

I- POTENCIES AND HOMOEOPATHY¹

Hahnemannian dilutions, Korsakovian dilutions... High potencies (30 CH) stimulating the corticohypothalamic zones said to be particularly intended for psychic problems, 'inhibitory' low potencies used for acute and somatic problems (4 and 5 CH), 'regulating'² medium potencies (7 CH, 9 CH) said to have an effect on both poles... Whatever characteristics are associated with them, potencies pose problems regarding the 'systematised' quality that may be associated with them.

They make one ask oneself questions...

Certain authors³ have communicated their observations, questions, disappointment, and the contribution of their experience in the field should be shared and assessed in light of the results obtained in order to permit the adjustment of the rules stated initially.

To curb agitation accompanied by delirium of the Hyoscyamus type, Henri Voisin recommended, given its impact on the circulatory and neurological systems, the giving not of a 30 CH potency but of a 9 CH one, which is logical, given that these are peripheral signs and not what, from a Kentian angle, might be considered a 'mental sign' affecting the personality.

Personal and (or) shared experience often seems to be the soundest guide,

The individualisation of treatment and reactivity of the patient permitting to determine the most appropriate thing to do.

One must therefore rid oneself of certain stereotypes of unclear origin which, although they may be used as a basis for prescription, may be revised and discussed in light of everyone's clinical experience and practising.

The ill-founded indication of the intermediate potency constituted by 9 CH proposed for all types of pathology makes one wonder. Conveyed in many pieces of work for the general public to help people medicate themselves - often in an inappropriate manner-, it seems to run counter to what clinical experience and the taking into account of pathophysiology show.

A fact emerges: it seems that marked similitude at as many levels of modalities as possible permits more freedom in the choice of the potencies to use.

Reported by several authors, it seems to be verifiable in clinical medicine. If one often observes a tardier, less spectacular but probably profounder reaction of the organism - permitting to take them at longer intervals - and if, for acute problems, it is sometimes problematic, it seems undeniable.

This is probably what has led certain authors to say, perhaps in an excessive and categorical but often misinterpreted way that, since similitude was respected, dilution was

¹ Wished for by several colleagues who wanted to understand better what came from the practice of homoeopathy in psychiatry, this first section of a two-part article published on homeopsy.com (October 2019) has proved to be both tricky and complex... Even if, on certain points, it draws attention to potential risks, it is meant to make one think rather than formulate rules once again. (Author's note)

² This consensus does not apply to organotherapy, in which high potencies play a checking role from 9 CH.

³ Dr Henri Voisin, notably in his materia medica and various pieces of work, but also Drs André Rouy, Léon Vannier and many other homoeopathic authors and practitioners...

not important... This is probably true but perhaps they should have added 'similitude ranging from physical signs to psychic signs', which would have spared many beginners vague and confusing points, not to mention that, according to the potency used, the results cannot be completely superimposed or observed at the same time or, sometimes, in the continued presence. They also depend on the patient's reactivity.

Whatever disorder one tries to treat⁴, two questions should be raised:

What does the prescription aim at?

To overcome the fear of death of Arsenicum album, should one give a low potency (4 to 5 CH) or rather a 30 CH potency?

The fear of death is a sign affecting the psyche, it is always present even if it is often in the background of the mind of Arsenicum album and it proves to be all the more intense as the latter feels weak...

Consequently, which potency should be given - a high potency or a low one?

Experience is decisive in this respect⁵... If the subject gets agitated and shows signs of anoxia, low potency will be imperative to compensate quickly for this and restore calm in a disturbed organism.

This leads one to ask oneself the second question.

What level does the information provided try to reach?

Even if, as in the example previously cited, one stands in the domain of psychically expressed disorders, it seems necessary to take first into account the signs shown before envisaging, if it is justified, a profounder course of action aiming at acting on the behavioural characteristics of the patient (mental rigidity, perfectionism, desire for control, carrying out instructions to the letter).

In this respect, it is important to bear in mind what comes from family transmission and impregnates the organism.

Balanced in a perfect way except during stages of acute disorders, it should be dealt with only at the necessary level.

Experience often seems to be a substantial guide:

✓ ***In practical terms***

- *Day-to-day experience destroys many ideas conveyed by the unconditional systematisation of the potency to use;*

Even if the rules described above as regards the stimulating, regulating, checking impact and the fact that low potencies = quick action on the soma, medium potencies = action on

⁴ - whether it is a physical or psychic one

⁵ I experienced this when I started practising as a homoeopathic psychiatrist and used inappropriately the view: low potencies = somatic state, high potencies = psychic state... The subject's state got worse and calm only came back in them when the repeated prescription of a 4 CH potency was put in place, which led me to ask myself what 'psychic' covered. (Author's note)

both soma and psyche, high potencies = direct impact on the psyche schematically remain valid as points of reference⁶, the latter are often adjusted by the experience in the field...

A viral attack or an expression of the *Allium cepa* type may sometimes be arrested more quickly by a 7 CH potency rather than a 5 CH one... It must also be added that it depends on the season and the approach taken: as regards allergic subjects, if one has decided on preventive prescription, high potencies will be absolutely appropriate. On the other hand, if one has taken a curative approach to symptoms that have already taken hold, a low or medium potency will be more suitable.

- Confronted with day-to-day clinical medicine, the recommendation for the systematic use of 9 CH,⁷ whatever the pathology, leads one to wonder.

If it is advised in order to reach the organism in somatically expressed disorders, it is debatable. Its action is slower and profounder but, in the case of an aggravation, it may prove to be inappropriate through the continuing of its effects on a weakened organism unable to react.

In those cases, the prescription of a low potency repeated several times may be very helpful for decreasing the problematic effects that have appeared.

- Clinical experience often helps to make a more appropriate prescription;

It appears in the course of practice that certain medicines should not be prescribed in doses straight away - notably without 'the net' represented by the prescription of the same medicine in low potency being put...

Aurum, of course, the prescription of which in this mode may lead to extremely serious acting out⁸ but also *Lachesis*, *Pulsatilla*⁹ and many medicines with a congestive component - it is absolutely necessary to assess the risk-, those whose anxiety is underlain by a form of 'intoxination' of the organism and also *Argentum nitricum* and *Arsenicum album*.

They justify the gradual increasing of the potency with the use of pellets and the regular examination of the patient's reactions - even if some of them may seem to be most excessive or irrational and a product of pure imagination...: the anxiety intensified by the taking of 3 pellets of *Argentum nitricum* or *Arsenicum album* 7 CH is an undeniable example of this. It will be easily prevented and checked by the simultaneous and sometimes repeated prescription of the same medicine given in 4 CH¹⁰.

✓ *In theoretical terms*

Clinical experience is not uninteresting either

⁶ And, as regards the way it is formulated, it may be questionable given that the impact on the mental state also implies a modification of cellular functioning.

⁷ Notably in some books for the general public...

⁸ Linked to a sudden hot flush, as when an antidepressant is given alone without being accompanied by a tranquilliser.

⁹ The knowledge of homoeopathy therefore permitted to avoid hospitalising, for a state resembling confusional state accompanied by +++ tears, a 62-year-old patient who was perturbed after the separation from her favourite pet and brother in view of her placement in a retirement home and had been given a dose of *Pulsatilla* 30 CH - appropriately but without any 'preparation'. The repeated taking of *Pulsatilla* 4 CH quickly permitted symptoms to get back to normal.

¹⁰ Which was initiated simultaneously by several colleagues in a totally unpredictable manner and without their consulting each other...

It permits to refine and question a practice faced with many of those changes inherent in the currents of thought that have affected society and the different ways of dealing with care.

It permits to clarify certain concepts that are sometimes vague and therefore engender confusion for anyone who does not know their historical foundations or the changes gradually brought about:

- *It leads one to make a distinction between 'psychic' signs and those which may be associated with what the notion of 'mental signs' covers¹¹:*

Corresponding to a dominant feature of the personality, the latter show profound impregnation of the organism. They constitute the sort of backdrop to the psyche, which is particularly looked for by the followers of the Kentian view in search, in the mentality, of the marks of the 'original sin' or its different forms according to the country in which the latter manifests itself.

Their characteristics are all the more firmly established as they have been transmitted from generation to generation.

However, it is important to stress that, if they modify the behaviour and way of being, they are not always accompanied by characteristic physical signs¹².

But this is never the case of the signs described by Hahnemann as 'psychic' signs.

The anxiety of Arsenicum album, racked by their fear of dying, that of Aconite with their palpitations, hot flushes with which they find it hard to come to terms and their fear of feeling faint is not a mental sign. It requires - clinical medicine confirms it - low potencies whose direct and quick impact on metabolism restores the endangered balance¹³.

Similarly, a bump will justify the giving of Arnica 5 or 7 CH rather than Arnica 30 CH, more appropriate for the consequences of a shock.

But the interest of clinical experience does not stop here.

It concerns two most interesting points:

- *It provides important elements about what may be expected from the Korsakovian high dilutions (XMK):*

Prescribed in this potency, Arnica seems to mobilise the old shocks that have not been 'metabolised' by the organism - and often not 'perceived' by the subject themselves. As the energy linked to the pernicious effects of the event responsible for the pathology is released, elements 'repressed' by the psyche often come to the memory.

¹¹ It seems that the phrase appeared with Kent's doctrine since Hahnemann only talked about psychic signs with certain specific characteristics as regards certain types: 'the indifference towards those they love most' of Sepia, 'the guilt after anger' and the 'ruminations about suicide' of Aurum are part of them.

¹² The 'defective cases'? (it seems that the phrase appeared with Kent's doctrine): it is possible to find typical features of Arsenicum album in subjects who are rigorous, like order and coherent arguments while they are 'bons vivants', not overcautious or profoundly anxious... Another facet of anger impossible to put into words, the only manifestation of their 'depression' appears through their difficulty in accepting, through what dis-order represents, the 'gap' inherent in life.

¹³ Only the following require high potencies: the exacerbated perfectionism, the excessive sense of order and mental rigidity of Arsenicum album, or else agoraphobia with the fear of going across empty spaces, the symbols of 'no points of reference' and 'no limitations' for Aconite, left to their emotions and the difficulty of accepting their aggressiveness if a limit, albeit reassuring, is put to the expansion of their selves.

They do so in a form that is sufficiently explicit for the link with the trauma in question to be established.

As an example, the taking of a dose of this medicine prescribed from the notion of a father who had committed suicide while the patient was not yet two had an impact that was not only unpredictable but also curative: she saw in a dream she made in the days following the taking of the medicine 'a body emerge from a pond that she was contemplating from a balcony' whereas she did not 'know', she said, how her father had committed suicide...

This appearance to memory therefore made it possible for a whole part of her psychic life to be brought back to light and for the family to communicate better.

- It invites to examine what the modalities shown by the patient hide:

There is sometimes a summation of the effects that lead the dilution to make, in a completely unpredictable manner, elements forgotten by consciousness emerge.

Given to compensate for the distant effects, ill defined except by a feeling of malaise after an operation that the subject could not come to terms with in the past, Opium 9 CH revealed another underlying but not less important trauma, namely a totally hidden drowning accident - which is found in the *pathogénésie* of Opium.

The medium potency given in that case probably permitted to compensate for the two traumas, which a lower potency would probably not have solved in as marked a way.

- It forces one to wonder about what the psychic modalities coming from pathogénésies of doubtful origin cover.

If the latter sometimes show obvious lack of rigour, if one can guess the analogical reasoning that leads to find in the description of the psyche the characteristics of the tree or plant used as a basis for the medicine¹⁴, one can only bemoan the fact that many of them are used in repertorisations and therefore prescribed indiscriminately.

Besides, there is a question that can only arise: can one quietly think that a type of psychic functioning may be drawn from accounts coming from *pathogénésies* sometimes carried out in small groups, with all the interferences there may be to give a semblance of unity to the various expressions of what is felt?

Is the hindsight sufficient to favour the calling into question of that mode of testing even though the latter obviously shows glaring lack of knowledge of the most elementary functioning of the unconscious?

It seems that the changes made by the introduction into the scope of medicine, notably that of the knowledge of the disorders affecting the psyche, play a role... Can one draw from a series of accounts collected what may constitute the backbone of a medicine - the spirit of the remedy - if everything coming from psychology¹⁵, pathophysiology, the knowledge - recognition - of diatheses and the tangible points of reference that they may constitute is left out...?

The question remains¹⁶ and offers food for thought...¹⁷

¹⁴ Deliberately and in order to prevent my intention from appearing to be 'aggressive', I shall not give the names of the various publications read here and there on the Net and in various journals but I cannot pass them over in silence or, above all else, refrain from repeating that, concerning many of them, they are used by homoeo-therapists and are no longer faithful to Hahnemann's or even Kent's principles. (Author's note)

¹⁵ Including psychoanalysis;

¹⁶ - To which my 54 years' experience in psychiatry and 46 years' one in homoeopathy as well as psychoanalysis and its contribution to the field of the functioning of the unconscious can only give one answer - which I let the reader guess... But perhaps what is most interesting about having been 'lucky' to witness two periods of time is

To be continued...
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to be able to have enough hindsight to observe the change made in about 15 years and also to analyse its origins - and, probably, to foresee its consequences for homoeopathy as a whole.

¹⁷ Translated by Pascale Tempka