

Luc De Schepper

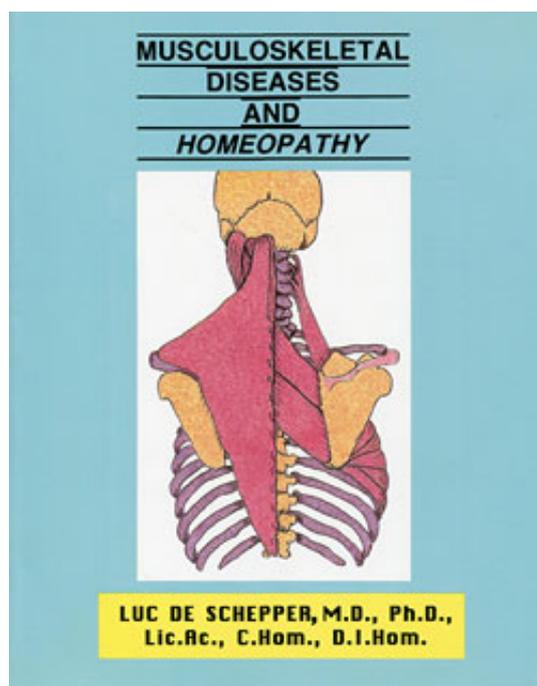
Musculoskeletal Diseases and Homeopathy

Extrait du livre

[Musculoskeletal Diseases and Homeopathy](#)

de [Luc De Schepper](#)

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POTENCIES

43. There is something you must learn very quickly as a future homeopath— never enter into any discussion on potencies, for it is one thing on which homeopaths never agree. This topic will cause more feathers to fly and engender more ill-will than any other subject. But there must be a guideline for the student. Where does he start, who should he believe, what is the safest potency for his patient? I will outline my own process here, which will be very helpful to the beginner and advanced homeopath alike. I was lucky enough to get an early introduction to the LM potencies. More about that, however, later.
44. The first thing you need to realize is that there are different schools in homeopathy. In fact, there are two unicist schools, the Hahnemannian and the Kentian.
45. Both schools treat the patient according to homeopathic principles and can, therefore, be called "classical." There is only one difference. The Kentians prescribe a high potency and don't repeat until the clinical picture dictates it, often weeks or months later. This is based on the **5th** edition of the *Organon*, and was advocated and well-spread by Dr. James Kent of Chicago, a contemporary of Hahnemann. The only problem with this is that Kent never knew about the 6th edition, since it appeared after his death in 1916. Dr. Kent had, and still has, an enormous influence on homeopathic prescribing. So most classical homeopaths, with their high potency prescribing, are practicing according to the 5th edition, not the 6th. However, in his last edition (the 6th), Hahnemann rejected "everything" he had written in the 5th

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edition and told his followers he had now "found his most perfect method" or the LM method. In fact, the last 12 years of his life were dedicated to perfecting this method. In Paragraph 246 of the Organon, Hahnemann states:

*"What I said in the 5th edition of the Organon, in order to prevent these undesirable reactions of the vital energy, was all that the experience I then had justified. But during the last four or five years, however, all these difficulties are wholly solved by my new and altered but perfected method. The same carefully selected medicine may now be given daily and for months, **if necessary**, in this way, namely after the lower degree of potency has been used for one or two weeks in the treatment of chronic diseases, advance is made in the same way to higher degrees."*

A prime example of a Kentian is the Greek homeopath Vithoukias.

46. The Hahnemannian gives one remedy in low potency and repeats it every day (especially LM). This was totally new for homeopaths practicing according to the 5th edition. In the 5th edition, Hahnemann writes "*never to repeat the dose until there is no effect of the remedy left and symptoms are coming back after initial improvement.*" The pure Hahnemannian will repeat if there is improvement, and even if there is aggravation, although only after adjusting the dose (see further). Eizayaga, an Argentine-born physician, uses 6C potencies, repeated daily, but, curiously enough, not the LM methods. In other words, he basically follows the 6th edition, although not entirely.
47. The nice thing about all of this, is that these schools can all produce results, because they adhere to the strict homeopathic rules. Please note that I never discuss giving two

different homeopathic remedies at the same time or the mixtures, which are so popular for the wrong reasons. The latter is not classical homeopathy; it is not homeopathy at all. Kentian homeopathy works best if the symptoms and problems are *functional*, Hahnemannian homeopathy works better for the more *organic* lesion. It is aimed at the disease: the diabetes, the heart disease, the arthritis, cancer, etc. So, in general, the more psychic the disturbance, the higher the potency needed. For organic pathology, prescribe low. For localized problems and skin eruptions, the potency should be low also.

48. It is common to find that the indicated remedy in chronic cases will produce excellent results in one potency but absolutely nothing in another potency. This leads to an important rule in the practice: "If a well-chosen remedy fails to work if given in low potency, it might often succeed if given in high potency." So, if you are sure of your remedy but it did not alter the clinical picture, before changing the remedy, change the potency! It will amaze the practitioner and patient alike that the same remedy in a different potency is able to eradicate all the symptoms. What a pity it would have been to abandon the remedy and possibly cause an aggravation of the illness or make it incurable. (More about this in "Management of the Patient," page 86).
49. What are the advantages and disadvantages of these different potencies? Let's start with the Kentian method. For them, high potency starts at 200C, going to 1M, 10M, etc. It is easy for the practitioner. He sends the patient home with a single dose of one remedy or gives it on the spot. Compliance is 100%, no mistakes are made. He warns the patient about the most likely aggravations and tells the patient to check back with him in another month or so. That means fewer phone calls for the physician. If the patient phones because

of an aggravation, all he has to say is, "I told you so; you have to weather the storm; phone me in one month."

50. However, disadvantages can be numerous. First, there is almost always present occurrence of an aggravation. "This is excellent," these homeopaths will say, "because it shows we selected the right remedy, since it is a similar homeopathic aggravation, i.e., the existing symptoms occur in a higher intensity." However, although an immediate aggravation after the administration of the remedy, frequently occurs, even with low potencies, there is a great difference in **intensity** of the aggravation. With high potencies, the aggravation can land the patient in a hospital (and you could lose your patient forever to homeopathy), and the aggravation can last for up to a month or more! With low potencies, this aggravation will rarely surpass two days if the remedy intake is stopped the moment the aggravation appears. This is especially true for the hypersensitives. Kentians show contempt for their patients if they do not individualize, in other words, if they don't take into account that patients will react differently to the same high potency. This is, after all, one of the basic principles of homeopathy! And Hahnemann said in Paragraph 2 of the Organon:

*The highest ideal of cure is rapid, **gentle** and permanent restoration of health,...*

Unless the practitioner deliberately experienced aggravation (maybe by doing a proving), he should not send his patients into a storm without considering the consequences.

51. There is another problem with Kentians. Because they are so afraid that this one time, one dose will be canceled by external circumstances such as camphor, mint, other medications, coffee, etc., they absolutely forbid the patient to

use any of the above. They are so rigid in their rules that they unnecessarily lose a lot of patients at the onset. Take a patient with rheumatoid arthritis or asthma, for instance. Very often these people are on high doses of steroids or other medications. Kentians refuse to treat these patients until they stop all medications. This is often impossible and if it is, often lands the patient in the hospital with an acute attack. So much for compassion.

Some Kentians that I know go even further and forbid the patient to take acupuncture treatments. This is ridiculous as acupuncture uses the same laws, and the integration of two powerful, energetic medicines is beneficial to the patient, not harmful. The intake of concentrated vitamin supplements, although not always contraindicated, often can increase the energy of the patient and cover up symptoms that would otherwise spontaneously develop. Therefore, in constitutional treatment, they are not recommended, and after a cure they are not needed if the patient is on a proper diet.

52. In reality, no matter how paranoid Kentian prescribers are in telling patients to avoid mint, coffee, and other medications or treatment modalities, these interfering factors are rarely severe enough to stop the action of the *correct* remedy. If anything interferes with the action of the remedy, it is obvious in its *intensity* and, if possible, should be removed. If patients can't stop drinking coffee immediately, let them take the remedy *after* the intake of coffee, not before, as there is much less chance that the remedy will be canceled.
53. Low potency prescribing has more advantages than disadvantages. By low potencies, we mean LM and 6C. Disadvantages are that you have to instruct your patient thoroughly, preferably giving him written instructions, but even then patients err in taking doses. Often I have seen the

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