

## ***An Analysis of Kentian Posology through Kent's 111 Published Cases***

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### **Abstract:**

The strongest arguments against homoeopathy have never been directed at its fundamental principle, the law of similars. The most controversial, debated and argued issue has always been the remedial power of “high dilutions”. Ironically, one section denies all action of high potencies, and ridicules them, another praises the action of high potencies, and each claims to CURE and rest on experience.

To understand the concepts of homoeopathic posology, a detailed study of the views and clinical experiences of pioneering homoeopaths over the ages is essential.

Kent revolutionized homoeopathic concepts and practice especially in Homoeopathic Posology. This article presents an analysis of 111 published cases of Kent, to understand his writings on posology. Hahnemann and Kent, both practiced in different circumstances, at different times and each influenced the practice of homoeopathy and posology in their own ways. A comparative analysis of Hahnemannian and Kentian posology is also presented

### **Introduction**

Kent revolutionized homoeopathic concepts and practice, especially in the field of homoeopathy posology. There are a large segment of homoeopaths today, following Kentian methods. To understand the concepts of homoeopathic posology, a detailed study of the clinical experiences of pioneering homoeopaths is essential. This article presents an analysis of 111 published cases of Kent, to understand his writings on posology. Hahnemann and Kent, both practiced in different circumstances, at different times and each influenced the practice of homoeopathy and posology in their own ways. A comparative analysis of Hahnemannian and Kentian posology is also presented.

At the time of Hahnemann's death in 1843, the homoeopathic world was aware only of the 5th edition of the Organon that was published in 1833. The 6th edition did not see the light of the day until 1921. Hence, what Kent developed was subsequent to the 5th edition guidelines of Hahnemann, without the knowledge of the 6th edition guidelines. It would probably be difficult to judge Kent's opinion and interpretation of the Hahnemannian guidelines of the 6th edition.

### **Materials and Methods**

This paper tries to analyze the published cases of Kent from his practice, to understand his writings on posology and also in context to the views prevalent up to his time. The data for analysis is drawn from Part III – CLINICAL CASES from KENT'S NEW REMEDIES, CLINICAL CASES, LESSER WRITINGS, APHORISMS AND PRECEPTS and includes 111 cases listed. All the remedies mentioned in the cases with their potencies have not necessarily been curative. But they still illustrate Kentian posology.

## Observations- Analysis and Discussion

### A. Kent's Use of Potencies

Taking a note of all the potencies made use of by Kent as mentioned in the 111 published cases, the data is tabulated. [Refer Appendix A for details]

<u>POTENCY</u>	<u>FREQUENCY</u>	<u>PERCENT</u>
10M and above	281	73.75
30 and less	33	8.66
20M and above	185	48.6
Total	381	100

### Analysis

8.66% potency prescriptions are with potency 30 or less. This was the maximum potency Hahnemann ever used on a regular basis. Kent, after his conversion to homoeopathy, practiced with 'low potencies'. It is true that Kent occasionally made use of the lower potencies like 30, 30X and 12, but these only accounted for some 8% of his total prescriptions.

Kent's most popular potencies were in the 10Ms (25.2%), followed by the CMs (13.65%) and the 50Ms (13.12%). Almost 52% of Kent's prescriptions were with these potencies. Almost half of his prescribing is 20M and above (48.6%). Almost three-fourths (73.75%) of his prescribing is over 10M.

### Kent's First Prescription

To have a more accurate understanding of Kent's posology and his choice of potencies, it is important to study the potencies with which he started the treatment of his cases and then moved up and down the scale. [Refer Appendix B for details]

POTENCY	FREQUENCY	PERCENT
30 and below	10	7.4
30 and 200	10	7.4
10M	44	32.59
10M and above	95	70.37
TOTAL	135	100

## **Analysis**

Approximately 1/3rd of Kent's prescriptions started with 10M potency. In 7 out of 10 cases, treatment was started with 10M potency or higher.

The potencies with which Kent usually started the treatment were:

10M = 32.59%  
CM = 10.37%  
45M = 5.92%  
1M = 5.18%

Only 7.4% of cases were started with either 30C or 200C.

Similarly, only 7.4% of cases were started with either 30C or below – the range of potencies that were regularly used by Hahnemann

### **On Remedy-Posology Relationship**

Kent did not advocate a specific potency for each remedy.

His remedies were used across a wide range of potencies. In contrast, Trinks had earlier suggested that the choice of the potency be based on the nature of the original drug.

### **D. On Series Beginning Again**

Kent said – 'One should not jump from the first to the last; one can repeat the series, beginning with the lower potencies, and do good work.'

From his published records, we find 5 cases, in which Kent started with his series after reaching high potencies on his scale. Incidentally, 4 out of 5 of these cases were cardiac illnesses. [The number in the bracket indicates the number of times he repeated the same potency before changing his prescription.]

### **E. On Liquid Doses**

Kent said – 'It never matters whether the remedy is given in water in spoonful doses or given in a few pellets dry on the tongue – the result is the same. We find three instances from his published records, wherein he dispensed the remedy in an aqueous medium.

### **On Olfaction and Local Application**

There are no cases that advocate olfaction as a route of administration of the indicated remedy. Also, local application of remedies has no mention in Kentian case records.

### **On Pathology-Posology Relation**

There is plenty of discussion on the choice of potency in relation to the nature of disease process and pathology. Each school of thought in posology advocates some guidelines in the selection of potency for various forms of disease.

The following is an extract derived from Kent's Clinical cases to understand his approach to this vexed issue.

Pathology      Posology

#### Cardiovascular System

Ambra 10M, 50M; Arg nit 40M, 3CM; Aurum 1M, 10M, 50M, CM, DM; Ledum 10M; Naja 10M, 50M; Phos 10M, 50M, CM, DM, MM potencies; Psor 10M, 50M, CM, DM; Puls 10M, 50M

#### Tumors

Lycy CM, MM, 2MM; Psor CM, MM; Sulph 10M; Lachesis 4M; Carbo animalis 3M

#### Mental Derangements

Lachesis 500; Silica CM, 10M; Sulph 10M, 50M, CM, MM, 3MM; Calc 10M; Ferrum picricum 10M, 50M; Lecithin 10M; Phos 10M, 50M, CM; Murex 10M; Lycy 10M, 50M, CM; Medorrhinum 10M; Bell 10M; Hyoscyamus 10M; Lachesis 10M; Phos 10M, 50M; Tub bov 10M, 50M

#### Head

Sep 50M; Ars alb 103M; Cocculus 30M; Lac def CM, Sulph CM; Lac can MM, CM; Nat sul 500; Rhus tox 30, MM; Natrum sulph 20M

#### Eczema

Kali sulph 10M, 50M, CM; Mezereum 20M

Abscess, Carbuncles

Tarantula cub 12X

Ulcerative pathology

Kali sulph 10M, 50M; Puls CM, MM

Dysmenorrhoea

Borax 3M; Cenchris CM; Merc sol 6M; Lap alb 10M, Lap alb 50M

Prolapsus

Lil tig 30, 200; Sep CM

Uterine haemorrhage

Calc carb 13M, CM

Chronic liver

Nat sulph 20M, 50M, CM; Lycy 43M, CM

Gastric disturbance

Phos 5M, 10M, 50M, CM; Kali bi 10M, 50M; Cenchris 30; Sanicula 10M; Bell 4M

Bladder symptoms

Eryngium 30; Sarsaparilla CM

Gleety discharge

Sepia CM; Merc sol 6M

Rattling cough

Kali sulph 200

Tuberculosis

Psorinum 42M

Chronic arthritis

Sulph 55M, 81M; Calc 85M; Lycy 71M; Rhus tox 1M, 32M

Rheumatism

Guaiacum 10M, 50M, CM; Lachesis 41M; Abrotanum 6, 12; Rhus tox 1M; Arnica 1M; Sulph 6M

Diabetes mellitus

Phos CM, MM

Enlarged glands

Tuberculinum 10M, 50M, CM

Tubercular Glands

Tub 10M, 50M, CM, MM; Bryonia 10M; Calc carb 10M

Paralysis

Causticum 10M; Phos 45M; Plumbum 42M

Deafness

Puls 15M, CM

Malaria fever

Sulph 10M, Sulph 50M

## **KENT AND HAHNEMANN**

It is important to compare two epochal personalities in the field of homoeopathic posology at this stage. Hahnemann and Kent, both practiced in different circumstances, at different times and each influenced the practice of homoeopathy and posology in their own ways.

### **Were the principles of Kent a further elaboration of that of Hahnemann's?**

Did Kent modify Hahnemann's principles on posology?

Was Kent in contradiction to Hahnemann?

Kent practiced with low potencies at the beginning of his homoeopathic career. It was a successful prescription of Podophyllum 30, which Kent considered to be a high potency, which made him look towards high potencies.

Kent was exposed to a copy of the 5th edition of Organon, as the sixth edition was published after his death. Hence, Kent was absolutely unaware of the new guidelines in relation to "Fifty Millesimal Scale" and "Deviated Doses".

With the knowledge of Organon, and the experience of the "high" potency prescription of Podophyllum 30, Kent started to practice with the high potencies of Fincke that were very popular at that time. Kent later devised his own potentizer and rejected Fincke's potencies.

Hahnemann's most frequently used potency was 30C, which was considered to be "high" by a section of his followers at his time. Hahnemann also briefly experimented with higher potencies, but was not happy. He had almost termed 30C as the standard potency and was strictly against the high potencies of his time. Kent was convinced with Hahnemann's 30C, but found results with Fincke's high potencies.

Hahnemann did not have a wide range of potencies. Towards the end, he was working with a couple of potencies. As Kent worked with Fincke's preparations, he had a wide choice of potencies at his disposal.

What potency to use in a given case was never an issue with Hahnemann. Kent has hardly given any clear and definite guidelines for the choice of potency for first prescription. But his cases reflect a wide range of potencies for the first prescription.

Hahnemann wrote – As long as the progressive improvement continues from the medicine administered, so long we can take for granted that the duration of the action of the helpful medicine continues, all repetition of any dose of medicine is forbidden. This was strictly adhered to by Kent as well.

In the 4th edition of Organon, Hahnemann limited the size of the dose to one or two small globules, limited the posology to a single unit dose and limited the repetition to the expiry of action of the previous dose.

Kent basically followed the 'Wait and Watch' policy of the 4th edition of Organon. Kent said

– As a rule, two doses (sometimes three) in the same plane give the best results. It had become routine for Kent, as the records indicated that the third dose in the same potency gave no effect.

So, Hahnemann would repeat the remedy in the same potency only after it exhausted its action, without ascending the potency, as per 4th edition. Whereas Kent would also repeat the potency after it exhausted its action. But Kent would use potency two to three times and if the remedy were still indicated, he would ascend in scale.

Hahnemann, in the 5th edition – The remedy may be repeated at suitable intervals to speed the cure, if necessary, without producing aggravations. This new methodology can only be carried out if the remedy is prepared in a medicinal solution and given in a ‘split dose’. With the medicinal solution, the remedy may be repeated at suitable intervals as long as the patient is improving without any aggravation. This is how cure can be reduced in terms of duration, to one half or less the time it takes with the ordinary dry dose method.

On the other hand, Kent said – It never matters whether the remedy is given in water in spoonful doses or given in a few pellets dry on the tongue – the result is the same.

Hence, one can conclude that, to effect a cure, Kent moved towards higher and highest potencies. As he gave only a single dose, it would not matter, in which form it was administered.

Whereas, Hahnemann had already experimented with relatively higher potencies. In order to effect and accelerate the cure, Hahnemann discovered, not the series in degrees, but deviation of doses. And for deviating the doses, it had to be administered in water.

## **Conclusions**

Though Kent was not the originator of High Potencies, he was its biggest exponent.

Most popular use of potency, including the first prescription was the 10M.

Almost all types of pathologies were managed with high potencies.

His most significant contribution to homoeopathic posology was the stress on using a range of potencies for effecting a cure, especially in the management of chronic diseases.

Ascent of potencies and use of series in degrees of the range of potencies.

Though he advocated the use of series in degrees, like the octaves in music, he never made use of entire spectrum of potencies from 30 to MM in any single individual case.

Kent concluded that the ascent of potencies was better than descent, but still, in most cases, he started with 10M or higher.

Definite guidelines for selecting the exact potency for each case are still unclear from his writings and cases, but the choice was mostly for potencies 10M or higher.

Kent has put too much stress on the point of reappearance of original symptoms after the first prescription and made it an essential condition of repetition of the first one.

Kent utilized Fincke’s potencies earlier, but later, prepared his own medicines using his potentizer.

It is important to remark that the cures reported by Kent were with potencies of medicines prepared initially by Fincke and later by his potentizer. How far and ‘high’ were the Kentian preparations similar to the original Hahnemannian preparations is not known.

## APPENDIX A – Kent’s Use of Potencies

POTENCY	FREQUENCY	PERCENT
12X and below	14	3.67
12	1	0.26
30X	1	0.26
30	17	4.46
60	1	0.26
200	22	5.77
300	2	0.52
500	6	1.57
800	1	0.26
Ms	35	9.19
10Ms	96	25.20
20Ms	6	1.57
30Ms	4	1.05
40Ms	24	6.30
50Ms	50	13.12
60Ms	1	0.26
70Ms	9	2.36
80Ms	6	1.57
CMs	52	13.65
DMs	7	1.84
MMs	26	6.82
Total	381	100

APPENDIX B – Kent’s First Prescription

POTENCY	FREQUENCY	PERCENT
6	1	0.74
12X	4	2.96
30	5	3.70
100	1	0.74
200	5	3.70
500	4	2.96
1M	7	5.18
1200	1	0.74
3M	2	1.48
4M	2	1.48
5M	4	2.96
6M	4	2.96
10M	44	32.59
13M	1	0.74
15M	1	0.74
20M	3	2.22
30M	1	0.74
40M	1	0.74
41M	2	1.48
42M	2	1.48
43M	2	1.48
45M	8	5.92
50M	2	1.48
51M	2	1.48
55M	2	1.48
58M	1	0.74
70M	1	0.74
71M	1	0.74
75M	1	0.74
77M	1	0.74
85M	3	2.22
CM	14	10.37
103M	1	0.74
MM	1	0.74
TOTAL	135	100

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## About the Author

Dr. Sumit Goel M.D. (Hom) is a University Gold Medalist and has been teaching for the last 20 years. A recipient of the Best Author Award, his book DECODING THE DOSE – Evolution of the Concepts of Homoeopathic Posology is an original research work on the complex issue of posology. He is also the author of ‘Art and Science of Homoeopathic Pharmacy’ and ‘A study on Organon of Medicine and Homoeopathic Philosophy’.