

Repetition of Doses (Part D)

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My Remedy Selection & Dispensing the Dose

The constitutional prescribing which has the *qualitative* totality, not only a mere quantitative addition of symptoms, the essence, temperament and behaviour of the patient with the miasmatic totality should be present in the final remedy selection.

I prescribe a single medicine, mostly in centesimal potency which I always dispense in water. Ref. Organon §288, 5th Edition. By dispensing in water, I have observed that aggravation can be avoided and it permits a strong dynamic penetrating action. Ref. Organon §272, 6th edition, §288.

I give one single poppy seed Ref. Foot Note §285, 5th edition, globule No.X sized globule. Ref. Organon Foot Note §246, 5th edition and §275, 6th edition in some sugar of milk Ref. § 272, 6th edition, to make a medicated sachet. You may note that this dispensing method is heavily referenced from the Organon of Medicine which is the source of the classical method. I instruct the patient to dissolve that powder in half a litre of water which should be shaken and sipped throughout the day, a little should be saved and topped up with fresh water the next morning and shaken and sipped throughout the next day. This process should be continued for 5 to 7 days. So, *one single globule of medicine*, without adding any further dose is to be plussed and sipped for 5 – 7 days, then no medication for 1 or 2 weeks.

A second dose may not be required if improvement has commenced however if by chance the recovery has not begun a second dose of the same medicine may be taken in the same way, in water, over a series of days, diluting as the days proceed.

Each dose of medicine to sip for 7 days

- When there is a very good similimum with the totality and characteristic symptoms in a clear case.
- When there are more mental symptoms and a good match with personality type.

- When the patient is quick to act and react
- Intellectually keen patients
- People with great muscular strength
- Lack of reaction to well indicated medicine
- Lack of vital reaction lost all susceptibility
- Hypersensitive people on allopathic drugs for a long time
- In sensitive patients who react unfavourably the medicine can be diluted in further, in 3 separate glasses of water and using 50ml from the final glass of dilution in the bottle which will be sipped as described above

Each dose medicine to sip for 3--5 days

- Sluggish people who are slow to react
- Drug dependent cases, on regular allopathic drugs
- Terminally ill with gross pathological changes
- Rapid fatal diseases
- Heavy pathology
- Homoeo Prophylaxis
- Acute diseases with clear picture
- Prescription based on NBWS, to clear up the suppression

Each dose medicine to sip for 1--3 days

- Low vitality with high susceptibility those who react powerfully
- Acute
- Gross structural change, when prescribing 6C for example

By dispensing and instructing the patient as above you are following the “Doctrine of Minimum Dose”, “Doctrine of Divisibility” and

“Doctrine of Plussing” and in my long experience, I have found the centesimal scale has excellent penetrating dynamic power and is capable of uprooting deep-seated suppressions of the contemporary world.

LM prescriptions

I do occasionally use the LM scale and was in fact encouraged to do so by a very famous LM potency prescriber in Calcutta who prescribed only LM scale for over 40 years, whom I observed in practice for several months after my graduation. Unfortunately, even in this experienced hand I observed aggravation which is meant to be avoided by using the LM scale. I almost exclusively use the centesimal scale and I am confident in this scale of potency. Being a strict classical prescriber, I like to remind you that although Hahnemann mentioned that LM scale is his ‘most perfected’ method I am of the opinion that if Hahnemann had lived 10 more years, he might have changed his Organon for five more times, Hahnemann was constantly developing and trying make Homoeopathy perfect.

I earnestly encourage my readers to try the above method of water dispensing, diluting, plussing and succussing the single dose of centesimal scale and watch your success with patients grow and flourish.

Advantages of Diluting, Plussing & Dividing the Dose

- The medicine gently stimulates the Vital Force and smoothly overpowers the symptoms

Ref. Hahnemann’s Chronic Disease, P.156 – 157

- Avoids aggravation in hypersensitive patients
- Diminution of the strong power of medicine Ref.§285 thereby avoiding aggravation

For best results- Plus and Succuss

- By modification of every plussed dose, which is given in several different forms, it can best extract the morbid disorder Ref. Foot Note §247

Aggravation from Unchanged, Unmodified Dose

By giving an unchanged dose, the vital force revolts §246

Divisibility of Dose is not addition of the Dose but gradual proportionate liberation of energy

Divided dose is the same quantity which is proportionately divided §287 this leads to a gradual release of energy.

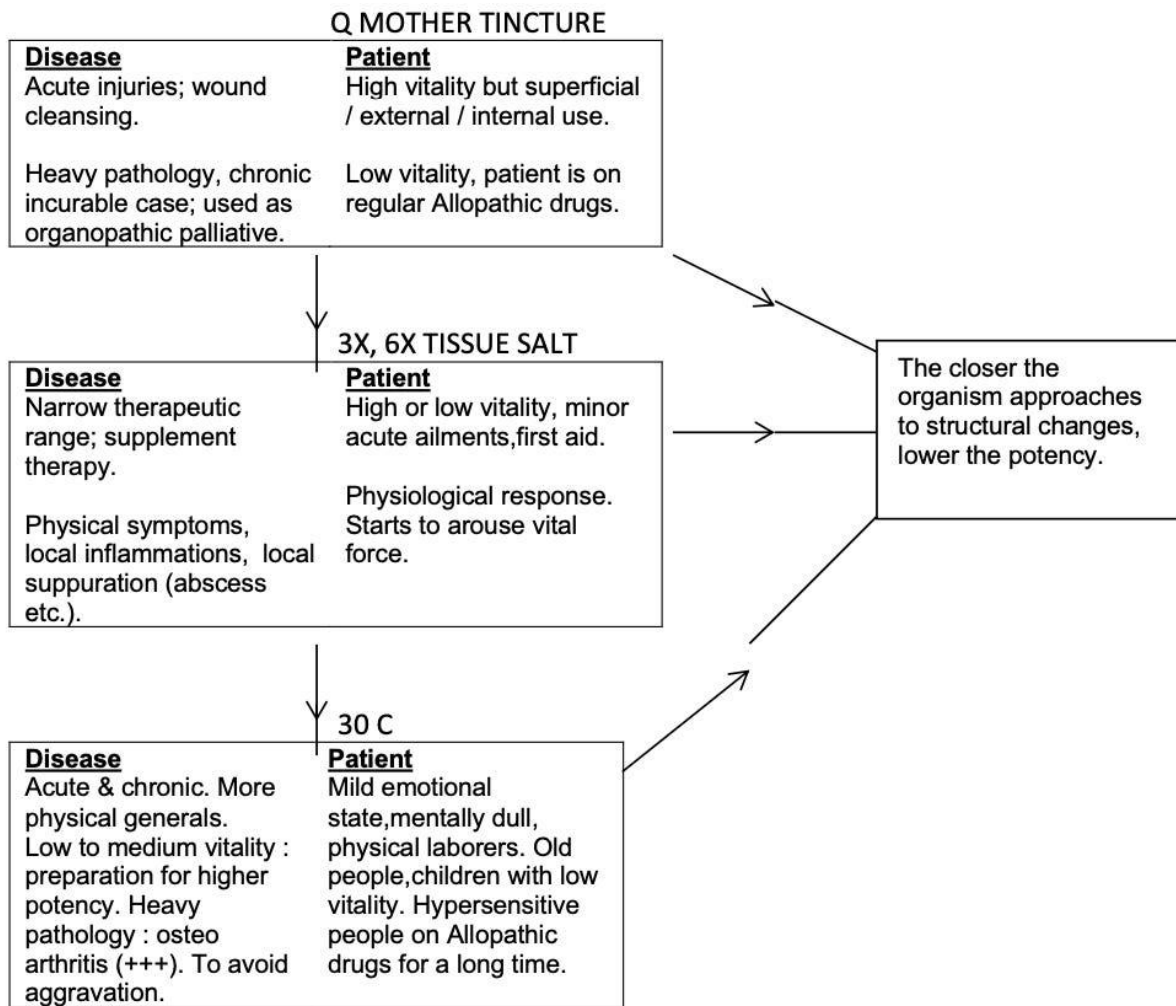
In dosing, think of a pizza, you can finish the whole pizza in one go or you might cut the same pizza into 20 small pieces and eat 2 in the morning, 2 in the afternoon each day, thereby dividing your dose of pizza and at the end of the say 5th day you have finally finished that pizza. Accordingly, the patient is having ONE single medicated globule or pizza, fragmented into smaller doses or slices which gives gentle stimulation, without appreciable aggravation of the vital force.

If the case is contaminated through drug dependency I

will gradually wean off the conventional medicine. Here again I follow §91 of Organon. Generally, I have seen after weaning off 40% - 50% of conventional medication, the natural disease surfaces. You will see clear modalities, sensations, character of symptoms and at that stage you follow Approach 1. Do not fire your polychrest until and unless you prepare the case and match with the totality. MTEK. Respect your polychrest and do not prescribe a polychrest when there is scarcity of symptoms such as commonly found in drug dependent cases. By weaning off, when more symptoms come in the surface, then and only then, fire your polychrest and that will overpower the disease. So, prepare the patient to receive the polychrest.

Potency of choice

FLOW CHART OF POTENCIES:



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200 C

Disease Violent acutes, emotional turmoil, corrects disease on physical & emotional levels; Past, old injuries, wounds, shock, trauma.	Patient High vitality, sensitive people. Chronic diseases.
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1 M

Disease Short & long term action, violent acutes e.g. high (+++) fever, treats the apex of symptoms, most individualised or constitutional. No pathological or structural changes. Neuralgias.	Patient Certain about remedy; sensitive; more intellectual type. Children with good vitality. Patient presenting with characteristic symptoms/PQRS.
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10 M

Disease No pathological or structural changes; mental / emotional; strong / violent acutes completing the cure deeper nerves; traumas (physical &/or mental).	Patient Strong vitality intellectual more susceptible types. Similimums. Patient presenting with characteristic symptoms/PQRS.
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50 M

Disease Severe nerve problems; mental / emotional levels; to complete potency level; few problems but return of original symptoms.	Patient Strong vitality, curable case, most susceptible. To close/finish the case.
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CM

Disease Curable case, few problems, complete cure, certainty of remedy, complete the potency scale.	Patient Strong vitality, curable. To close/finish the case.
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My Repetition of the Medicine

I do not repeat the medicine very often. As mentioned above, generally I give a single medicated globule in water, which the patient sips for few days. I might repeat another dose, if there is no change from the very first dose. The reasoning for giving the second dose is

- Many medicines have primary and secondary action, which Hahnemann mentioned in *Materia Medica Pura* in the Bryonia chapter.
- In this polluted, hectic environment, smoke, fumes, chemicals, the second dose will penetrate the vital force, if, per chance the first dose has been antidoted, lost or spoilt.

Generally, after the first prescription, I do a follow-up in 6 – 8 weeks to assess the reaction to the medicine. I may wait at least 3 – 4 months in chronic cases before repeating the dose however if there has been even a 2% positive change on any of the following areas, I will wait and watch with wisdom. WWW. You will never, I repeat never, gain anything by premature repetition; on the contrary you will always lose. This is the most difficult part for any homoeopath to learn. I have found over the years practitioners are enthusiastic and excited, if the patient is 10% better it is too tempting to repeat the medicine to get a ‘faster’ result this usually means the reverse, the patient’s improvement will be slower and might even spoil the case.

In order to be exact, during both the initial consultation and follow-up evaluation, I always ask my patients to evaluate and then grade the main complaints, they might be one or many. e.g. if the patient is complaining of headache, I will ask to put a grade about the intensity and severity of the pain out of 10 or a percentage. Similarly, I always ask to put a value out of 10 or a percentage relevant to the following areas

1. General sense of well being

2. Physical Energy, vigour, strength co ordination
3. Mental Energy, power of focus, motivation, concentration and memory
4. Appetite,
5. Sleep, quantity and quality, feels refreshed
6. Temperament, emotional tranquility and sense of harmony in the patient

In some cases, it is useful for the patient to keep a diary of the changes to their symptoms and at their appointment can summarise these details.

By adopting this method, during the follow-up consultation when a patient says 'I am not feeling any change' it is possible to compare with the previous report and can include scrutinizing head to foot symptoms, with the scores of suffering, intensity and frequency, this will be clear to both the practitioner and patient the exact condition and you may find in many aspects, patient is 5 to 10% better.

After a successful first prescription, in many cases, I have waited, not prescribed, for over two years. Of course, I do the follow-ups in every 8 weeks or so and I carefully consider how the patient is responding. In some cases, it is beneficial for the patient to have a prescription of non-medicated globules which is confirmed by many master Homoeopaths and the medical fraternity alike, including Hahnemann, Organon §91, §281 6th Edition.

As I said above, even if there is 2% positive change

YOU WAIT & WATCH WITH WISDOM -WWW

Please do not repeat the medicine when there is a positive report, when you will become proficient at this this you will find yourself amongst the class very successful prescribers.

The last and final deciding factor is the patient's sense of well-being and emotional harmony, from the onset of your homoeopathic treatment up until now . This can be represented in a graph, an ascending curve represents improvement, a straight line represents stand still status and declining curve represents going downhill.

You should WAIT if the curve is either straight line or ascending. You repeat when the curve is declining.

Sometimes my students in different parts of Europe and the United States doubt this long waiting in the haste and hurry of life. I respectfully invite them to any of my teaching clinics both the Allen Teaching Clinic and the Bengal Allen Teaching Clinic where you can see how the methodologies detailed above are successfully implemented in the drug dependent population.

The web site is mentioned elsewhere.

When I might change the Medicine

I will change in the following situations:

1. No improvement even after reasonable time of waiting (it is difficult to say what is this reasonable time; as many times it's a feeling that the last medicine is not working but generally I will take time to make my first prescription and will wait at least for 3 to 5 months, before I change. In some acute situations, of course it will be different.
2. The health graph as stated above is in straight line for at least for two consecutive follow-ups meaning there has been no

change for a while which represents stand still status or declining curve which represents going downhill only then will I change the medicine if the symptoms show a different picture.

3. There is severe aggravation of some symptoms and needs urgent intervention, may be an acute or acute exacerbation of chronic symptom.
4. Miasmatic or Aetiological block or cessation of improvement, needs an intercurrent to remove the block.
5. The symptoms picture has changed. So, to evaluate the new miasmatic totality and totality of symptoms and prescribe accordingly.
1. Your last medicine has exhausted all that it could have done, may be you even ascended to CM potency however, sometimes if I still feel it's the same medicine, according to Kent, I will repeat the series again, so you need to change the plan of treatment either according to the presenting totality or a complementary or related or chain of medicine that follows well.

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