

Factors Governing Remedy Response

It is not unrealistic to say that a homeopath faces no greater difficulty with patient progress than does an allopath. In fact it could be argued that, in a sense, the homeopath has an advantage over 'the old school' methods in that there are so many more indicators in a patient to highlight that which is to be cured and to provide indication when a case is moving well or poorly. One only has to be keenly observant, well-studied, objective, impartial and unattached; calm, cool, collected, and unconcerned in the moment as to outcome.¹ The good Dr. Hahnemann gives us this advice in Aphorisms 3 through 5:

- ξ Realize what is to be cured.
- ξ Realize what is curative in medicines.
- ξ Be aware of how to adapt that which is curative in medicine to the patient's disease according to clear principles. (In other words, select the indicated remedy).
- ξ Give the medicine in the exact amount required.
- ξ Properly time the doses.
- ξ Take into account the patient's constitution, character, occupation, lifestyle and habits, relationships, age, and sexual function while seeking the causes of disease.
- ξ Know the obstacles of recovery and how to remove them.

Bearing all this humbly in mind, a case is painstakingly received (here great discipline is required in order not to get ahead of oneself, bearing in mind first and foremost to do no harm); the case is then well synthesized and it is decided what must be cured – from the synthesis a remedy, potency, and dosage are finally selected. With an unsettling mix of hope and trepidation, the remedy is given and a follow-up appointment scheduled to see the patient in about four weeks², fingers crossed for a positive result.

It seems that there are an infinite number of factors that may come into play to influence, upset, or sidetrack remedy response (many of which the homeopath can either manage or influence, although it should be said that no case can progress well without the cooperation of the patient.). First and foremost is consideration of the prescription itself, as it can be argued that the closer to the simillimum the remedy is, the least likely there will be susceptibility to influencing factors.

Past and present homeopaths agree that a slight aggravation followed by a long, gentle period of amelioration indicates the correct remedy in the correct potency in the correct dosage has been given. This is the ideal. *Similia similibus curantor*. But even Hahnemann recognized that finding the true simillimum is not always a possibility (Aphorism 162, 163), and this is the same today even though the Materia Medica is much broader and new remedies are being proven and prepared at a faster rate. The astute homeopath must ever be prepared to recognize that the perfect remedy may not always be found, but more so must be willing to recognize that sometimes the completely wrong remedy has been given. It is critical to be a careful observer and watch the remedy response in a patient closely to ensure it is in keeping with the laws of cure (from the deepest to the most superficial, from the top to the bottom, from the inside to the outside), and if it is not, to acknowledge that early and know how to proceed.

Vithoukias and Kent both offer good descriptions of various aggravation scenarios, whether immediate or after a period of time, whether the case progresses deeply and well or superficially, and how to determine what action has taken place, if any at all. In no homeopathic literature, however, can one find an easy solution to prescribing. Only one thing is abundantly clear with regard to prescribing – if the patient responds favorably, even in the slightest, the correct course is quite simple: *In every instance, it is an absolute rule that when favorable reaction sets in, the administration of the remedy must cease* [Wright].

¹ No easy feat, to be sure!

² Depending upon the case, this may be more frequent or less.

WAIT. [Hahnemann]

WAIT. [Kent]

WAIT. [Koehler]

WAIT. [Roberts]

WAIT. [Vithoukas]

SIT TIGHT. *The rule is never to repeat or change the remedy while the patient himself is improving.* [Wright]

If there has been an aggravation with a deepening or worsening of the patient's symptoms and things are clearly moving in the opposite direction to cure, this is clearly the wrong remedy and action must be taken in the form of antidote or the correct remedy in order to prevent injury to the patient. Koehler advises:

"We may wait with composure if reactions move in an outward direction. Reversal of this direction is an alarm signal for the discriminating observer. The best antidote for untoward reactions in a patient is to find the more appropriate drug.

And if there has been no reaction at all, no aggravation, no change in symptoms, *nothing* – it is back to the drawing board, since the patient has no susceptibility to the remedy. If the homeopath is certain of the remedy, then obstacles must be investigated and removed (discussed in more detail later).

Of dosage potency and timing, Wright wisely advises: "The most similar remedy does not become the most similar until it is adjusted to the plane of the individual during his or her illness at the time of prescribing. The degree of susceptibility also influences potency selection."

"The interval between repetitions may vary between a few minutes to a year or more, depending upon the general amelioration of the patient."

"When you have had true improvement and particularly if, in chronic cases, you have observed the working of Hering's law of cure, *sit tight*. More cases are bungled by too frequent repetition than anything else."

The time for repetition would be when the first remedy has completed its action. One has to be quite patient and a careful observer to be able to recognize when this has taken place. In the meantime, Wright gives us this from her experience: "Sac Lac is the second best remedy."

Patient vitality should guide a homeopath in the selection of potency and potentially in frequency of dosing, but it must also be recognized that patient vitality will have a direct impact on the medicine's ability to act. If the patient's vitality is too low and the case quite complicated, the vital force may not be able to respond (which may indicate incurability); too feeble and they can be easily overwhelmed; too sensitive and any remedy may cause a disturbance and symptoms of proving; too sluggish and a higher potency may be required to stir a reaction; too old and the risk of euthanasia presents itself.

Good rules of thumb³ are: Higher vitality and more robust health can tolerate higher potencies and more frequent repetition; lower vitality or feebleness, and a lower potency with less frequent repetition is more in order. Acute cases (generally higher, more frequent) will respond differently than chronic cases (generally lower, less frequent). Without a doubt, however, there is no "one size fits all" when it comes to potency and frequency – each case should be determined on its own merits with patient age, vitality, sensitivity, and depth of disease as factors to be considered.

³ And like any rule, there are always exceptions! There are so many schools of thought; the best advice seems to be to proceed carefully and thoughtfully with the best interests of the patient at heart and in the forefront; to be patient, to observe carefully, and to understand the natural laws of cure and disease. I would think that having "Plan B" already in mind is a good practice, and it can never hurt to be in contact with colleagues who are more experienced, either to ask for assistance or to hand off the patient as a referral.

Assuming then that the homeopath has chosen the best-suited remedy in the right potency, what else might go wrong or stand in the way of this remedy's action? Hahnemann was quite emphatic about obstacles to cure and sustaining causes, as he repeats himself in aphorism 208:

“In order to discover what things in the patient's life might tend to increase his malady, or to what extent they could favor or hinder his treatment, the physician should take into consideration the patient's age, lifestyle and diet, occupation, domestic situation, civic relations, and so forth. In the same way, his mode of thought and emotions should be considered to determine whether it should be psychologically guided, fostered, or modified.”

A basic review of these kinds of potential influences will help when taking a patient's case to determine early on whether there are obstacles that must be overcome.

- ξ What does the patient eat? When? How often? Is the diet one that can be considered generally healthy? What about thirst?
- ξ Is the patient active or sedentary? What does the patient do for exercise? How often? How little? What about sleep? Too much? Too little? Restful? Fitful?
- ξ What does the patient do for work? Are there strong smelling substances that may antidote, aggravate, or act in a causative way? Does he or she enjoy work? Abhor it? How are interactions at work?
- ξ What about economic conditions? Where does that patient live? Can he or she afford the basics of shelter, food, heat, providing for loved ones? Are living conditions a potential for aggravation, cause, or maintaining illness? And what about geographic factors?
- ξ What kinds of relationship issues are present? What is family life like? Past and present should be considered here, but also be looking for anything that may cause a continuation of illness (being embroiled in and feeling unable to leave a difficult relationship, as an example.).
- ξ What does the patient do for rest, rejuvenation? Spiritual enhancement? Hobby?
- ξ What miasms come into play? Does the well-selected remedy appear to be blocked? Is a nosode required to promote movement?
- ξ What does the patient do for coping? How does he or she process anger? Sadness? Anxiety? Fear? Other emotions?
- ξ What other treatment is the patient using? Allopathic medications? Is suppression a potential issue? Will past surgical procedures make the case more complicated? What immunizations have been given? What is health history? Family history?
- ξ Does the patient desire to get better? Does he/she actively engage in the process and cooperate with or support recommended changes in lifestyle and habit? Is there substance abuse? Other addictions? Is there a willingness to stop? Does the patient take the remedy as directed? Is there other patient interference?

Likewise, the homeopath must consider the interaction between herself and her patients, whether there is a rapport and mutual respect, whether there is discord or disagreement, etc. This may be a difficult area to explore, but one that is required and may prompt the homeopath to refer the patient to a colleague – it is truly important to recognize one's own limitations and weaknesses. Anything that blocks our view to the sick must be resolved in order to bring the patient as close to cure as possible.

It should be noted that there can also be problems with the remedies themselves. Remedy sourcing should be from a reputable pharmacy that prepares the remedy according to the principles of Hahnemann or from original materials the homeopath carefully prepares according to the same principles. It should go without saying, but the environment in which preparation takes place should be clean and free of contamination, with standard laboratory and sanitation practices painstakingly adhered to.

Remedies should be stored in a cool, dry, dark location away from exposure to sunlight and other environmental factors. Generally, high quality remedies from a pharmacy will come in an amber or clear glass vial with a tight stopper and will often be accompanied by directions for safe handling and storage. Some kits even come with a sensor so it can be readily seen whether there has been a compromise to the remedy by exposure to moisture or direct sun light.

When providing remedy to a patient, care must be taken when withdrawing the granule from the vial and it should only be dropped directly into the patient's hand or mouth, a glass of clear water if it is to be dissolved and taken in-office, or into a sterile, waiting container if the patient is to take it home. Liquid tinctures and LM potencies should also be handled with the same care regarding exposure to heat, light, and potential contaminants.

Care should be taken when traveling to minimize the risk of remedy exposure to airport X-ray equipment if at all possible. Although there is conflicting information regarding this, it can never hurt to be too careful.

And finally, Hahnemann describes the due course of remedy administration and periodic waiting and observation in aphorism 184:

“And so it goes: After the action of each medicine is completed – when it is no longer found to be fitting and helpful – the state of the still remaining disease is surveyed and a homeopathic medicine that is as fitting as possible is singled out according to the group of befallments that is found, and so on up to recovery.”

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