Centre for Integrative Medical Training
In Association with the Centre for Integrative Care &
The Academic Department, Royal London Hospital for Integrated Medicine

Foundation Course in Medical Homeopathy

An On-Line Course in Homeopathic Medicine for Healthcare Professionals

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Part 1.2

SECTION 2

Homeopathic Pharmacy

In this section we will outline the source and manufacture of Homeopathic Medicines.

Biological Sources

Whole Plant

Plant tissue:
fruit, pollen, leaf, corm, rhizome, root

Plant constituent:
alkaloids, saponin glycosides, tannins, resins, polysaccharides, volatile oils, phenolic acids, flavonoids, sterols

Ruta graveolens

Whole Animal (insect, spider, crustacean, etc)

Animal tissues or body fluids:
for example, sepia (ink of the cuttlefish)

Morbid tissue exudates / inflammatory discharges

Animal toxins:
bacterial toxins, insect toxins, snake toxins, scorpion, amphibians' toxins, fish toxins

Micro-organisms:
viruses, fungi, bacteria, ricketsiae, spores, human/ animal pathogens (for example, *Streptococcus*, anthrax) These can be prepared either from pure culture or from morbid discharges

Inorganic Sources

Elemental:

Natural forms:
mineral sulphur, pyrites

Refined/purified/ore-extracted:
copper, iodine

Sulphur

Non-elemental:

Natural minerals and salts:
singly and in naturally occurring combinations

Synthetic:
chemicals, drugs, inorganic toxins

NOTES

Potentisation

The materials listed in the Remedy Sources chart on page 1 have to be transformed into a form suitable for use with a patient. How is this done?

Mother tinctures

Soluble substances are dissolved in ethanol –this produces what is known as a *Mother Tincture* (denoted Ø)

Raw materials are selected according to standardised procedures.

Plants are gathered from their natural habitats where possible. Sub-species are distinguished from one another. Specific tissues are excised. Maceration is achieved by hand or in the case of barks and woods may be done by machine. Dry weight samples are created to establish water content, since this will affect the quality of mother tinctures.

Mother tinctures are created by suspending macerated samples in ethanol. Filtration, and water content assays are carried out. Spectrometry is carried out to establish the shelf life of unstable plant constituents over time. Mother tinctures are stored in darkness in a cool environment.

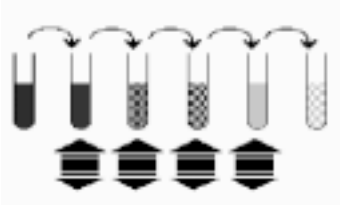
Insoluble substances are pulverised with lactose - a process known as *Trituration*


Trituration

Trituration of heavy metals, insoluble minerals and certain biological materials is usually achieved by hand-grinding the materials in a pestle and mortar for several hours.

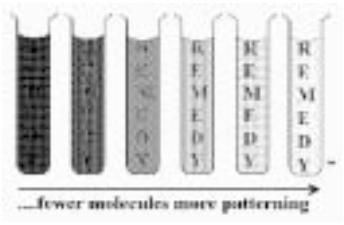
Proportional dilution of the mixture with further lactose will allow fragmentation of the raw material to molecular or atomic level, whereupon it can be suspended as a colloid in a water ethanol mixture (0%–95%). This process is known as **potentisation** (see diagram below).

Tincture/Triturated material + Water/ethanol + Kinetic Energy = Potency



A potency is not merely a dilution, but a preparation which has been increasingly polarised in its informational power

by serially diluting and succussing (shaking) at each stage.



We would suggest that you now read chapter 6 *The Preparation of Homeopathic Remedies*: *Introduction to Homoeopathic Medicine* by Dr H W Boyd, which is the recommended companion text book for this course.

Potency Scales

The following table illustrates the dilutional scales involved in the potentising process. There are three scales of dilution in common use:

- *Decimal*; in which the base solution is diluted 1 part to 9 parts of water at each stage resulting in a molecular dilution of 10^{-1} at each stage of the process.
- *Centesimal*; in which the base solution is diluted 1 part to 99 parts of water at each stage resulting in a molecular dilution of 10^{-2} at each stage of the process.
- *Fifty millesimal* (LM); in which the base solution is diluted 1 part to 50,000 parts of water at each stage.

Note that a 12c or 24x solution represents a dilution of $1:10^{-24}$ which exceeds Avogadro's number (6.02×10^{-23}) which is
the threshold of molecular existence within the dilution. Millesimal is the term given to dilutions of 1000c, ie 1M = 1000c, 10M = 10,000c.

Drug + (Diluent + Succussion) x n = nth potency

Decimal (x)	*Centessimal* (c)	*Dilution*
1x	_	1:10 (10^{-1})
2x	1c	1:100 (10^{-2})
3x	_	1:1000 (10^{-3})
4x	2c	1:10,000 (10^{-4})
5x	_	1:100,000 (10^{-5})
6x	3c	1:1,000,000 (10^{-6})
(etc)	(etc)	
12x	6c	1:1,000,000,000,000 (10^{-12})

Avogadro's number: 6.02×10^{-23}

12c	$1:10^{-24}$
30c	1:5 billion (10^{-60})

Ultramolecular Potencies

Potencies which have involved dilution of the solute to concentrations below $6.02x10^{-23}$ are known as **ultramolecular** since homeopathic practitioners frequently advocate the use of potencies above 12c the sceptics have a strong argument when they suggest that any apparent therapeutic effects from these materials must be due to the placebo response. Clinical Research carried out by Reilly et. al. in Glasgow tends to refute this by demonstrating statistically significant differences between placebo and ultramolecular potencies, in double-blind placebo controlled trials of homeopathic treatment in hayfever (1986) and asthma (1994) respectively.

We will discuss the clinical research base for Homeopathic Medicine in a later section.

ACTIVITY:

Watch the video presentation by Dr Peter Fisher on the basic science issues concerning ultramolecular dilution:

https://youtu.be/iITI80z7QM0

Homeopaths have made many empirical observations over the years, relating to the effects of high potencies in humans. The reaction patterns which are observed sometimes involve various expressions of the remedy picture itself. However, this in itself does not constitute satisfactory evidence of biological reactions to ultramolecular potencies. The challenge for our generation will be to undertake good quality clinical research which consistently demonstrates differences between potency and placebo. A greater knowledge of the physics of water may help in the development of scientific models for the potentising process.

ACTIVITY:

If you would like to explore some of the recent advances in water science you may find some of the following presentations / links of interest:

https://youtu.be/XVBEwn6iWOo

https://youtu.be/i-T7tCMUDXU

Clinical Aspects

ACTIVITY:

Watch this short video on the final dose-form preparation of homeopathic remedies. Take note of her dispensing advice and the guidance for patients on administration of the remedies.

https://youtu.be/5h4WqqU9ALE

The following is a summary of the main points concerning how you might select the best potency of the medicine for your patient:

Potency Selection
Low potency, high frequency of administration
High potency, low frequency of administration

Notes on potency choice:
Remember that the choice of remedy is more important than the potency choice.

High potencies are effective if they represent the simillimum for the patient, or correctly address an acute disturbance.

Low potencies can be effective at a local level, even if they are not optimally chosen.

Low potencies of an inappropriate remedy rarely aggravate - they are merely ineffective.

High potencies may aggravate symptoms. (Most commonly the presenting complaint.)

Take care in infants and sensitive children - particularly if you are treating them for skin conditions or asthma - it is advisable not to give the first prescription higher than a 12c in an infant.

30c is usually considered a safe potency in nearly all other prescribing circumstances.
The elderly may not respond as effectively to high potencies, using medium or low potencies at more frequent intervals will usually be of greater value.