

A Comparative Clinical Study of Water Potencies v/s Dry Doses of Homoeopathic Medicines in Treatment of Gout

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Abstract: *This article revisits a long-standing debate in Homeopathy- whether dry doses or water potencies yield more effective outcomes in clinical practice. Hahnemann has specifically mentioned that in order to hasten the process of cure; medicines must be given in water potencies. Surprisingly, most of the practitioners still prefer the dry doses for medication. Thus, this comparative study of the dry doses with the water potencies was done in order to evaluate which one is better. The trial engaged 50 patients divided into two groups: one receiving water potencies and the other dry doses. The efficacy of the treatment was assessed by comparing pre and post treatment Serum uric acid levels and by using a specially formulated and validated scoring chart. For statistical analysis the Wilcoxon Signed Rank and Mann Whitney U tests were used, which suggested that both the mode of administration of Homoeopathic Medicine were effective in treatment of Gout. However, the duration of treatment for patients who have been given medicine in water potency is observed to be less in comparison to the patients who have been given the medicine in dry dose.*

Keywords: Homeopathy, water potencies, dry dose, gout treatment, comparative study

1. Introduction

Homeopathy is the science of healing based upon the “**Law of Simila**” as the guide for selection of Medicine. ⁽¹⁾ The basic principles of homeopathy have been mentioned by the founder of Homeopathy (Hahnemann) in the textbook Organon of Medicine and thus it becomes the bedrock for practicing Homeopathy. Dr. Hahnemann has made continuous efforts to make homeopathy the perfect system of medicine and in this journey he has continuously updated Organon of medicine. The Organon of Medicine has run through 6 editions with several changes in it. There was a drastic change in the 4th and 5th edition of Organon of medicine. According to the 4th edition of Organon of Medicine the homoeopathic medicines must be given in single dry dose and no repetition of the remedy was allowed until a definite relapse of the symptoms occur. This was the ground rule as expressed in §240 & §242 of the 4th edition (1829) ^(8,9). But Dr. Hahnemann was not fully satisfied with this mode of administration of medicine because of the long waiting period. So, he started experimenting to find a better mode of administering the medicine. And after years of experimentation Hahnemann came to the water potencies about which he mentions in the 5th edition of Organon (1833). This water potencies can be repeated frequently without any undue aggravations. In regards with the repetition of the water potencies Hahnemann mentions that they can be repeated frequently but with the condition that the dose must be slightly increased each time. ⁽⁷⁾ Hahnemann has widely used the homoeopathic medicines in water potencies during his practice in Paris and has got amazing results from it. Thus, in the § 246 of 6th edition of Organon of Medicine (6th edition) he mentions that in order to hasten the process of cure homoeopathic medicines must be given in water potencies whenever repeated the potency must be slightly increased. ⁽¹⁾ But still we see many of the stalwarts like Dr. Kent, Dr. Stuart Close, Dr. Richard Hughes and many others who had strictly adhered to the dry doses and had given wonderful results with it ^(4,5,6). Dr. Hahnemann himself had used the dry doses for

most of his life. But there is unequivocal evidence from the Hahnemann's Paris Casebook that water potencies are an equally appropriate alternative. ^(2,3) Of course, there is much debate on the mode of administration of homoeopathic medicine because of the wide variance seen in the cases of the stalwarts. Thus, there was a need for a comparative study of the dry doses with the water potencies in order to evaluate which one is better.

2. Materials & Methods

Type of study: Analytical study

Study site:

- 1) Smt. S. I. Patel (Ipcowala) Homoeopathic Hospital, Amul Dairy Road, Anand. O.P.D.
- 2) Rural O.P.D. – Agriculture, Anand run by Dr. V.H. Dave Homoeopathic college Anand.

Selection of tools:

- 1) Specially designed case proforma for the study
- 2) RADAR 10.0.0030: Synthesis - Repertorium Homoeopathicum Syntheticum by Fredrik Schroyens, MD [Synthesis 9.0]
- 3) Microsoft Excel
- 4) Disease Intensity Score prepared for the study
- 5) Statistical package for social science (SPSS Version 20.0) for windows.

Study design: Prospective, open label, randomized comparative trial

Sample size: 50

Inclusion criteria:

Patients above the age of 20 years are included irrespective of gender. Pre-diagnosed & newly diagnosed cases of gout were considered.

Exclusion Criteria:

The people below 20 years were excluded from the study & patients with irreversible pathology or deformity were excluded.

Grouping Criteria:

Group A-25 patients which were given medicine in water potencies.

Group B-25 patients which were given medicine in dry dose. (The distribution of cases in the groups was done randomly using the research randomizer www.randomizer.org)

Ethical approval:

The study was approved by Institutional Ethics Committee, Dr. V.H. Dave Homeopathic Medical College, Anand. Patients were informed about the type of its study and its consequences through Patient Information Sheet and consent of each and every patient was taken on Consent form.

Intervention: ⁽¹⁰⁾**1) Dry dose:**

For dry doses medicines were dispensed in globule form (size 30) from the dispensing unit of respective O.P.D. The patients were advised to take 4 pellets dry, then chew or suck them instead of swallowing them.

2) Water potencies

A remedy solution bottle was made which contained a mixture 8 tablespoons of water, 15 drops of alcohol (as a preservative) and one pellet of selected medicine from the dispensing unit of respective O.P.D. The patients were advised to succuss the solution bottle before ingestion, as per the requirement and susceptibility of the patient (8/10/12 times). And then take one teaspoon from the bottle and add 8 tablespoons of pure water, stir this solution and take one teaspoon from it.

3. Analysis of Data

- 1) Serum Uric acid levels were investigated at the beginning of treatment and at the end of treatment.
- 2) A scoring chart was formulated and validated to assess the efficacy of the treatment. The post treatment scores were compared with pre-treatment scores. Scores were then statistically evaluated. The percentage changes of

symptoms score from baseline to end of treatment were calculated by using following formula:

$$\text{Percentage} = \frac{\text{score at baseline} - \text{score at the end}}{\text{score at baseline}} \times 100$$

Outcome:

The response of patient was analysed in the following four criteria

1) Significant Improvement

General sense of well-being with reduction in intensity and frequency of complaints. Decrease in serum uric acid levels below 6 mg/dl and reduction in disease intensity score to 100%

2) Moderate Improvement

General sense of well-being with reduction in intensity or frequency of complaints and occasional recurrence of symptoms. Serum uric acid level between 6-8 mg/dl and reduction in disease intensity score by 75-99%

3) Mild Improvement

Mild decrease in the intensity or frequency of complaints. Serum uric acid level between 6-8 mg/dl with 50-74% decrease in disease intensity score

4) Status quo

No increase or decrease in complaint. Serum uric acid level as it is and decrease in disease intensity score below 50%.

Statistical Analysis:

The statistical analysis was done by using the SPSS software. Distribution of the data in both the groups were analysed; using TEST OF NORMALITY: SHAPIRO-WILK TEST. The data was not normally distributed, so NON-PARAMETRIC TESTS were applied. Mean and Standard Deviation were calculated for the numeric data. WILCOXON SIGNED RANK TEST was used for both the groups i.e., Water potency and Dry doses, to test the efficacy of the mode of administration of homoeopathic medicines. For comparison of mean between the two groups was analysed using MANN-WHITNEY U test.

4. Results

The following table shows the result of test of normality:

	Water potency		Dry dose	
	Pre- treatment	Post- treatment	Pre- treatment	Post- treatment
Shapiro-wilk test statistic	0.887	0.551	0.869	0.680
p-value	0.010	0.000	0.004	0.000
Normality Assumption	Reasonably normally distributed	Not normally distributed	Not normally distributed	Not normally distributed

The following table shows the result of Wilcoxon Signed Rank test:

	Water potency		Dry dose	
	Pre- treatment	Post- treatment	Pre- treatment	Post- treatment
Mean	12.36	0.36	12.22	0.52
Sample size	25	25	25	25
Std deviation	1.350308607	0.757187779	1.224745	0.918332
Test statistics W(calculated)	0.000		0.000	
W(critical)	89		89	
Degree of freedom	24		24	

The following table shows the result of Mann-Whitney U test

Test statistic	Values
Sum of rank- W	678.5
Sum of rank- D	596.5
U-calculated (Group w)	378.5
U-calculated (Group D)	296.5
Level of significance	0.05
U calculated	296.5
U critical	211
Degree of freedom	48

[10] Homoeopathic Online Education, David Little Hahnemann's Advanced Methods: Part 2 (simillimum.com)

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5. Conclusion

In this study it was found that there is no significant difference in the effectiveness of homoeopathic medicines in treatment of gout when given in water potencies and in dry doses. However, it is seen that the improvement is quite fast when the medicines were administered in water potencies, which is reflected in the mean of the duration of treatment in the two groups.

Also, it was found that when medicines were given in water potencies, they were repeated for first few days but once the improvement started not much repetition was needed and on the other hand dry doses had to be repeated as and when patients went in the state of status quo to get desired outcome. Thus, water potencies were found to be in correspondence to the law of minimum dose i.e., minimum dose of medicine can produce maximum effectiveness in patient.

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