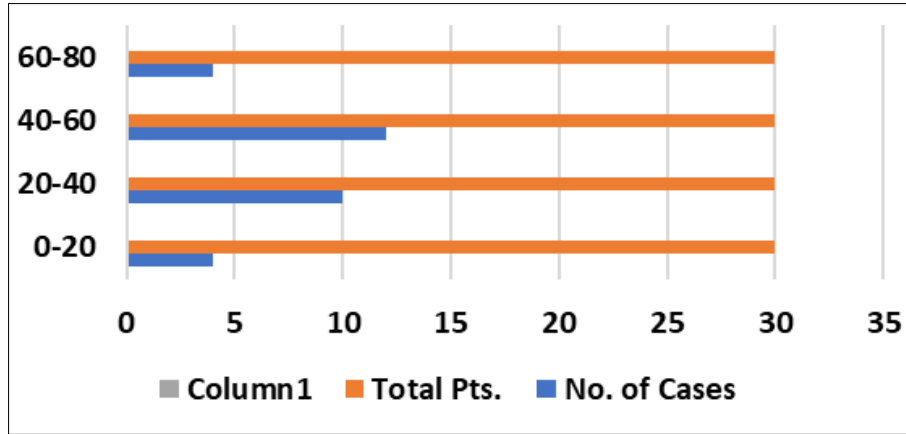


Fig 1: Age Frequency

Sex ratio – Out of 30 cases, 19 were males and 11 were females.

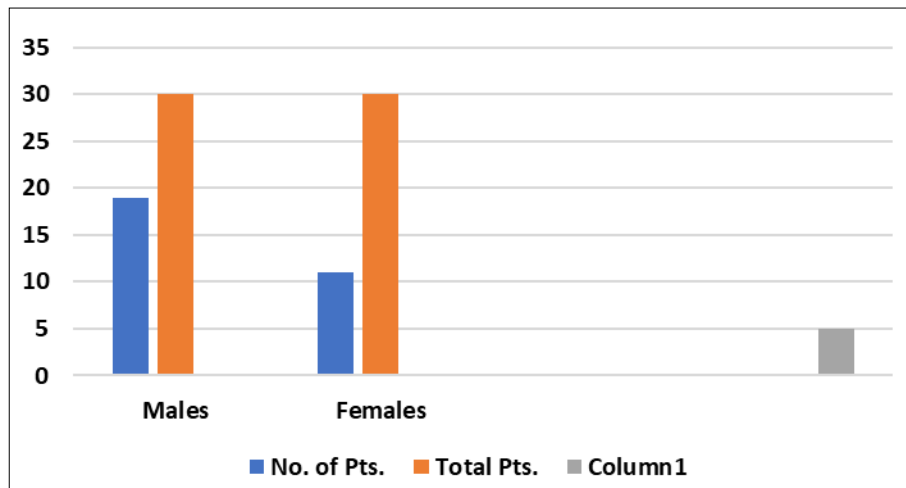


Fig 2: Sex Ratio

Dietary Habits-

15 cases out of 30 were on Non vegetarian diet and 13 were vegetarian and only 2 were on vegetarian + eggeterian diet.

That shows people prefer non vegetarian diet these days or the other reason could be males were more in number in this study and males prefer meat over green vegetables.

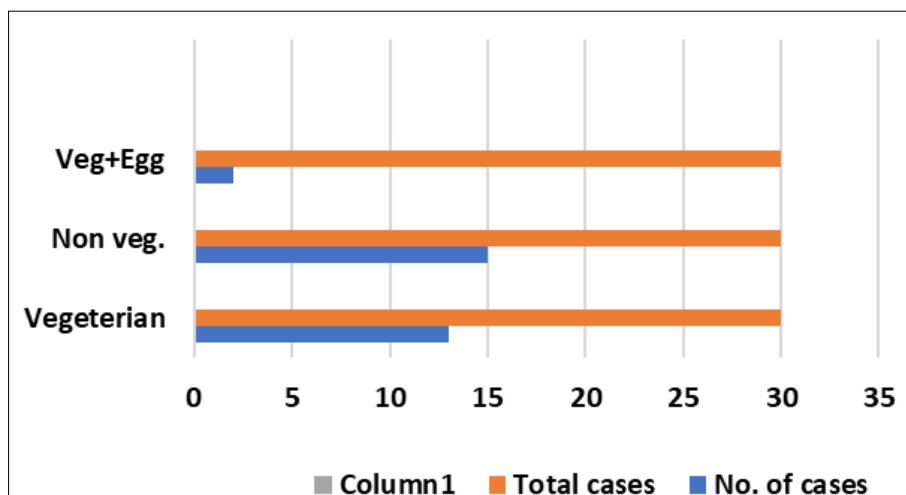


Fig 3: Dietary habits

Addiction – 5 cases were found to be addicted to alcohol alcohol + cigarette. whereas only 1-1 case were reported of cigarette only and

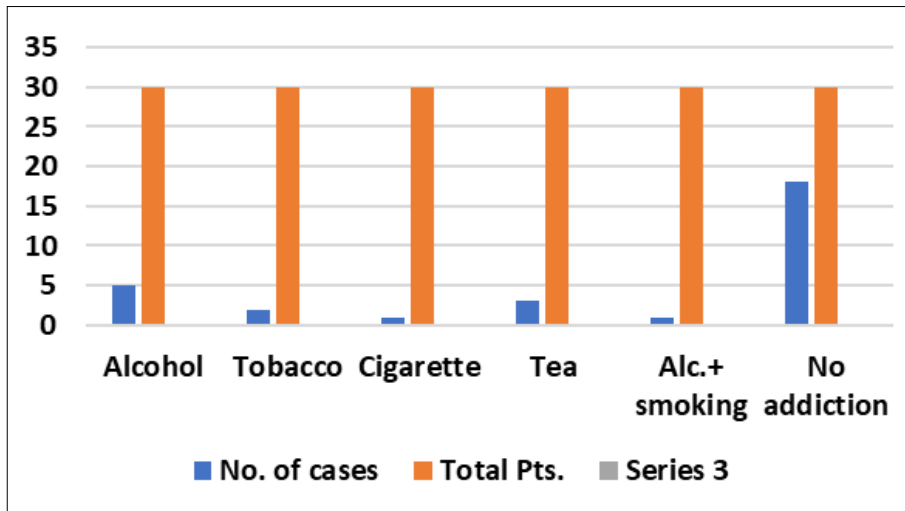


Fig 4: Addiction

System involved in provisional diagnosis –

13 cases were of skin ailments whereas 6 were of G.I.T system. Cases related to musculoskeletal and urinary system

were 4 and 3 respectively. ENT cases were only 2 and least cases were from C.V.S and female genitourinary system i.e 1 each.

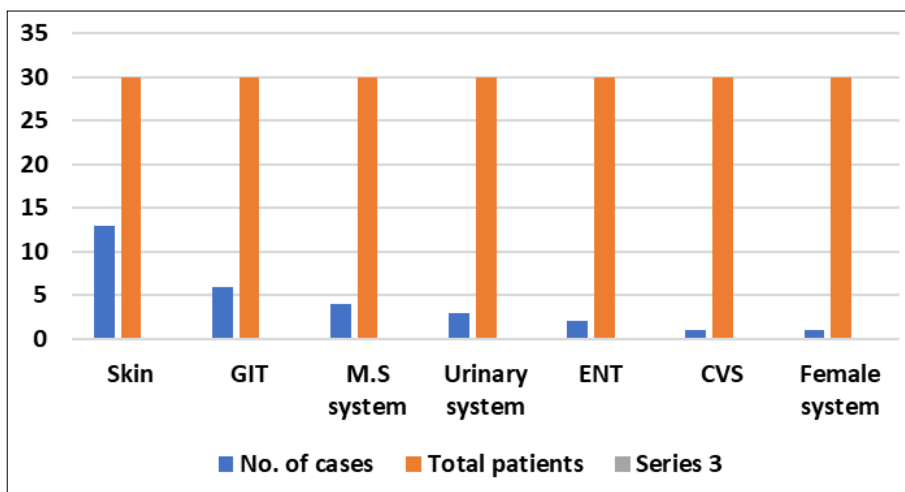


Fig 5: System involved in cases

Medicines prescribed

30 potency- 15 patients were given 30 potency medicine Nat. mur was given to 3 cases, Phos in 2 cases, 1 case each in Pulsatilla, Arsenic Album, Ruta, Lyco, Kali

bichromicum, Phosphoric acid, Berberis vulgaris, Ruta. In 2 cases, medicines were given therapeutically I. e Arsenic +Rhus tox and Rhus tox and Arnica with Hypericum.

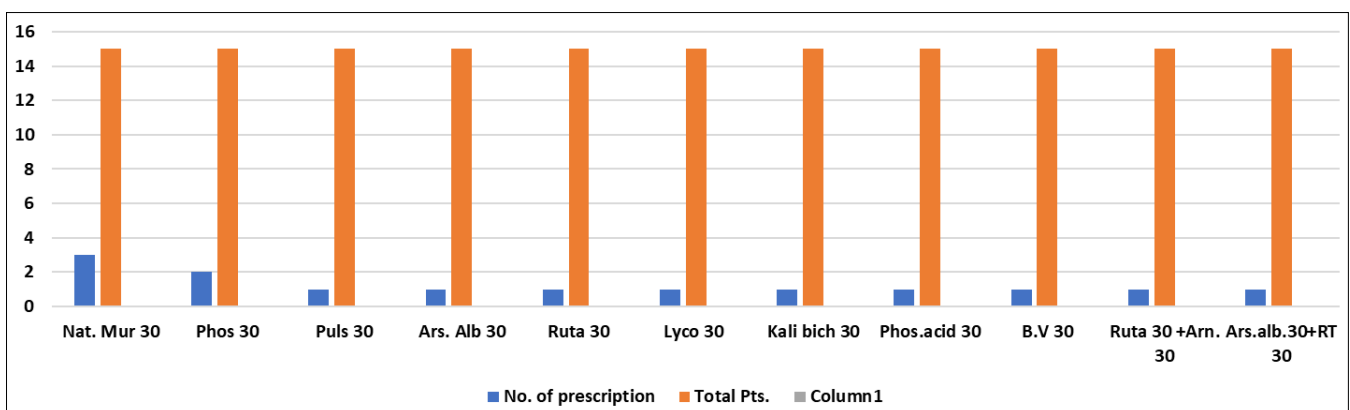


Fig 6: Medicine prescribed

Conclusion

We observed that Homoeopathic principle of individualization works well whether the potency is prescribed in 30 or 200. A well selected medicine is able to produce results in one week because of medicinal action. Few cases where result was not seen, was due to some lacking in proper case taking. All the cases were prescribed homeopathic medicines after taking the individual totality. The particular cases with repetition were chosen to ensure ourselves that sufficient amount of medicine has been taken by the patient and we can be sure that medicinal action has been started. Though the sample size was very small but we could observe that not a single case reported medicinal or disease aggravation and medicines prescribed in both the potencies acted almost in a similar fashion. It is concluded that it is safe to prescribe an indicated medicine for a shorter duration in repetition which is in tune with the golden rules of homoeopathy that are;

- 1) There shall not be disease aggravation.
- 2) The cure must be rapid, gentle and permanent. (9, P.N-251)
- 3) We must be sure that the medicinal action has been started.

The outcome encourages us to study further in this regard with a larger sample size so as to reach at certain conclusion. It's worthwhile to mention here the quote of Dr. Kent as written in his "Lesser Writings" "the physician who knows how to use the various potencies has ten times the advantage of one that always uses one potency, no matter what that potency is."(2, P.N.207)

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