How, why, when and what of repetition of doses

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Introduction

If you were to ask me what the chief problem of mine is in my clinical practice, I would point to the second prescription, I would point to repetition; for, I know that after taking adequate and accurate case history, I can strive hard for an appropriate selection of a remedy and also for an accurate potency of a remedy. But when it comes to second prescription, I am bewildered.

The homoeopathic literature about second prescription which chiefly concerns whether to repeat or to keep hands off is very confusing. The confusion begins from Hahnemann himself. Upto 4th edition of 'Organon of Medicine,' he advised not to repeat the dose until the effect of the previous dose is exhausted. In 5th edition he mentions, "… this minutest yet powerful dose of the best selected medicine be repeated at suitable intervals." This shows a definite inclination of Hahnemann to repeat the dose. In 6th edition he writes, "The same carefully selected medicine may now he given daily for months…"

It seems that in the initial phase of his practice, Hahnemann seems to have repeated the doses in much the same way as was usual amongst ordinary practice. He then tried to lay down the rule that the remedy should not be repeated until it has exhausted its action. But then it seems he understood the importance of repetition at least in selected cases.

This U-turn of Hahnemann is indicative of his flexibility, faith in scientific experimentation and publishing his inferences after clinical experiences. It is necessary to remember that Hahnemann has always appealed that all his ideas should be put to the test of practice.

Impressions by stalwarts

There are two definite trends. These who favored frequent repetitions were Aegidi, Tricks, Wolf, Gross, Kretshmar, Rau, Koempfer, Attomyr, Hering, Ad. Von Lippe, Blackley, Campbell, George Royal, Kamfor, Julian, Kostenlitz, Phatak, Quinton, Wilson, Woodbury, Maganbhai Desai, Sarabhai Kapadia etc.

Those who favored infrequent repetitions were Beronville, Bradshaw, Buchmann, G.H. Clarke, Coleman, Cooper, Dixon, Ewart, Horace, Johnson, Kanjilal, Pulford etc.

The same trend is continued today all over the globe. Some repeat, some don't repeat. Some become authorities and develop a guilty conscience in those who repeat. Some experience in some cases that repetition steers the patient towards recovery in a faster way. Some fear repetition out of aggravation though repetition is necessary. Some repeat persistently out of insecurity, they want to hold on to their patients. How 'many' of some do rigid individualization of a sick individual is a matter of concern!

There are 4 stalwarts whose writing over 'follow-up' of a case is worth following. These are Kent, Diwan Harish Chand, M.L. Dhawale and Vithoulkas.

What, how and why of repetition

I have put up 9 basic components for potency selection. These are

1. Disease-potential

2. Sensitivity

3. Susceptibility

4. Etiological factors: precipitating/exciting /maintaining and fundamental

5. Miasmatic assessment

6. Similarity: degree and level

7. Suppression

8. Type of the patient

9. The nature of vitality

All these components also become the foundation for repetition. Only we have to add **movement, energy and pathway.**

There are three questions that are of paramount importance after the administration of a remedy.

1. What is happening to the system as a whole?

This includes

a. Whether the remedy has registered its action over the system?

b. Whether the action is adequate enough to hold on the system in its grip?

c. Whether the action is at general level or particular level?

2. How is it happening after the remedy?

This includes

a. Whether the system follows the curative path?

b. Whether Hering's laws of cure are followed by the system?

c. Whether the patient has started slipping back or deteriorating? Is it the temporary one as a response to some exogenous (exciting /precipitating) cause or the system is stuck etc.?

3. Why the system is slipping back and not responding?

This includes

a. Whether the remedy is similimum, partially similar or wrong?

b. Whether the miasmatic force is responsible and to what extent?

c. Whether the pathology which has stepped in acts as a hindrance?

If these three questions **what, how** and **why** are answered in the context of what has been presented in the previous chapters on 'Homoeopathic Posology', repetition dilemma can be clarified.

When not to repeat?

1. Indisposition: A mild deviation; a minor complaint which is due to indiscretion in diet or some trivial cause. Indisposition is a temporary, psoric type of reaction that needs no repetition.

2. In a functional pathology if a high potency dose has been given and the patient is improving, it is better to keep hands off.

3. In a structural pathology of advanced and active type (like Ca, TB etc.), it is better to select a remedy in low potency and if a drug has started working, it is better not to repeat it. In a case like low susceptibility with active pathology, better avoid deep-acting constitutional remedy and treat with organ remedy but repetition here should be to the point of reaction.

4. If a killer aggravation has occurred in a patient with advanced active pathology, select an antidote based on existing totality. It's not like picking up a remedy from a group of antidotal remedies. The basis of an antidotal remedy must be correspondence.

4. In case with structural pathology but vitality of a patient is strong, one has given a constitutional remedy in high potency and it is steering the system towards cure, wait and watch method should be followed.

5. In any psycho-somatic case, if improvement begins at the mental level, as long as improvement is continued, don't repeat.

6. In hypersensitive, idiosyncratic and allergic diathesis patients, refrain from repetition as it may cause aggravation.

When to repeat?

1. We give a dose. It exerts its action. Improvement stops. Status Quo condition occurs. We restudy the case. We find that the drug is right. Repetition is necessary and it should be in the same potency and in the same dosage as administered in the past.

2. Improvement occurs at particular level only. Mind-generals, physical generals are Status Quo. You have given sufficient time for 'wait and watch' approach. Your restudy / afresh totality points to the same drug. Repetition in still a high potency is mandatory.

3. Improvement is continued. But a strong stressor-physical, mental, emotional or environmental - causes a setback. There are here three approaches. i) If setback is a mild one, don't repeat. ii) If a setback is a little bit strong, one can administer the same drug (usually in the same potency) which was given previously. iii) A very strong reaction in a vital organ due to a stressor should be dealt more with frequent repetition of organ remedy.

4. Low susceptibility with passive pathology. Passive pathology means a sycotic reaction which is not detrimental to the system. One can repeat the indicated remedy like a constitutional remedy or an organ remedy in low potencies. The developed pathology compensates for the repetitive doses of the medicine.

5. There are some cases where susceptibility becomes a stable one. It then responds only to a specific potency. If you go lower or higher, the system ceases to respond. In such cases, frequent repetitions of the acting potency may bring back the suppressed eruptions or discharges and then the system may come out of its 'stuck' state. An intercurrent remedy esp. a nosode may arouse the vitality of a patient to come out of 'stuck' state.

6. Patients with lack of reaction or adynamia need more repetitions. Here doses can be repeated every week or month but with all of components studied together and not in an haphazard way.

7. Maintaining causes influence the system profoundly. The draining continues and the system has to be accelerated by giving frequent stimuli of the medicine.

8. Careful follow-up gives the span of action of previous doses. This helps a physician to preplan the schedule of repetition.

8. 'The progress of a case is ceased' should not be the only indication for repetition.

Miasm and repetition

Psora and Tubercular Miasms represent hypersensitivity and hyperactivity. Repetitions should be avoided in these miasms, while sycotic miasm is characterized by slow development, hypoactivity and inertia, there may be need to repeat the doses. Syphilis miasm represents both +ve and –ve phases, destructive and degenerative. Hence repetitions can be done depending upon the knowledge of 'disease-potential.'

Repetition to the point of reaction

Repetition to the point of reaction is one of the methods followed by many physicians. The concept is to sufficiently augment the immunological reaction as one has to evoke a response through a similar remedial force. Once the system starts its reactivity, no further doses are administered. In this method, instead of a single dose, for example, three doses within a day and for three consecutive days are given. It's like a cumulative dose. Plussing method or doses divided in water is also followed and some physicians claim quicker results.

Acute diseases and Repetition

High potencies in frequent repetitions are usually followed by a majority of homoeopaths all over the globe. 'More the intensity of a disease, higher the potency and more the frequency of repetitions'. However, it doesn't mean that acute diseases are not responding to a single dose. There are some cases where the similimum has been given and a single dose has done a marvelous job. But such cases are very few and on the basis of few cases, one can't make a generalization. Exceptions do not make a rule. Borland's clear cut remarks are worth recalling.

The consideration of acute episodes / illnesses during homoeopathic constitutional treatment is a separate one. Here we are considering more of resources of the immune system, more of defense mechanisms.

Minimum dose, suppression and repetition

When the exacting similarity is covered between a remedy and the patient, few doses are sufficient to cure. Because the appropriate remedy satisfies the susceptibility in a quick way. On the other hand, partially indicated remedy has to be repeated frequently in order to check, control, mitigate the sufferings or palliate the case. Whether continuous palliation with frequent repetitive doses of a partially similar remedy leads to suppression?

Whether one dose of a partially indicated remedy can suppress the disease and push it deeper? Let us take an example. I gave Ignatia to a female suffering from some throat problem. A dose of Ignatia 200 removed her all symptoms but then she had no menses for two months. Is it suppression? If yes, how? If not, what is it then? Can it be overaction of Ignatia as Ignatia has also amenorrhoea in its proving?

Assume that a homoeopathic remedy given on the basis of law of similars causes suppression. An allopathic remedy given on the basis of antipathic / contraria principle also suppresses. We call law of similars as the only curative principle. Then can suppression occur even with homoeopathy? What qualitative difference is there between homoeopathic and allopathic suppression? We need clinical experimentation and statistical analysis to justify homoeopathic suppression.

There are a lot of factors coming from this prodigious universe. They have also a big role to play. Denying their role and blaming only the homoeopathic dose as the cause of further deterioration in health needs a careful investigation. A living organism, a dynamic entity, is always vulnerable, is always pre-disposed, and is always susceptible to morbific influences. The

interaction of a human being with the universe is just like a rat and cat. Cat is always powerful and it plays with the vulnerable rat in its own way!

Individualization and repetition

Can there be universal rule of giving a single dose and wait and watch? Will it then be individualization?

Let us take an example. A teacher is one. He teaches the same lessons to say 4 students. The comprehension, sensitivity, receptivity of each student is different. The stimulus of learning is the same but the response of each student is different. For a brilliant student, one time stimulus is sufficient. He grasps the lesson sharply, his memory is active and he needs no dose of learning further even during examination period. On the other hand, an average student needs multiple lessons while a backward one may not be able to comprehend in spite of multiple lessons!

It is to be accepted that we give a remedy which is tailored to the individual in proportion to the homoeopathicity of that remedy to a given data. An accurate remedy, if given, will need minimum repetition in comparison to partial similar remedy. But it doesn't mean that repetition is not needed and that repetition is a criminal act. Each individual will take on the impression of a remedy dependent on his susceptibility, reactivity, miasm, pathology, causes and vitality. This differs from person to person. The follow-up is a dynamic interplay and it is an ongoing process where all the individual attributes constantly work and get altered.

When an individual needs repetition, repeat it, when he doesn't need, don't repeat. This is the golden rule. Unnecessary repetitions can cause aggravations and ultimately failure to cure the illness. At the same time, 'failure to repeat can also be a cause of failure' can also be an authoritative statement.

Dr. Tarkas, my Guru, wrote to a question on repetition, "I am neither an advocate nor a detractor of those who plead for frequent repetitions. I am eclectic here. I adjust repetition to the estimated approximate tone a case needs for recovery."
