"Understanding Posology in Classical Homoeopathy"

revised third international edition

by

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(compiled by Natasha Fernandes)

Review

by George Dimitriadis

This small booklet (paperback, A5, 100 pages) represents a compilation of F.J. Master's seminar notes pertaining to *posology*. I accepted a request to review this publication for the sake of supporting the work of such a noted homœopath, anticipating an informative and pleasant read.

But despite my respect for this author who shares the concern that our profession has moved away from the very reliable teachings of Hahnemann,[1] my primary commitment to accuracy required a careful and critical examination which is presented here in the hope of improving the fundamental approach to research and thereby the quality of our literature for the sake of Homœopathy, and of our patients, into the future. It is with this in mind that I offer the following comments & observations to the reader interested in pursuing this largely misunderstood subject matter.

1. *Title*

Master uses the term "Classical Homœopathy" in an attempt to distinguish so-called Hahnemannian Homœopathy from other (non-homœopathic) practices – but this wrongly allows for the existence of different 'types' of Homœopathy. Whilst there is indeed much flexibility *within Homœopathy proper* (dose, frequency of repetition, form, potency, case-taking technique, repertorial method, etc.), *there is no flexibility of definition* which itself allows for *one* Homœopathy, i.e., based solely upon a *demonstrable* similarity between the *effects* of medicine & disease.[2] And for this reason, in maintaining a connection to definition, it is pleasing to see Master's use of the *diphthong* in his spelling of Homœopathy proper.

2. *Introduction*

In the first paragraph of his Introduction, Master defines posology as:

> "… the doctrine of the dosage of medicine. A homœopathic dose refers to the potency, quantity and form of medicine as well as its repetition."

But *potency* holds no connection to *dose* (Gr. δόση [*dosy,* to give]),[3] and the term *posology* (Gr. πόσον [*poson,* how much] + λόγος [*logos*, reason, consideration]) refers to a consideration of *quantity* alone, as seen used both in the old-school long before Hahnemann, and in current medical nomenclature.[4] So it is very important not to confuse these distinct entities.[5]

Master states that the higher potencies hold more *potential energy* given they are more succussed, and then goes on to point out, that the similimum (i.e. the *most similar* remedy) depends also upon the potency selected. But both these statements are not entirely accurate, for the following reasons:

1. we must keep in mind, above all else, the *therapeutic effect potential* of a (homœopathic) medicine is directly proportional to its demonstrated *similarity of effect* with that of the disease (*omoion*), hence it is not the similimum which depends upon the potency, but the greatest *potency depends upon the similimum*.[6]
2. most subordinate to *omoion*, it is well established that the actual *potency* (therapeutic effect potential) of a substance has little to do with its mere *pharmaceutical preparation number*,[7] but is primarily determined by the *susceptibility* of the organism to that substance during their illness. [8]
3. the fact that our *primary* provings records (which include much toxicological information from large doses) *rarely* list any information on the potency given, *precludes any matching* for potency when prescribing that substance. [9] I have yet to find a prescriber who could ascertain which particular potency had been given to a patient simply by their response to the remedy. [10]

It is important therefore, in discussing this topic, not to confuse pharmaceutical potency number with *therapeutic effect potency* (potential).[11]

3. *Development of Posology in Hahnemann's Professional Life* (pp.13-18)

It is very good to see a historical survey of the topic at the outset of such a work, and Master here seeks to provide a 'sense' of Hahnemann's posological development over time – the only way for the student to gain a proper perspective and sense of place in their own posological approach, and this is something too often overlooked in our teaching institutions. It was however disappointing to find *so many factual mistakes*,[12] inadequate citations,[13] as well misleading reference to original works even though the information was sourced *indirectly*, borrowed from the reports of others. [14]

We should here also venture to rectify the practice in nomenclature, using "LM" in referring to the *fifty-millesimal* scale of potencies – a mistake which has been passed down from our teachers, and which I too had perpetuated until corrected by *Hansjörg Hee* (St. Gallen, 1987), rightly pointing out that "LM" represents "50 less than 1000" (950) in the Latin notation – the Latin for *fifty-millesimal* is *quinquagies*– or *quinquaginta– millesimal,* hence the notation should be "Q" (Q1, Q2, etc.), [15] or, equally acceptable "0" (0/1, 0/2, etc.) denoting the fact that the *globule* was integral in the new preparation process for Q potencies.

4. *Editions 4-6 of the Organon* (pp.19-42)

The next three chapters provide a progressive overview of Hahnemann's posological development through editions 4,5,6 of Organon. Here again is seen a disappointing lack of clear citation, leaving the reader uncertain as to which source was precisely cited.[16] Noted also are basic mathematical mistakes in representing dilution numbers, with subsequent miscalculation of equivalents for Avogadro's number.[17]

5. *Theory of Chronic Diseases* (pp.42-45)

Master correctly reports that the first edition (4 vols.) of CK was published by Arnold (Dresden & Leipzig), before then stating:

> "Thereafter, "Chronic Diseases" was reprinted by J.C. Schaub in Düsseldorf in five volumes, including additions and corrections…"

But this sentence is so full of inaccuracy that it demonstrates an opinion *retold* without any examination of the original material itself. The facts are as follows: [18]

Firstly the first (theoretical) & second (pharmacography) volumes were both published by Arnold (Dresden & Leipzig), with only the remaining three volumes (5 in total) being published by J.E. Schaub (Düsseldorf).

Secondly and most importantly, the second edition was not a mere "reprint" with "additions and corrections", rather, an *entirely new edition* (as stated on the titlepage). The first edition (CK_I) contained 22 medicines, whilst the second edition (CK_{II}) added 25 medicines (total 47).[19] Moreover, the medicines contained in the first edition were greatly extended,[20] and, most unfortunately, there were now new and *numerous* mistakes introduced by *G.H.G. Jahr* during the process of preparing the manuscripts intended for the printer. [21]

Further, whilst it is true that CK_{II} was published between 1835-1839, the entire *manuscript* (compiled by Jahr) was completed and ready for publication by late 1834,[22] hence the timescale for Hahnemann's posological development must reflect the time of compilation, not publication.

6. *History of High Potency in Homoeopathy* (p.46)

On the first page of this chapter, Master concludes (of Hahnemann):

> "He started using high potencies around 1830, and introduced the concepts of dynamization and high potencies in the 5th edition of the Organon, in §270-271. These concepts when introduced sparked off much controversy at the end of which many of Hahnemann's disciples left him, except for Dr. Hering, Dr. Stapf and Dr. Gross, and a few others."

But "high" potencies are not here *defined*, and the reader is reminded that in Hahnemann's time, the 30th centesimal was considered a high potency.[23] Master himself says Hahnemann "started using high potencies around 1830", and by following the medicine preambles through the various editions for RA (into MMP), we observe Hahnemann's *experience* saw him move to recommending almost all medicines therein in the 30th potency from 1830 onwards,[24] chronologically corresponding with Master's timescale – and the evidence from Hahnemann's own writings reveals he was already using these high potencies some years before 1830.[25] Furthermore, whilst there did develop a dispute (often heated) and even a split between the 'low' and 'high' potency prescribers,[26] Master's summation should not be mistaken to mean only a few remained allied to Hahnemann.

This chapter then proceeds to briefly overview the potency preparations and views of a number of others, and here I cannot offer anything other than to restate the views and stories of others, and hence refrain from comment,[27] save to note the general lack of attention to clear and sufficient citation.

Pages 69-99

Let us now forward to the more practical sections of this booklet wherein Master discusses *potency* (selection, administration, repetition), routes of administration, minimum dose and possible explanation by nanotechnology. [28]

Within this section there are a variety of statements juxtaposed, of greater or lesser accuracy in fact, and extending further into conceptualisations of patient susceptibility in determining the potency selection. So, whilst Master well states (p.69) the physician:

> "…should know that no potency deserves a preference in all cases and that all potencies cure diseases… A rational homœopath has no prejudice against high or low potencies."

Master then adds:

> "…The medicinal potency must be a little higher than the disease intensity so that the medicine dispels the disease."

Here it seems there has been a confusion of *potency*, and Hahnemann's concept of 'the stronger dynamic affection overpowers the weaker',[29] and 'the dose can never be made too small to effect a cure'.[30] In fact, Hahnemann clearly states that individual susceptibility to a particular substance cannot be known beforehand (*Organon*, §129):

> "…for all persons are not affected by a medicine in an equally great degree … Now, as this cannot be known beforehand …"

Master then mentions an article by J.P. Frost in the *Hahnemannian Monthly* for 1873,[31] reporting that that author stated Hahnemann held that "the right remedy will act in whatever strength it is selected" – a statement which concurs with my own position, but which Master then dismisses as:

> "This was a statement made by Hahnemann when he did not have much confidence with high potencies."

From Hahnemann's own words we read (CD, p.206): [32]

> "The physician can, indeed, make no worse mistake than first, to consider as too small the doses which I (forced by experience) have reduced after manifold trials …"

Here Hahnemann clearly states that it was *experience alone* which compelled his conclusion that the dose cannot be considered too small, and there exists *no evidence* to support the assertion that Hahnemann came to change his view that the correct remedy will act *independently* of potency (supposing this is what was meant by "strength").

Master (p.69) then proceeds to say that children should be given high potencies because of their generally greater susceptibility, stemming from a still developing immune system. But this position is not supported by documented case reports, and the experience in my own clinic does not provide any evidence that higher potencies are more suited, in general, to the immunologically immature patient. Here we would like to see reference to numerous published cases in support of Master's position. [33]

On the next page, Master writes that the make-up of the patient, their constitution, temperament, behaviour, etc. are important in selecting the potency for prescribing, before then proceeding simply to repeat the opinions of previous authors that:

- high potencies are adapted to the nervous, sanguine, choleric, zealous and impulsive persons, etc.
- lower potencies are adapted to torpid, phlegmatic individuals, dull of comprehension and slow reaction, etc.
- acute diseases, depending on severity, require medium or higher potencies, and more frequent repetition
- chronic diseases, start with lower (30 C), but this is influenced along with the frequency of repetition of dose, by whether it is of functional or structural pathology, relapsing, terminal stages, etc.

In none of these does the author venture to provide his own recorded experience in support of his conclusions, which, for the most part, in the way they are given, disagree with the observations and case-reports of Hahnemann, Bönninghausen, and others (including my own). But I should here refrain from expanding save this review ends up longer than the original booklet.

Master next mentions *Jahr's conception* (p.71):

> "Jahr notes an essential difference in the action of the low and high potencies, which consists, not in their strength or weakness, but in the scale of potencies. This is based on a well known fact that proving of the tincture or lowest potencies of a drug, as a rule, produce only more common and general symptoms of the drug, not very sharply differentiated from the other drugs of its class. It is in the proving of the medium and higher potencies that the special characteristics of the drug are revealed by its finer and most characteristic symptoms."

The absence of citation for Jahr's views precludes checking the statement reported by Master, yet it does resemble and seem to misunderstand a similar quotation, attributed to Jahr, by Stuart Close,[34] which there says nothing about "scale of potencies", only the lower or higher potencies (in a single scale). In any case, any view from Jahr on this subject can only be seen as an opinion gleaned from others, given he was neither a graduated nor a practicing physician. [35]

But what is especially concerning is the misunderstanding of *substance effects*. It is simply and positively untrue to state that, "as a rule" the tincture (crude drug) and lowest potencies produce "only more common and general symptoms" of its class. Had Master examined our pharmacographic sources,[36] he could not have held such a view. One example may be seen in the toxicology of Hyoscyamus, wherein the distinctive characteristic, *hydrophobia*, over & above the effects of other substances of its 'class', has been reported by a number of 'old school' observers:

Hyoscyamus RA/MMP:

159 Hydrophobia [Wasserscheue]. [Barrère] *

* Barrère, Pierre: *Observations anatomiques tirées de l'ouverture des cadavres propres a decouvrir les causes des maladies et leurs reme'des* [Anatomical observations from opening corpses specifically to discover the causes of diseases and their remedies] 2nd ed., 1753, p.50, Inflammation du Cerveau, causée pour avoir mangé des seüilles de Stramonium, des Racines & des Semences de Jusquiame [Inflammation of the brain, caused from eating the leaves of Stramonium, and the roots & seeds of Hyoscyamus], observation 2, p.53

Barrère here reports (observation 2, pp.53-54) on an artillery solider, young & strong, having taken the seeds of hyoscyamus:

"Il avoit la machoire fort roide, il écumoit & il avoit sur tout une horreur pour toute sorte de liquides, de même que s'il avoit été mordu par un chien enragé; enfin il eut des mouvemens convulsis très-violens, & il mourut dans cet état le 14 Mars 1730."

[He had a very stiff jaw, and a horror of any kind of liquid, as if he had been bitten by a rabid dog, he finally had very violent convulsive movements, and he died in this state March 14, 1730]

158 Inability to swallow, the fluids introduced into the mouth were twice spat out. [Hamilton] *

* Hamilton, Archibald: The Effects of Semen Hyoscyami albi, in *Essays and Observations, Physical and Literary*, Edinburgh, 1756, vol.2, pp.243-246

Hamilton reports on a medical student in the habit of taking small doses of henbane to procure sleep, who suffered the following effects from an overdose (nearly 25 grains [1.62gm]):

"He complained of great uneasiness and dryness of his throat, and that the tea in swallowing was like to choak him… I ordered him immediately a vomit … He spit out the vomit as soon as it was poured into his mouth; so that it appeared he … could not let the vomit over. A second vomit was instantly given, which was also spilt or spit out."

From these *toxicological* accounts, obtained from large doses, we discover the severe contraction of the throat and, despite great thirst, a complete inability to swallow liquids – the cardinal signs of hydrophobia – and which, aside from Belladonna and Stramonium no other (plant) substances have been shown to produce.

Digitalis CK/CD:

233 *Weakness of the stomach*, *like a sinking down*, *as if life were being extinguished*, with all the patients in the same manner. [Maclean] *

* Maclean, L.: On the Digitalis Purpurea, *Medical and Physical Journal*, London, 1799, vol.2, pp.113-27

[Hahnemann's citation was given as "*phys*. *med*. *Journ*. Leipz. 1800. Aug. p.585." which refers to a reprint in *Leipzig* (German translation) the year after the original of 1799].

This is a well known and repeatedly verified distinctive characteristic of Digitalis *toxicology*, produced by *too large doses*, and Maclean's most interesting article describes his use of Digitalis in cases of pulmonary consumption and other serious respiratory affections, wherein he provides a most excellent account of the *toxicological effects* of Digitalis, *clearly distinguishable even when given in the sick*. From Maclean's original account we read (*Medical and Physical Journal* p.119):

"The most common effects observed from full doses, are vertigo, pain, or throbbing of the forehead, or in the bottom of the orbits; imperfect vision, as if a cloud or mist were passing before the eyes, or as if small spots were moving or dancing in the air; nausea of the most distressing kind, and vomiting; reduction in the frequency of the pulse, or extreme irregularity of it… when slow it is quickened on the slightest bodily exercise… Twenty drops of the tincture sometimes produces immediate but temporary nausea… drowsiness often occurs to a great degree, and from passing restless nights they sleep sound. The intellectual operations are greatly disturbed, for my patients become unfit for any occupation that requires mental exertion. But the most striking effect arising when under its full influence is, to use their own words, "a faintness or sinking at the stomach, as if their life was going from them." different from anything they ever experienced before. This attracted my attention more than any other, because they all complain of it, and nearly in the same words. When this exists, to a very great degree, with constant disposition to fainting, extreme languor, and cold, clammy sweats, it has been carried beyond due bounds, and we ought to instantly desist."

> The reader will here note that not only the characteristic cardiac and visual effects, but also this *singular* description of weakness or sinking weakness at the stomach – these are the effects of *large doses*, observed on patients with existing illness,[37] recognised by Hahnemann as being both *consistent* (characteristic) and *singular* (distinguishing), recruited into his pharmacography ($RA_I \rightarrow RA_{II} \rightarrow CK_{II}$),[38] and these same symptoms have been successfully and repeatedly removed, using a variety of potency and dose, in homœopathic clinical practice. [39]

These examples, which may readily be multiplied, are there to be examined and understood in our recorded medical and toxicological literature, and serve to dispel the common *myth* that the most distinctive characteristics are produced mostly from substances given in *potency*. From our own careful and continued *examination* of our source pharmacographic records here at the *Hahnemann Institute Sydney*, we can conclude:

> Drug effect *singularities* (distinguishing characteristics) are observed across the range of dose for substance trials, from crude preparations frequently repeated in large dose, to the high potency given infrequently to a susceptible host individual. [40]

Master also provides some of his own views on *when to administer* various potencies (p.76), perhaps intended as a guide to those newly embarking on practice. But again there are no case examples to illustrate whether or not this position has been fully tested – for example, we read:

> *"Hepar sulphuris* in a case of abscess wherein I use it in 3X or 6X to enhance suppuration."
> *"Graphites* and *Thiosinaminum* [41] in 3X and 6X potencies for post-operative adhesions."

The question here is whether higher or even the highest potencies have been trialled in similar conditions to test their effect in enhancing suppuration or dissolving adhesions respectively? Or is this position part of our academic inheritance, assumed as taught, and based on the idea that structural diseases require low potencies? In my own experience, the correct remedy, in the same potency, will promote either maturation & suppuration, or cessation of pus formation and resorption, depending on the stage or maturity at prescription. [42]

There are other points which might be addressed,[43] but the patience of both reader and reviewer has already been over-indulged, and I would like to finish by saying that, despite the overall good intentions of the author to perhaps provide some basic overview for the beginner, the work does neither clarify nor provide any practical certainty for the clinical setting – something which would require a series of well exampled case-reports showing the differential effects (outcomes)[44] using a variety of potencies.

Lastly, I cannot recommend this work in its present form because it misrepresents much of the subject by merely adding opinion borrowed from others without offering documented support from the author's own practice, as well it fails to provide a good example for proper use and reference to sources.

We do however look forward to a reconsidered edition of this necessary work by F.J. Master, one fully supported by factual evidence, as the subject matter is of great practical importance to our profession.

For true unanimity is that which proceeds from a free judgment, arriving at the same conclusion, after an examination of fact.

Francis Bacon, *Novum Organum*, London, 1620, 1st book, §77

Literature

Hahnemann, S.:

- *Fragmenta de viribus Medicamentorum Positivis Sive in Sano Humanis Corpore Observatis,* Lipsiæ, 1805.
- *Die Chronischen Krankheiten, ihre eigenthümliche Natur und homöopathische Heilung*, Leipzig, 2nd edition (5 volumes), 1835-1839; reprint, Haug, Heidelberg, 1979. [CK]
- *The Chronic Diseases, Their Peculiar Nature and Their Homoeopathic Cure*, CK translation by L.H.Tafel (1895), Indian reprint, B.Jain, 1980. [CD]
- *Reine Arzneimittellehre*, 1825-1833 (vols. 1-2, 3rd ed.; vols. 3-6, 2nd edition), Dresden und Leipzig. Reprint, Haug, Ulm/Donau, 1955. [RA]
- *Materia Medica Pura*, RA translation by R.E.Dudgeon, reprint, B.Jain, Delhi, 1990. [MMP]

Dudgeon, R.E. (Ed.):

- *The Lesser Writings of Samuel Hahnemann*, collected and translated by R.E. Dudgeon, 1851. Indian reprint, B.Jain, (no date given). [HLW]

Close, S.:

- *The Genius of Homœopathy, Lectures and Essays on Homœopathic Philosophy*, Philadelphia, Bœricke & Tafel, 1924

Notes

[1] As Master so rightly summarises (Preface to First International Edition):

"Somewhere down the line… We have moved miles away from the teachings of Hahnemann (very reliable)…"

[2] Homœopathy [Gr. όμοιον (*omoion,* similar) + πάθος (*pathos,* suffering)] is strictly and inseverably tethered solely to *omoion*, such that all else not tied to similars is, by definition, *allo*-pathy [Gr. άλλος (*allos*, other than)]. This is the foundational and only principle to be considered in the question of what is Homœopathy, as has been well stated by Hahnemann himself (*Organon*, §285, footnote):

"A fundamental principle of the homœopathic physician (which distinguishes him from every physician of all older schools) is this, that he never employs for any patient a medicine, whose effects on the healthy human have not previously been carefully proven and thus made known to him"

The suggestion that there be a 'classical' or 'Hahnemannian' form as distinct from a 'modern' or even 'scientific' is inaccurate, and fails to recognise this single, unalterable, core determinant of *omoion*. As Bönninghausen quite rightly states:

"… the fundamental law of this therapy, Similia Similibus, does not say anything about the size of the dose…" (BLW306)

[3] Even in 1789, before Hahnemann's postulation of a similars principle perhaps in play for China (1790), i.e. before any conception of attenuation & potentiation of medicinal effect (*potentisation*), Hahnemann is clear in discussing small and large *doses* (*Instruction for Surgeons respecting Venereal Diseases*…, Leipzig, 1789 [this book is written in *aphorisms*], in HLW):

"The only remedy we can have confidence in is a good preparation of mercury (such as the soluble) given in gradually increasing doses until mercurial fever (§ 290) is developed." (§194, in HLW44)

"Of equally uncertain effect are the mercurial fumigations, whether cinnabar, calomel, or amalgam be employed … partly on account of the difficulty of applying them equally to all parts of the body at once… partly on account of the very various absorbent power of the cutaneous vessels … we are not in a position to calculate the quantity of the metal introduced into the body, and yet we should have a positive knowledge of the dose of the remedy as well as of its potency, in order to allow us to make an accurate repetition of a medicinal experiment." (§473, HLW101-102)

"…it is usual to commence the treatment with the daily dose of a quarter of a grain dissolved in two pints of fluid, and to increase the dose until it amounts to one grain in the day. In the case of children an eighth of a grain is at first given daily, and increased to one fourth of a grain in a pint of fluid." (§510, in HLW110)

"… first, two grains were given, and the dose increased daily by about a grain, and if still no ptyalism occurred the dose was elevated to a scruple daily… (§516, in HLW111)

And in his *Versuch*… (*In Search of a new Principle*, 1796) Hahnemann writes (HLW265):

"We only require to know, on the one hand, the diseases of the human frame accurately in their essential characteristics, and their accidental complications; and on the other hand, the pure effects of drugs, that is, the essential characteristics of the specific artificial disease they usually excite, together with the accidental symptoms caused by difference of dose, form, &c., and by choosing a remedy for a given natural disease that is capable of producing a very similar artificial disease, we shall be able to cure the most obstinate diseases."

We would best consider the *potency* as a "form" of the medicinal preparation mentioned in this paragraph. Hahnemann is again clear to distinguish the potency from dose in the following: (*Spirit of the Homœopathic Medical Doctrine*, 1833, in HLW630):

"Hence the organism will be powerfully affected and possessed by the potency of even a very small dose of a medicinal substance, which, by its tendency to excite similar symptoms, can outweigh and extinguish the totality of the symptoms of the disease…"

[4] That *posology* has no connection to "potency" is plainly seen in that it is a term long used in the mainstream ("old-school") medicine, as we find mentioned (*posologia*) in the following works.

Coronelli, V.: Biblioteca universale, Venecia, 1524, vol.5
Tabor, J.O., & Itter, J.C.: Exercitationes Academicae, Giessæ, 1686
Pharmacompoeia Bateana et tabula Posologica, Amstelædami, 5th ed., 1719

And closer to the present day, we find the following account (Fosbroke, J., *Case of Trance, or Coma somnulentum*, The Lancet, 1834-35, London, p.348):

"A Gentleman at Coventry gives a very powerful revulsive agent in obstinate cerebral cases, with frequent success, and I think the *Sulph. Zinci* in my case owed whatever influence it exercised over the disease, to its counter-stimulant operation on the system. The common dose is from gr. v to Ɔj [approx. 16mg-1.3gm.], but I gave it ʒj [approx.3.9gm.] at a time, after the fashion of the doctors of old, who were no pigmies in posology."

Even in modern medicine, *posology* is clearly understood to refer to dosage, linked to the modern pharmacological dose-response curve:

R. John Wallace, R.J. & Chesson, A. (Eds.): *Biotechnology in Animal Feeds and Animal Feeding*, VCH, Weinheim, 1995

"Posology is the science of dosage. Selection of an optimal dose requires data relating the amount of response to the level of dose administered. For antibacterials (feed concentration up to 110 mg kg^{-1}) logarithmic dose-response functions are the most common…"

Pharmacology and Physiology for Anesthesia, Foundations and Clinical Application, Elsevier Saunders, Philadelphia, 2013, Chapter 2, Pharmacokinetic and Pharmacodynamic principles for intravenous anesthetics, p.31:

"Exploring anesthesia posology through PK-PD simulation equips the practitioner with the knowledge necessary to formulate rational drug selection and administrations schemes."

Buch, J.G., *Clinically Oriented Pharmacology*, 2010 (digital ver.2):

"Dose is the amount of drug given at a time…"

Tröger, J., & Seidensticker, P.R.: *Paediatric Imaging Manual*, Springer Medizin-Verlag, Heidelberg, 2008, Chapter 2, Contrast media: posology, risks and side effects.

[5] There exists a basic misunderstanding of the distinction between *dose* and *potency* – the only way to apprehend *Hahnemann's* meaning is by studying his writings *over time*. To be brief, even long before Hahnemann's 'discovery' of *dynamisation*, his meaning of dose was made clear (refer *Instructions for Surgeons respecting Venereal Diseases*, 1789; *Medicine of Experience*, 1805), and even in his last edition *Organon* he states the dose of the magnet depends upon the length of time of contact (§287), i.e. not with its inherent 'potency'.

[6] In fact, the higher the *pharmaceutical potency number*, the *lower its potential for effect* in cases which bear no similarity of symptoms to the effects of that substance (the more it resembles a mere dilution in such un-similar cases) – hence "substance effect *potency*" is *directly proportional to homœopathicity*, and *inversely proportional* to *allopathicity* of symptoms. From Hahnemann we read (*How Can Small Doses Of Such Very Attenuated Medicine As Homœopathy Employs Still Possess Great Power?* 1827, in HLW731-733):

> "… the properties of crude medicinal substances gain, when they are fluid by repeated succussion… and when they are dry by frequent continued trituration…, such an increase of medicinal power… the farther the development of their powers … become capable of answering the homœopathic purpose in proportionately smaller quantities and doses."

Hahnemann is clear in marrying the increase in "potency" via succussion & trituration to the *homœopathic purpose* – the application of such preparations in cases homœopathically *unsuited* (i.e. allopathic [*enantiopathic*, *antipathic*, *heteropathic*]) would see them rendered as mere *ineffectual* dilutions.

[7] Master writes (Introduction, third paragraph):

> "Potency, which is the power, vitality and strength of a homœopathic medicine, is represented as a number attached to the remedy name."

Master is correct with specific reference to the *pharmaceutical preparation nomenclature*, but this statement is not true when considering the *therapeutic effect potency* of a substance given for a specific disorder in an individual case. That Hahnemann did not bind the substance effect potency solely to the dynamization process may be seen in his own words, written even before his realisation of similars (*Instruction for Surgeons respecting Venereal Diseases*…, 1789, §473, in HLW101-102):

> "In the employment of this, as in that of other mercurials, we are not in a position to calculate the quantity of the metal introduced into the body, and yet we should have a positive knowledge of the dose of the remedy as well as of its potency, in order to allow us to make an accurate repetition of a medicinal experiment."

[8] As Hahnemann observes:

> "Some symptoms are produced by the medicines more frequently – that is to say, in many individuals, others more rarely or in few persons, some only in very few healthy bodies." (§116)
>
> "… the so-called *idiosyncrasies*, by which are meant peculiar corporeal constitutions which although otherwise healthy, possess a disposition to be brought into a more or less morbid state by certain things which *seem* to produce no impression … in many other individuals. … That these agents do actually make this impression on every healthy body is shown by this, that when employed as remedies they render effectual homœopathic service to *all* sick persons for morbid symptoms similar to those they seem to be only capable of producing in so-called idiosyncratic individuals." (§117)
>
> "… for all persons are not affected by a medicine in an equally great degree; on the contrary, there is a vast variety in this respect, so that sometimes an apparently weak individual may be scarcely at all affected by moderate doses of a medicine known to be of a powerful character, whilst he is strongly enough acted on by others of a much weaker kind. And, on the other hand, there are very robust persons who experience very considerable morbid symptoms from an apparently mild medicine, and only slighter symptoms from stronger drugs. Now, as this cannot be known beforehand, it is advisable to commence in every instance with a small dose…" (§129)

Such *idiosyncratic* susceptibility as described by Hahnemann has, with some (few) *patients*, been seen with respect to potency – whilst I have found most patients will respond well to the accurate homœopathic medicine given in a number of different potencies, I have seen cases where *one* potency alone acted – one example is a case I saw many years ago, for whom I prescribed Lyc. 0/1 o.m. (every morning). At the first follow-up (3 weeks later) she was very happy, with marked improvement of the chief indications for which the remedy was prescribed – so, I changed to 0/2 to 'keep the momentum going' (as I had then thought). At the second follow-up she was not as good, but still markedly better than at the first presentation. Thinking she was developing a 'tolerance' to the preparation, I prescribed 0/3. The third follow-up saw her worse – back to "square one". Thinking then that, perhaps the potencies had been too close to each other – that she needed a very different potency, I prescribed 30C, thence 200C, all given in the same way, every morning – all the while the patient remained as she had presented, with no *new* symptoms. I reconsidered this case, looked over the initial consultation and found the symptoms presented then were unchanged now, with no indications for a different remedy, so I was bound, as a homœopath, to prescribe *Lycopodium*. I then thought "why did I change the original prescription? On what basis?" I had now realised Lyc.0/1 had worked very well, and I would try it again before perhaps trying a (less indicated) intercurrent, and I again prescribed Lyc.0/1. At the next follow-up she was very happy to report the improvement as at the beginning of her treatment – and she went on to make a complete recovery over the next year or so, without any change of remedy, potency, or dose. From this case I learned that, when a medicine, carefully selected with much effort, acts properly, nothing is to be changed until *evidence* presents itself for such change – neither the medicine, nor the potency – so long as improvement continues. And not too long ago I found a similar report on specificity of potency for therapeutic effect from Bönninghausen's own experience (*Homœopathic Congress at Hamm*, on 31st July, 1850, presided by Bönninghausen) – reported in *Homœopathic Times*, August 1850, no.54, vol.2; and *American Journal of Homœopathy*, May 1851, vol.6, no.1):

> "Dr. Bönninghausen related the case of a child who was affected with great congestion to the head, and lay in a perfectly comatose state, for which *Bell*. was decidedly indicated. He gave *Bell*. 200, with no result. He then gave *Bell*. 30, no change was effected; *Bell*. 6 failed equally to produce the slightest alteration. He then gave *Bell*. 2,500, and in a few hours amendment set in, and in forty-eight hours the child was perfectly cured. He laid it down as a general rule, that it was better, in repeating a medicine, to go from the lower to the higher, than from the higher to the lower dilutions. He now rarely administered anything but the 200th potency, even in acute diseases."

[9] A simple single example: Hahnemann lists the following symptom for Digitalis in his CD:

> 233 *Weakness of the stomach*, *like a sinking down*, *as if life were being extinguished*, with all the patients in the same manner. [*Maclean*]

This symptom derives from an account by Maclean, *On the Digitalis Purpurea*, in Medical & Physical Journal, London, 1799, vol.2, pp.113-127, wherein we find the following most excellent report of the distinguishable Digitalis effects when given in the sick. We read:

> "Twenty drops of the tincture sometimes produce immediate but temporary nausea, before the habit has felt its effects. … But the most striking effect arising when under its full influence, to use their own words "a faintness or sinking at the stomach, as if their life was going from them," different from anything they ever experienced before. This attracted my attention more than any other, because they all complain of it, and nearly in the same words. When this exists, to a very great degree, with constant disposition to fainting, extreme languor, and cold, clammy sweats, it has been carried beyond due bounds, and we ought instantly to desist."

Despite the fact that this extreme sinking weakness at the stomach (as if their life force were being extinguished),* was produced in large doses (toxicity), when these same symptoms have been present in my own patients (other symptom also agreeing) they have been entirely removed by Digitalis, given in a number of different potencies.

* not merely a "feeling", as many such patients actually did go on to die.

[10] *The test*: Let a colleague prescribe for a definite case, but the potency (undisclosed) is selected by another – at the follow-up, from the response of the patient to this prescription, the prescriber would be asked to determine the potency which had been given.

[11] It is easy to forget that "I gave the 30th potency" refers to the pharmaceutical preparation marked with the number 30 to indicate the 30th preparation on the (default) centesimal potency scale. It does not mean necessarily that preparation, in a particular case, will act better, longer, or more strongly than a different or lower potency number. Nor must we assume the bigger number (200 as opposed to 30) means it is 'stronger', rather, it merely represents more steps in the pharmaceutical preparation method peculiar to Homœopathy. Whilst I have indeed seen a higher potency, given after a lower one had slowed or stopped acting, act for a longer period than had the lower potency before it, I have also seen the same extension of action when a lower potency was given after a higher one.

[12] Here are just some examples of the numerous factual mistakes:

excerpt	*correction*
"Since 1796 when Dr. Hahnemann discovered the curative properties of cinchona bark…" (p.13)	It was 1790 when Hahnemann realised the (already known) curative properties of cinchona against *ague*, were, contrary to popular opinion, likely due to a similars principle.
"Even though these doses may seem too large by our present day standards of posology, they were very small doses in comparison to Dr. Hahnemann's old school contemporaries." (p.14)	This opinion is simply untrue. Hahnemann, as had been taught to him, prescribed similarly, and gradually increased his doses as is usual in the allopathic mainstream medical practices even today. There are many examples of this in Hahnemann's own writings, some of which are given in footnote 3 of this review.
"1801… It was from this time on that Hahnemann started using small doses." (p.15)	Even from 1789 (before his realisation of *similars*), in his *Instructions for Surgeons respecting Venereal Diseases*, Hahnemann sought to reduce the poisonous effects of Mercury through the use of his new "soluble" form, which he argued was absorbed much more readily and could therefore be given in smaller, better targeted, doses.
"1805 … Fragmenta de Viribus Medicamentorum Positivis… 1811 … Materia Medica Pura – Part 1… The above writings of Hahnemann made no mention of posology." (p.16)	This statement is not correct, for even within *Fragmenta* we find Hahnemann indicates (wherever he thought it necessary) the dose, the form, and even the method of administration (external/internal) of the substance in question, as seen from the following: *Fragmenta*: Acon. *Richard*: "a drachma pulveris in adulto" [a drachm of the powder in an adult] *Matthiolus*: "a drachma in adulto" [a drachm in an adult] *Rödder*: "externae succus in vulnero." [the juice applied externally to the wound] Bell. *Sauter*: "a rad. granis octo." [8 gr. (grains) of the root] *Porta*: "ab aquae Belladonnae uncia" [one ounce of Belladonna infusion] *Gmelin*: "a baccis in viro" [from the berries in a man] Cupr. *Lazerme*: "a denario deglutito" [from swallowing a (copper) penny] *Pfündel*: "a granis duobus cupri ammoniaci" [two grains of copper ammoniate] Hyos. *Camerarius*: "a radicibus in puero 6 annorum" [the roots in a 6 year-old child] *RA$_I$ 1811, vol.1:* Dulc. *Neumann*: "Der ausgepresste Saft der jungen Stengel und Blätter, mit gleichen Theilen Weingeist gemischt" [The expressed juice of the young stems and leaves mixed with equal parts alcohol] *Fritze*: "von 80 eingedicktem Safte" [from the thickened juice] Cina *Hahnemann* "von 3 Granen bei einem zweijährigen, und von 6 Granen von einem vierjährigen Kinde" [from 3gr. in a 2 year-old, and 6 gr. in a 4 year-old child];
"In 1835, a detailed description of the process of trituration…was given in part 2 of the 1st edition of *The Chronic Diseases*." (p.18)	This process, as Master rightly states, was detailed in the *first* edition *Die Chronischen Krankheiten* (CK$_I$), Dresden & Leipzig, volume 2, published in 1828 (p.5). 1835 was the year of publication of the *second* edition CK (CK$_{II}$), volumes 1 and 2. For CK$_{II}$, this description of the trituration process was placed into volume 1 (p.183).

[13] We must remain acutely aware of the necessity for clear and accurate citation, sufficiently detailed to allow for a ready finding and examination of the cited work. There is no more certain way to stifle progress of a scientific endeavour than to depend upon hearsay accounts unsupported by documented evidence. Here are just some examples of the citation errors borrowed from non-primary sources:

Text & inadequate citation	*Actual (& useful) reference*
" [2] Hufeland's Journal of the Healing Art" (p.14)	[2] Hufeland, C.W.: *Journal der practischen Arzneykunde und Wundarzneykunst* [Journal of Practical Medicine & Surgery], Jena, 1796, vol. 2, pp.391- & 465-; ["*Hufeland's Journal*"] in HLW249
" [3] Hufeland's Journal, vol.5, pt.1. Lesser Writings" (p.14)	[3] Hufeland's *Journal*, ibid., 1797, vol. 5, no.1., p.22; in HLW329
" [4] Hufeland's Journal, 1801, Vol.6, Part 2" (p.15)	[4] Hufeland's *Journal*, ibid., 1801, vol. 13, no.2., p.152; in HLW385
" [5] Haehl's Autobiography [*] of Dr. Hahnemann, part 1 part 2" (p.16) [*] this is a *biography*, not an autobiography.	[5] Haehl, R.: Samuel Hahnemann, his Life and Work, (Tr. M. Wheeler) 1922, 2 volumes, Indian edition, B.Jain, New Delhi, 1985. [HHL] The article on preventing putrefaction of meat using dilute silver nitrate solutions was mentioned in HHL, vol.2, p.22, therein citing "Crell's Annals, 1788, XII, p.485". The original article of Hahnemann, appeared in Lorenz Crell: *Chemische Annalen*, Helmstädt * Leipzig, 1788, vol.2, no.12, pp.485-486, entitled: *Ueber ein ungemein kräftiges, die Fäulniss hemmendes Mittel* [On an extremely powerful putrefaction retardant]
"In his article Information for the Truth Seeker (1825, in All. Ans. der Deutschen), he states… " (p.17)	This text was excerpted from T.L.Bradford's, *Life & Letters of Samuel Hahnemann* [BLH], therein (incorrectly) citing no.165 of the *Allgemeine Anzeiger der Deutschen*. The original article, *Belehrung für den Wahrheitssucher* [Instruction for the seeker of truth], appeared in the *Allgemeiner Anzeiger der Deutschen* [The German General Gazette], Gotha, vol.70, 1825, part 2, no.194 (20 July), pp.2387-2392.

[14] This is evident from Master's replication of mistakes found in Hahnemann (HLW), Haehl (HHL), and Bradford (BLH).

[15] Master freely mixes the proper "Q" notation (e.g. p.39), with "LM" (e.g. p.41) which serves more to confuse the newcomer.

[16] For example, whilst Master specifically cites Devrient's English translation of the 4th edition Organon, his excerpts (§§240, 242, 245) are *not identical* to those found therein. And whilst he mentions the three English translations of the 5th edition (Hering, Dudgeon, Wesselhœft), the aphorisms he excerpts are taken (modified)* from Dudgeon.

* Master's italicising of the entire text of his excerpted aphorisms means that the emphases (*italicised*) made by Hahnemann were obscured.

[17] For example, mistakenly representing the first liquid stage in Q1 potency development as $1/50^8$ (= 2.56×10^{-14}) *

* 3C trituration (dilution factor 0.000001 [10^{-6}]) x 1/500 ethanol solution (dilution factor 0.002 [2×10^{-3}]) = 2×10^{-9}. This may be represented as 2×10^{-9} or $^1/_5 \times 10^{-8}$ or $^1/_{50} \times 10^{-7}$

Master therefrom miscalculates the Avogadro's limit equivalents, saying (p.42):

"Somewhere between Q2 and Q3, Avogadro's number is surpassed and no molecules of the medicinal substance are found."

We can readily calculate that, given the dilution factor at each step on the Q scale is $^1/_{50,000}$ (2×10^{-5}), that the limit of Avogadro (6.022×10^{23}) would only be surpassed at Q4 *

* Q1 (**2×10^{-9}**) → Q2 ($10^{-9} \times 2 \times 10^{-5} =$ **2×10^{-14}**) → Q3 ($2 \times 10^{-14} \times 2 \times 10^{-5} =$ **4×10^{-19}**) → Q4 ($4 \times 10^{-19} \times 2 \times 10^{-5} =$ **8×10^{-24}**)

[18] It is precisely because of such mistakes borne of *trusting* the opinions handed down by our teachers without the evidence from the source, that I have, for many years, made it my practice to *examine* every work (the original wherever possible) cited in support of any conclusions. And it is a matter of disappointment and embarrassment for our profession to see such attention to factual detail so greatly lacking.

[19] Hahnemann only determined Arsenicum album to be an 'antipsoric' after the publication of the previous 4 volumes, hence it appears out of alphabetical sequence, placed at the end of the last volume (vol.5, 1839). Of the 47 medicines in CK_{II}, 30 were newly listed, whilst 17 were expanded from their RA precursor.

[20] As for example the 191 ss. of Carb-an. in CK_I to 728 ss. in CK_{II}; or the 133 ss. of Iodium in CK_I to 704 ss. in CK_{II} (misnumbered as 724 in the original list).

[21] G.H.G. Jahr was employed by Hahnemann for the 8 months (Feb.-Sept. of 1834) specifically to compile the manuscript ready for publication). These (too numerous) mistakes are identified in our own work on pharmacography which has been ongoing now for many years. Jahr's errors are numerous and (too often) affect the meaning or clarity of the symptoms, as we have found through our own work examining Hahnemann's pharmacographies over the past (especially) 10 years.

[22] It was in October 1834 when Melanie arrived, and the following year, on 21 June 1835, they were in Paris.

[23] A simple example from the *Organon* (Dudgeon, 1849, London, 5th ed., §128):

"The most recent observations have shewn, that medicinal substances when taken in their crude state by the experimenter for the purpose of testing their peculiar effects, do not exhibit nearly the full amount of the powers that lie hidden in them, which they do when potentized by proper trituration and succussion, and then taken for the same object, by which simple operations the powers which in their crude state lay hidden, and, as it were, dormant, are developed to an incredible extent and roused into activity. In this manner we now find it best to investigate the medicinal powers even of such substances as are deemed weak, and the plan we adopt is to give to the experimenter, on an empty stomach, daily four to six very small globules of the thirtieth dilution [*] of such a substance, moistened with a little water or dissolved in more or less water and thoroughly mixed, and let him continue this for several days."

[*] Dudgeon here omits the term "potentised" given by Hahnemann in the original German (Dresden & Leipzig (Arnold), 1833, 5th ed.): "…der 30sten, potenzirten Verdünnung…" […the thirtieth potentized dilution…]. Dudgeon's later revised (5th) edition (Birkenhead, 1893; 1901 American (authorised) edition, Philadelphia) corrected this omission, correctly writing: "…thirtieth potentized dilution…"

Here we see Hahnemann clearly considers (5th ed. Organon) the 30th *centesimal* potency to be a high potentized dilution.

[24] When we follow this progression through the various stages of Hahnemann's practical writings on MM, we note that by 1830 (RA_{III}, vol.1 (1830) & vol.2 (1833)), *almost* every medicine* which Hahnemann discusses in his *Materia Medica Pura* was recommended as most serviceable in the decillionth (30th) potency.

* Aside from the *magnets* (which were to be applied by contact or proximity to the subject), only Oleander was still recommended, *according to his experience*, in a lower potency:

"Hitherto I have only used the billion-fold attenuation [6C] of the above juice, but I believe that in order that it may be used without prejudice in cases of excessively sensitive patients, it will require to be carried to a much higher potency (and development of its inner power)."

Here are some examples from the other medicines:

Aconitum "…its curative power is marvellous, when… it is given alone, all other medicinal substances, even vegetable acids, being avoided, in the dose of a thousandth* part of a drop of the decillionth development of power."

* That is, a small globule the size of a poppy-seed moistened with it, of which more than a thousand are moistened by one drop of spirits of wine, and which are so small that 300 of them weigh only one grain."

Mercurius "One small globule (300 of which weigh one grain), moistened with the last dilution (X), is the appropriate dose of the very medicinal metal for all suitable cases."

Similarly, *Arnica*, *Belladonna*, *Cannabis, Cina, Dulcamara, Moschus, Nux vomica*, *Opium* (RA_{III} vol.1), were recommended in the 30th potency. The same is true of the medicines recorded in 1833 (RA_{III} vol.2) - *Arsenicum, Bryonia, Ferrum, Ignatia, Pulsatilla, Rheum, Rhus toxicodendron,* have all been recommended in the 30th potency. Examples include:

Pulsatilla "The proper dose is a small globule moistened with the thirtieth potency, repeated at most every twenty-four hours; in acute diseases the olfaction of a globule the size of a mustard seed is preferable."

Rheum "A very minute globule moistened with the thirtieth dilution (X) suffices for all homœopathic curative purposes, to be repeated if necessary. The olfaction of a globule the size of a mustard seed moistened with this dilution is almost always sufficient."

Rhus tox. "One single globule, the size of a mustard seed, moistened with the thirtieth potency effects a magical cure."

From this account, we can be certain that Hahnemann moved to recommending the 30th centesimal preparation in every medicine listed in his RA from 1830 onwards. And the following statement therefore, under *Cocculus* (RA_{III} 1830, vol.1), evidences that he considered these as being "high" potencies:

"It possesses many curative virtues, as the following symptoms produced by it show, and the tincture prescribed according to the similarity of effect in high attenuation and potency is indispensable for the cure in many cases of common human diseases…"

[25] We see for example, the following medicines recommended in the 30th centesimal potency prior to 1830:

(RA_{II} 1827, vol.6) Cicuta, Drosera, Spongia
(RA_{II} 1826, vol.5) Spigelia, Staphysagria, Thuja

In the case of Thuja Hahnemann finds, driven solely by experiment and experience:

"Thus I found that even the higher dilutions, e.g. the decillion-fold or even the vigesillion-fold dilution (1/XX), made with sixty diluting phials, each of 100 drops), if each diluting phial were succussed ten times and oftener (that is, with ten or more shakes of a powerful arm), was not weaker in power … on the contrary, it had rather become even more intensely charged with the medicinal virtue of thuja."

[26] Richard Hughes is a prime example of one who would presume to understand the complexities of life and existence so much as to consider it implausible that highly potentised preparations could have any effect – he thus limited himself to a consideration of low potencies in his work with J.P.Dake *A Cyclopædia of Drug Pathogenesy*, 1886-1991 (4 volumes). Hughes' mistake was to forget that whilst *plausibility* needs to be considered in the allocation of funding for research, it is itself not a scientific parameter, and when used to limit experiment and deny the experience of other notable workers reporting faithfully, becomes one of the greatest obstacles to pure scientific progress.

[27] The following words of the celebrated John Hill (*The History of the Materia Medica*, London, 1751, Preface, p.ii.) are invaluable for anyone considering adding value to our professional literature:

"A Man is hardly qualified to write on any Subject, who has not read every thing that has been well written on it; but even if he has done this, he is still qualified for nothing farther than retailing to the World the Discoveries of others, unless he adds to his reading an Examination of the Bodies themselves, and an investigation ... under his own Eye. On a Foundation like this, he will be qualified to instruct everyone who has not been at the same pains on the Subject; he will know the real Merit of the Writings of others, by having brought them to the Test of Nature and his own Experiments, and will consequently know what of his private Observations deserve the name of Discoveries or Improvements; and what of the Accounts of others will bear Quotation or Adoption."

[28] This emerging field promises to shed some light on possible mechanisms of ultra-dilution effects, and some excellent work in this field was presented by *Iris Bell* at the 8th *Joint American Homœopathic Conference*, Washington DC, 2013.

[29] Refer *Organon* §§26,29,45,46,155, etc.

[30] Refer *Organon* §249 footnote.

[31] We are unable to access this particular source, so cannot verify the citation.

[32] Hahnemann, S.: The Chronic Diseases…, Translated from the second enlarged German edition of 1835, by L.H. Tafel, Philadelphia, 1904).

[33] This position seems to be gleaned from Stuart Close's *Genius of Homœopathy*. Therein Close (a student of PP Wells) provides his reasoning coupled with some case examples.

[34] *Genius of Homœopathy*, Susceptibility of the Patient, p.193 – herein again (with Stuart Close) we see this lack of citation so commonplace in our literature.

[35] This is not the place to fully elaborate, suffice it to mention that Jahr was expelled from medical school for political activism, narrowly escaping prison, hence never graduated, later relying on his literary work and help from the homœopathic community who rallied to support him (he seems to have been a likeable personality). But despite his great enthusiasm and energy, his hurriedness disposed him to mistakes as is evident throughout his writings, and as later complained about by Hahnemann.* Dunham, having travelled through Europe extensively, himself wrote (Letter, *Philadelphia Journal of Homœopathy*, 1855, vol.4, 449-458):

"… Bönninghausen is now engaged in a treatise on the cure of epilepsy. It is greatly to be desired that he should publish a new edition of his Repertory. Many as have been the attempts to supply our need in this regard, we are still without a respectably good repertory, Bönninghausen's excepted. Jahr's is laboriously compiled, but the plan is a bad one; the work is cumberous, and the groups of symptoms are so cut up that a proper selection, by means of it, is almost impossible. Moreover, the author, *never was a practising Homœopathic physician*, and lacking therefore the important guide of clinical experience, has industriously gathered from Homœopathic literature the chaff with the wheat; this work affords us many false lights as beacons."

* Stahl, M.: Der Briefwechsel zwischen Samuel Hahnemann und Clemens von Bönninghausen... [The correspondence between Samuel Hahnemann and Clemens von Bönninghausen…], Heidelberg, 1997 (also: Dissertation [Med.], Göttingen, Univ., 1995).

[36] *Versuch über ein neues Prinzip…* 1796; *Fragmenta de viribus…* (1805), *Reine Arzneimittellehre* (1811-1833), *Die Chronischen Krankheiten* (1828-1839) to name only Hahnemann's works.

[37] It is, unfortunately, such a common misunderstanding that only provings on the healthy are valid for consideration in Homœopathy. Hahnemann clearly writes (*Organon*, §142):

"But how some symptoms of the simple medicine employed for a curative purpose can be distinguished amongst the symptoms of the original malady, even in diseases, especially in those of a chronic character that usually remain unaltered, is a subject appertaining to the higher art of judgement, and must be left exclusively to masters in observation."

Hahnemann's purpose, once realising the existence of a general similars principle in therapeutics (1796), was to establish a mechanism for the acquisition of methodical and speculation-free substance-effects (provings), and this meant, ideally, a *controlled* environment wherein the subjects were *as healthy as possible* (to avoid any doubt or confusion with existing conditions – especially with the more subtle substance effects which may otherwise be modified or drowned-out). But it would be a mistake here to think Hahnemann meant only those subjects who are "perfectly" healthy are candidates for provings trials – he gives the following clarification (*Cases Illustrative of Homœopathic Practice*, RA_{II} 1824, vol.3, *Vorerinnerung*, p.29; in HLW768):

"… as the experimenter cannot, any more than any other human being, be absolutely and perfectly healthy, he must, should slight ailments to which he was liable appear during these provings of the powers of medicine, place these between brackets, thereby indicating that they are not confirmed, or dubious."

But this preference for a controlled methodical provings trials environment did not mean Hahnemann would *abandon* perfectly good information records from centuries of observations on toxicology – though these needed to be carefully sifted, removed from artefact, and understood in context despite the often poor descriptions from those mostly seeking to discover or describe an effective antidote, or to prosecute the accused poisoner in a legal setting (medical jurisprudence).

[38] Whilst Digitalis appeared in Fragmenta (1805), the Maclean symptoms were not incorporated until RA_I (vol.4, 1818).

[39] Those wishing to understand the *series of effects* produced by Digitalis, many of which, even in large dose, have been removed in clinic using potencies of Digitalis when homœopathically best suited to the case,* are recommended to study this original account of Maclean, as well as the many other accounts cited by Hahnemann.

* I have seen these same symptoms (in various combination) successfully removed in my own practice, using both centesimal and Q potencies, in a variety of dosing regimes (modified *after* the patient has demonstrated their particular sensitivity).

[40] It makes perfect sense that, irrespective of the form, the substance is the substance, chemically and otherwise *distinct* and distinguishable from other substances. Hence, a *Belladonna* toxicity or potency effect will show similarities but will nevertheless remain *distinguishable* (to those who know what to look for) from a *Hyoscyamus* toxicity or potency effect. Thus each substance retains its own unique stamp, regardless of preparation, dilution, succussion, form, dose, etc.

[41] Thiosinamine (allyl thiourea) has been (in allopathy) widely employed for the resorption of fibrous tumours and cicatrices (e.g. in orificial strictures), with mixed success. But whilst it has some known toxicology, it has not (as far as I have been able to discover) been shown to *produce similar* fibrous overgrowths (neither has it undergone a proper rigorous proving) and cannot yet therefore be considered a *homœopathic* remedy* to these conditions (refer *Organon*, §67, footnote).

* I welcome evidence showing a homœopathic connection through toxicity or provings.

[42] Thus I have seen this with Hepar, given in 30^{th} potency, and (in other cases) in 200^{th} potency, act in this way.

[43] One last correction, on p.98, Master states that Hahnemann began using olfaction in 1836, but from Hahnemann's own writings we see this occurred much earlier (chronologically):

How can small doses of such very attenuated medicine as Homœopathy employs still possess great power?, RA_I 1818, v.4; HLW728-734

"A single grain of the last (quintillionth) attenuation put into a small, clean, phial, will restore a morbidly desponding individual, with a constant inclination to commit suicide, in less than an hour to a peaceful state of mind, to love of life, to happiness, and horror of his contemplated act, if he perform but a single olfaction in the phial, or put on his tongue a quantity of this powder no bigger than a grain of sand."

Capsicum preamble (RA_{II} 1827, vol.6)

"…as antidote to diminish the over-strong action of a dose of capsicum in some very sensitive persons, I have found the olfaction of a saturated solution of camphor efficacious."

Remarks on the extreme attenuation of homœopathic medicines, 1832; HLW763-766

"Thus much, however, is deducible from his [Graf von Korsakoff's] experiments, that, since a single dry globule imbibed with a high medicinal dynamization, communicates to 13,500 unmedicated globules, with which it is shaken for five minutes medicinal power fully equal to what it possesses itself, without suffering any diminution of power itself, it seems that this marvellous communication takes place by means of proximity and contact, and is a sort of infection, bearing a strong resemblance to the infection of healthy persons by a contagion brought near or in contact with them – a perfectly novel, ingenious and probable idea, for which we are indebted to the Graf. The communication or infection appears to take place by means of the power which is perpetually spreading around, like an exhalation or emanation from such bodies, even though they are dry, just like those globules the size of a mustard seed that had previously been moistened with a fluid medicine which we employ for the cure of patients by olfaction. A globule of this kind, e*.g., of Staphisagria* X, which, in the course of twenty years, had been smelt several hundreds of times after opening the bottle in which it was, for a certain symptom that always recurred of the same character, possesses at first, which could not be the case did it not continually exhale its medicinal power in an inexhaustible manner."

Ignatia (RA_{III} 1833, vol.2)

"For all therapeutic purposes the administration of one small globule moistened by the thirtieth attenuation is sufficient, and still better, the olfaction of a globule the size of a mustard seed imbibed with the same potency, repeated once or twice daily."

Pulsatilla preamble (RA_{III} 1833, vol.2)

"The proper dose is a small globule moistened with the thirtieth potency, repeated at most every twenty-four hours; in acute diseases the olfaction of a globule the size of a mustard seed is preferable."

Rheum (RA_{III} 1833, vol.2)

A very minute globule moistened with the thirtieth dilution (X) suffices for all homœopathic curative purposes, to be repeated if necessary, The olfaction of a globule the size of mustard seed moistened with this dilution is almost always sufficient.

Rhus tox.(RA_{III} 1833, vol.2)

"Of late years multiplied experience has taught me that rhus is the most efficacious and the specific remedy for the frequently fatal effects of over-lifting, inordinate exertions of the muscles and contusions. One single olfaction of a globule, the size of a mustard seed, moistened with the thirtieth potency effects a magical cure."

[44] These would need to identify the duration of action, degree of change in the symptoms presented (improvement or worsening), as well any specific (to the case) markers used to predict the potency/dose (prior to initiating medication).

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