

Dynamization

Changes in material substances, especially the medicinal ones, through trituration with a non-medicinal powder, or when dissolved through agitation with a non-medicinal fluid, are so incredible that verge upon the miraculous, and it is most fortunate that the discovery of such changes belongs to Homeopathy.

Hahnemann, *The Chronic Diseases*

Introduction

Upon hearing the expression “homeopathic remedies”, one of the first ideas that come to our minds is “very diluted”. If we know a little bit more, we may also think “they are dynamized”. But, what does “dynamized” mean? How is dynamization done? How are homeopathic remedies made?

“Dynamization” comprises the process of diluting and agitating solutions. This constitutes one of Homeopathy’s foundations and it was taught by Hahnemann, who developed it by both logical reflection and intuition, as he sought better ways to apply the Law of Similars into practice.

Notwithstanding its essential role in the preparation of homeopathic remedies, many practitioners still ignore many aspects of it, and this is immediately perceived through basic mistakes in the prescriptions they write. A prescription is the written document that tells the pharmacist what he/she should do, so it can leave no room for doubts.

The present article may seem very basic, but it aims precisely at reviewing all pharmaceutical aspects essential to a right prescription, contributing thus to better therapeutic results.

In order to accomplish our goal, we will discuss pertinent literature and add our personal experience.

Terms

Many Brazilian sources employ the terms “diluting and dynamizing” instead of “diluting and agitating”. It’s true that whenever we agitate a previously diluted solution we are finishing the process of dynamization. This explains why the word “dynamization” - the final result of the procedure - is used in the place of “agitation”. Keyne states that in France, “dynamization” is regarded a synonym

of “succussion”. Although less employed, the fittest term is “potentiation”, as it’s believed that the procedure enhances the homeopathic action of the substance (1).

Rather than terms, it’s more important to accurately characterize Hahnemann’s new procedure especially as it represents the first procedure in history that involves a dramatic reduction of the amount of medicinal matter in the making of an active solution. Moreover, many authors affirm that the more diluted the substance, the more potent it becomes.

Indeed, “dynamization”, from the Greek *dynamis* - that Hahnemann himself employed - means “force, potency” (5, 12). Aurélio, the most authoritative Portuguese language dictionary, defines “dynamization” as “according to Homeopathy, release of the therapeutic energy of a remedy through dilution or diminution.” (12)

As the final product of the dynamizing process is called a “potency”, we are faced once again with the idea that the increase in activity directly depends upon the number of times that the double procedure dilution-agitation has been performed. An analysis of actual prescriptions shows that this is precisely the belief of homeopathic practitioners: they usually begin treatments by prescribing lower potencies and go on prescribing ever higher potencies. Basic research data suggest instead that the pharmacological activity of drugs is better described by a sinusoid than by the straight inclined line that translates the notion that “the higher the potency, the more active the solution”. Homeopathic practitioners still refer to “inefficient potencies”, which may well represent the empirical proof of the research hypothesis mentioned above. Thus, it would be very interesting to verify through careful research protocols, what is the actual clinical answer in relation to the variation of dynamizations (2, 3, 4).

It’s a fact that clinical activity is induced by dynamized solutions, diluted well above the Avogadro limit; the first conclusion is that homeopathic pharmacology plainly contradicts classical pharmacology (dose-dependent effects), and this from its beginnings, 200 years ago. After the initial shock, we are tempted to deepen our knowledge concerning this phenomenon. In order to do so, we will review data concerning the different procedures of dilution and agitation, the variables that may act on these procedures and the dynamizing procedures employed since Hahnemann’s time to the present.

Dilution

When Hahnemann first attempted to apply the Law of Similars to the treatment of actual patients, he immediately realized that he needed to prescribe very small amounts of drugs as they produced symptoms by themselves. Hence, he began to dilute substances in the ratio of 1 part of active substance to 100 parts of diluent vehicle. With this he had created the centesimals - now called CHs, or Hahnemannian centesimals. The father of Homeopathy mentions using water and alcohol, probably to preserve solutions.

Winston explains that the original potencies were designated by a small-case "c" as the upper- case letter "C" may easily be mistaken with the Greek digit C=100. Many of the earliest prescribers named their 200c potencies as "2C" (10).

By the end of his life, Hahnemann used therapeutic solutions successively diluted 200 times, always intercalating agitations, that he called "succussions" (11).

Agitation

In *The Chronic Diseases* - thus, before the Organon's 6th edition - it is written:

"... Then, 1 grain is dissolved in equal parts of water and alcohol and dynamized through 27 vials, with 2 succussions." (6)

Clearly, Hahnemann initially applied 2 succussions to his dynamizations. Later, he experimented with 10 succussions and even more until after harsh criticism, he realized that the increase in the number and strength of succussions made unbearable the violence of the final solution's effects. Finally, upon feeling the need of prescribing even less amounts of drugs, he increased the ratio of dilutions to more than 1:50,000 at each step of the procedure, rating it as "my best method of dynamization". At the same time, he increased the number of succussions to 100.

As the procedure of "dynamizing" comprises both diluting and agitating, they are usually discussed together. Yet we may separate them in order to understand each of them more deeply.

Dilution may be manual - the vial is manually beaten against a semi-rigid surface (it is told that Hahnemann used a leather-covered book) or mechanical - when some appliance is used. There are those that believe that our "personal energy" (an expression very difficult to define) in the process of manual dilution may interfere in the final result, hence mechanical procedures should be preferred. To this, others answer that such "per-

sonal energy", if it exists, may both positively or negatively affect the outcome.

Other factor that may affect the outcome of the agitation process may be classified as mechanical (number of succussions, amplitude of the succussion motion, intensity of the impact against the chosen surface, weight of the vial) or physico-chemical (density of the liquid, environmental temperature, atmospheric composition inside the vial).

In the course of time, Hahnemann tested different number of succussions (5, 6). There are no available descriptions of the amplitude of each motion. Concerning strength, he would rate them as "strong", but it wasn't objectively measured. Finally, Hahnemann established that the vial should be filled to 2/3 of its capacity (5).

When describing the method of preparation of remedies in the Organon's 6th edition, Hahnemann was very careful to precisely determine - through the number of drops - a very small volume of the fluid to be agitated (100 drops of strong alcohol, i.e. 2 mL). As he had already established that the vial's content couldn't be smaller than half of it, he established the standard use of small vials, which would suffer a very strong power of agitation, through "100 strong succussions". (5)

The agitated fluid is composed of a solution of water and ethanol, its density varying from 0.8 to 1 g/L. There are no descriptions of the possible influence of temperature, but there are mentions to dynamizations performed in nitrogen atmospheres. (7)

Even when he increased from 2 to 100 agitations, Hahnemann would perform them manually. Notwithstanding, since his time to the present, there was always an interest to develop machines. Authors that lived at the time of the Industrial Revolution wondered what could be the highest possible potency that will still keep pharmacological activity. Thus they experimented ever increasing dynamizations, and tried to build machines to help them in the process.

A trend was established to use 100 succussions even in regular centesimals - it became the standard in Brazil at the present time. This made pharmacists easily develop repetitive strain injury. On the other hand, the advancement of technology and the hope to set a definite standard in the preparation of homeopathic remedies, set forth a trend to use "mechanic arms". Brazil has developed its own models. (8) Yet, it should be taken into account that many homeopathic practitioners consider that any deviation from Hahnemann's original procedures exclude the remedy thus prepared from the category of "hahnemannian".

In Europe, there were developed machines that

make vials vibrate, very similar to those employed in odontologic offices to homogenize mixtures, such as those fabricated by Belgian-based Labotics and sold in the Northern hemisphere (Europe, United States, Canada and Japan) (14).

So, when manual and mechanic agitations are compared, so many variables interact that impede their standardization.

LM Dynamizations

Hahnemann was very careful to set rules in order that remedies should be reliable. He began by extracting – exotic dried and native fresh – plants through alcohol (tinctures); whenever succulent or fresh plants were available, he would use their juice. Probably, he realized that when he changed the solvent, he would extract different fractions of the plant. From Arabic physicians, he learnt how to triturate all kinds of substances, no matter whether soluble or not, mineral, vegetable and animal, dried or fresh, all was to be triturated with lactose in a porcelain mortar.

... 1 drop of the juice and the same amount of lactose, triturating until the millionth. Then 1 grain is dissolved in equal parts of water and alcohol and dynamized through 27 vials, with 2 succussions. Experience shows me that the juice seems to acquire more dynamization when triturated.”(6)

In such manner, diluting matter with the help of a powder that he thought was inert and agitating by the motion of the pestle, he was able to employ all kind of substances as remedies. He was free from solubility limitations and on the other hand, he obtained very interesting results (“Experience shows me that the juice seems to acquire more dynamization when triturated” (6)).

“In order to obtain homogeneity in the preparation of homeopathic remedies, especially the antipsoric, at least in the form of a powder, I advise to only reduce to the millionth potency and prepare from it the solutions and potencies as needed.”(6)

After 3 triturations in the ratio 1:100 (lactose), the obtained product was to be diluted in a low alcoholic solution (0.06 g of powder in 500 drops of a solution prepared from 4 parts of water and 1 part of “strong” alcohol). From this solution, a new dilution (1 drop in 100 drops of “strong alcohol”), followed by 100 “strong

succussions”, which were standardized as it was always him who prepared them).

Non-hahnemannian dynamizations

Decimal

It’s attributed to Hering the idea of diluting substances in the ratio 1:10. Winston says that:

“In 1833, Hering began to test dilutions in the ratio 1:10. By the end of the decade, both Samuel Dubs in the United States and Vehsemayer in Germany, began to prepare remedies in this scale. American potencies were designated by an “X”, the Roman digit for “10”, while European potencies were designated as “D”, from “decimal” - 3X or D3.” (10)

In our days, the use of decimal potencies is widespread, especially in relation to the so-called “complexes”, mixtures of dynamizations, usually at low potencies. As the ratio of dilution is much smaller, we may understand why someone may prescribe a D1 - which has no equivalence in the centesimal scale -, but it is very hard to understand why someone may prescribe a D60. No available data show that they are more or less effective than centesimals. On the other hand, mathematical equivalence is senseless, as there are no molecules in so much diluted solutions.

Moreover, the absolute ban of scale equivalences established by the FHBII reminds us that, precisely, its first edition allowed such procedure. The first edition recommended 10 succussions in the case of decimals and 20 in the case of centesimals. The underlying idea was to establish an equivalence between the D4 (diluted to 10⁻⁴, with 4 X 10 succussions = 40) and the C2 (also diluted to 10⁻⁴, with 2 X 20 succussions = 40) (12, 13). It seems proper to state that two solutions, diluted a different number of times, in different ratios and number of agitations - no matter that the final number of agitations might be the same -, may not be considered as equivalent concerning their therapeutic properties before further research is thoroughly conducted.

The stock of decimal potencies is much smaller than centesimals’ in Brazilian pharmacies. Another problem is the availability of basic pharmaceutical forms: when there are mother tinctures available, it is very easy to dynamize them by diluting them to 1% or 10%. But if the procedure needs trituration at its beginning, there is no way how centesimals may be changed into

decimals, the only possible way is to obtain the original substance, which usually it's not easy. This is the reason why many pharmacies refuse to fill decimal prescriptions.

The present trend, as suggested by the pharmacopoea, is to perform the same number of succussions - 100 - in every dilution, no matter their scale. It is thus possible that clinical results will become more markedly different. Further research is needed to verify this fact.

Korsakov

Contemporary of Hahnemann, Korsakov, a Russian of noble descent, learned of Homeopathy after being successfully treated by it. As a result, he became interested in it and introduced it in his country. As every pioneer, he needed to prepare his own remedies and faced with the difficulty of travelling carrying a large number of vials, he suggested to Hahnemann the idea of using only one, that would be filled, agitated, emptied and again filled. Hahnemann found the idea interesting, but at the moment he was devoted to different matters. Korsakov tested the remedies prepared according to his new technique, obtaining good results.

Remedies prepared according to Korsakov's method are diluted in the centesimal scale, yet its precision may be lesser than Hahnemann's original method's. Few practitioners prescribe Korsakovian potencies in Brazil and thus, few pharmacies fill such prescriptions. Agitation is accomplished by 100 manual or mechanic succussions.

Residue left after every emptying of the vial may be weighed, this increases the method's precision, as it shows that variations are very limited, perhaps very similar to those inherent to Hahnemann's method. The main difference resides in the fact that that in Hahnemann's procedure, a fraction of a dynamized solution is separated and poured in a new, clean vial, containing 99 parts of inert hydroalcoholic solution, while according to the Russian's method, 99 parts of the inert hydroalcoholic solution are poured into the same vial, which contains some residue of the previous dynamization. This procedure has been criticized as it involves a mixture of different dynamizations, from the initial to the final one. Yet, if we take into account that each addition of fresh hydroalcoholic solution becomes homogenized with the residue, the remaining solution in the vial will suffer a transformation rather than a mixture. Probably, the fact that we don't use new vials at each step, make the final solutions so different from Hahnemann's, that may elicit very different clinical results.

In the 1960s, France imposed serious restrictions that banned any potencies higher than CH30 but as an offshoot of the creation of the European Union, a Symposée on Korsakovian potencies in Paris permitted the prescription of these potencies.

Jack Hendrickxs, from Belgian-based Labotics, built a mechanic dynamizer grounded on Korsakov's principle. After the the vial is filled and agitated by 300 fast small motions, air enters the vial, expelling the fluid; only 1% of the original volume remains. The process is repeated as required. The last step is a regular hahnemannian dynamization in hydroalcoholic solution (for preservation purposes), which is named according the number of times that the vial was successively filled-agitated-emptied. For instance, if this happened 200 times, the final solution will be called K200.

Although Korsakov established that the full procedure must start from the original substance - and this is still the practice in many countries - FHBII rules that a Korsakovian dynamization must begin from a CH30. Due to financial reasons, the same procedure may be accomplished by employing 2000 liters of purified water until reaching solutions that we called "100,000K". It is noteworthy the use of purified water instead of the traditional hydroalcoholic solution, as mechanic procedures consume too much diluent. (12, 14).

New questions arise: besides the option between manual and mechanic agitations, the use of water as diluent will also alter the final solution? What is the difference between a Korsakovian potency developed from a CH30 and another that followed Korsakov's instructions from the beginning? The different combinations of the solvent (water or hydroalcoholic solution) and the initial substance (CH30 or raw matter) will elicit different clinical results?

Dynamization machines and the fluxion equipment used in Brazil

Hahnemann had already wondered "What is the highest dilution that still shows activity?" Jahr thought that "The higher the dynamization, the stronger the individualizing properties of a drug". It was natural, then, that several homeopaths would ask what may be the effect of ever higher dynamizations. Children of the Industrial Revolution, they sought mechanic procedures to manufacture such potencies. Every single inventor would strive to protect his invention through elaborate explanations. Skinner, for instance, wrote:

"It may be said that high potencies aren't what they seem to be, because their method isn't

Hahnemann's. But this does not apply to Boericke's, Jenichen's, Dunham's, Lippe's and my own, which are produced according to a procedure that if Hahnemann would be able to see, he would approve, as all essential points are scrupulously observed and actually improved and in less time, mistakes are almost impossible, as so much perfect are the methods employed."

Dunham was one of the first to mechanize the procedure of dynamization. He believed that the use of strong forces would elicit better results. He put 120 vials at the end of a windmill's wheel wooden blades, which would generate an oscillating motion that made vials go up and down 50 cm high. The force applied - approximately half a ton - was much more stronger than the one a human arm may effect. He used 125 beatings at each step. His potencies, 200D ("D" from "Dunham") took one week to be ready and were prescribed by many American doctors (15).

Jencihen held succussion as the most important stage of the process and he believed that every 12 succussions increased the potency of the solution in 1 degree. This was an original notion of his (15).

German-born Boericke migrated to the United States, where he joined the bookseller Tafel. Hering suggested both to sell remedies besides books. Boericke eventually would graduate as a physician and both established Boericke & Tafel's laboratory. He built a machine that made centesimal dilutions, agitated 5 times, 100 potencies per minute. (15)

Bernhardt Fincke prepared potencies according to different procedures. For instance, he would begin with K30 and succussion them 180 times per minute. He patented his method as "fluxion". He put a CH30 in a 30 ml vial, and made a continual flux of water pass through it. He believed that every 30 mL of water, the potency would increase in 1 degree. When the desired potency was reached, the vial would be emptied and filled with alcohol, with 2 succussions. Besides dynamizing merely by the passage of water through an initial potency, he used tap water as he believed that "a 30th has already been so much dynamized, that it may not be destroyed by any chemical nor physical agent, as it possesses a different nature." (15)

Winston tells that Robinson, in 1941, alluded to some apprehension in those that saw in Fincke's proposal "a radical departure from all that was held as indispensable in the process of dynamization. But, it's a fact that these machines became real and the their clinical application seems uniformly satisfactory." (15)

Skinner stated that once the vial was deeply penetrated by the remedy, and assuming that the process of attenuation is infinite, it would be impossible to "wash out" its medicinal properties through cold water, but that its therapeutic power would be much increased and that only heat would be able to break the chain, to which he attributed spiritual power.

Believing that succussion was not important, he prepared Sulphur beginning from a drop of tincture and a 60 mL vial, which he slowly filled with water. He emptied it without any agitation and filled it again. After repeating this procedure 1,000 times, he prescribed it to a "Sulphur" patient. He says that its effect was so powerful, that it needed to be antidoted. He also believed that his potencies - with Kent's strong approval - were truly hahnemannian.

Swan would make water pass through a machine full of holes, as a sprinkler, in order to "elicit a perturbation much more violent than the succussion".

Allen's machine is unknown, but it started from a Kent's CM. It was used by Ehrhardt & Karl of Chicago, to prepare potencies from DM to DMM (500,000 to 500,000,000). It seems that some of them are still in use. Argentine pharmacist Arturo Méndez bought some of these extremely high potencies and sold them to Brazilian pharmacies. Hence, we may be even able to find them in Brazil.

We should keep in mind that the scale of potencies prescribed by Kent (30th, M, 10M, 50M, 100M, 500M and MM) required mechanic dynamizers. Kent did not know the Organon's 6th edition and never heard of the LMs.

Winston suggests that to better identify dynamizations, we should call them by the name of the substance, potency and method of preparation, besides the name of the manufacturer of the machine, as it appears in old references (e.g.: 1 paper of Belladonna CM Fincke; Bryonia alba 30 B&T; Baptisia 8 MM Swan; 1 paper Sanicula 10M Tyrell).

As time went by, Homeopathy declined in the United States. In Europe, until the 1960s, the French would use mechanic machines to prepare higher potencies. One of such machines was bought by the Laboratório Homeoterápico. Arturo Méndez first saw it there and afterwards he built one, which was bought by Brazilians. This dynamizer, known as Lock's model, promotes a continual dilution of the initial substance, with simultaneous agitation by blades. Argentinian visiting professors strongly recommended its use. National models were developed later on.

Méndez stated that

"The system is not perfect from a

hahnemannian point of view and it must not be compared to it. Yet, its therapeutic worth has been proved in practice, through its use by Argentinian and Brazilian homeopathic physicians. Clinical experience upon human beings gave its positive verdict. The system is valid."

As Continual Flux dynamizers began to be produced in Brazil, they became available to a growing number of pharmacies. Research conducted by the ABFH (Brazilian Association of Homeopathic Pharmacies) showed that several techniques were employed to prepare potencies with a same machine: empty chamber, full chamber and "microdrops"¹. The Manual of Technical Norms of the ABFH and the second edition of the Brazilian Homeopathic Pharmacopoea include several articles that try to standardize techniques. The Pharmacopoea makes financially impossible to dynamize very high potencies. Brazilian pharmacies own potencies prepared very differently - sometimes, the procedure is even unknown -, bought in the country and abroad. The third edition of the recently published ABFH's Manual includes the proposal voted at the last general meeting: use of 100 rotations per step and adoption of two criteria in the calculation and use of the Continual Flux dynamizer: change of solvent according to the volume of the chamber up to the FC ..., and the use of the microdrop technique from this potency on. This makes the ...potency less diluted than the previous one. It is the consensus of most members of the ABFH, and it is still unknown to physicians. (16, 17)

Whatever the technique, equipment or method employed, we may say that the preparation of very high potencies may only be accomplished through mechanic dynamizers. It demands large amounts of purified water, consequently, of electrical power, especially when water is purified through distillation. The fact that the Pharmacopoea rejects the use of the microdrop technique - which actually diminishes material and energy consumption - may make high potencies less available, notwithstanding the fact that their use has increased in the last decades, especially by Kentian homeopaths.

Discussion

We have reviewed several methods and scales of dynamization. As none of them has been completely abandoned, we may conclude that all of them may affect

clinical results. If it weren't the case, we would have already established their therapeutic inertia. Yet, we still don't know if any one of them is better than the others.

If neither dilution alone nor agitation alone increase the effect of a substance, the "magic" only appears when both procedures are performed together. Let's imagine a hypothetical situation: a CH30, prepared according to Hahnemann's traditional method. We decide to further dilute it 1%: we expect that it will lose "strength". But if we now agitate it 100 times, it will recover its power. Now it became a CH31 and, according to homeopathic principles, "stronger" than before, when it was CH30. We may wonder, "how such magic happened?" When did the "weaker" previous solution became "stronger"? After completing 100 succussions? Can't be: Hahnemann only used 2 to 10. We neither have standardized how these agitations must be done. 100 succussions elicit stronger effects? Does "stronger" equates to "better" clinical results? According to Hahnemann, it depends on each case. Does the number "100" has any special meaning? Or may be it possible that changes continue to occur indefinitely? According to the LM method, the remedy is routinely prescribed in daily doses, always shaking the vial 8 to 12 times before taking it. Thus, it would be agitated 10 times X 10 days, 100 times before changing the potency. This is the reason why we focus on the number "100".

If now we were to try to understand the "magic" of dynamizations prepared according to the method of Continual Fluxion - where dilution and dynamization are performed simultaneously -, such "magic" only becomes perceptible after switching off the machine. Dilutions made in different ratios and agitations varying in time would produce different effects.

How are we to approach potentization accomplished exclusively through dilution? Vieira explains that in this case, agitation would be exclusively represented by the brownian motion of particles. Once again, the same question: what is more important, to dilute or to agitate? Or both? Consecutively or simultaneously? (18)

Madeleine Bastide, at a 2002 meeting in São Paulo, mentioned the experiments conducted by Oberbaum in Israel. He studied the healing properties of Silicea in injuries produced by metallic earrings in mice. Both the 30th and 200th potencies shown similar results. This may contradict some assumptions of clinical practitioners that state that patients react to specific potencies of a remedy and not to all of them.

¹ At the Congress of the International Homeopathical Medical League, Rio de Janeiro, 1986, Méndez presented a variation known as "microdrop technique", where the initial volume of the potency is reduced, and he would make all changes according to this new volume, so that, changes are performed according to the volume of dynamization initially added to the chamber. This procedure allows to obtain very high potencies, especially above MM.

Anyway, it's useful to keep always in mind that besides having to be reproducible, experimental research must be very carefully appraised when transferring its results from animals to human beings.

Several researchers are using a pool of neighboring potencies instead of testing a few chosen potencies, as they argue that the action of substances doesn't follow directly the raise in potency, but they seem to follow a sort of "see-saw" curve. By using a mixture of 4 or 5 close potencies (e.g., a solution of the 28th, 29th, 30th, 31st and 32nd potencies instead of the 30th alone), it would increase the probability of working with at least one active potency.

Both Oberbaum's and the pool's results must make us ponder on the limits of potencies. Yet, we have to insist upon the fact that clinical results in humans are more important than any experimental research, which merely supply us data that must be controlled through careful clinical observation.

Bastide also made some statements that seem definite concerning dynamizations:

- they show dilution-dependent effect, which does not equate to dose-dependent effect;
- their effect goes through glass, so that it may be transmitted to or suppressed by electromagnetic fields.

Benveniste stated that potencies prepared by different researchers - even with the help of mechanic agitators - may elicit different results. In his own work, he uses both traditional dynamizations and others prepared by transmission through electromagnetic fields into a sealed vial containing water. Besides this, by transforming the action of a diluted substance into an electromagnetic signal, it may be fed into computers. He says that "although the voice of a live singer isn't the same as her recorded voice, the latter faithfully reproduces her voice". As such, it's possible to record and transmit signals to faraway places. He predicts that in the future it will be possible to retrieve from files signals corresponding to the frequencies required for the treatment of a particular individual. That is to say, we will be able to expose water to such frequencies and treat patients from afar.

This kind of thinking is disturbing. While many homeopathic practitioners still think of doses as amounts,

many other imagine potencies as non quantitative stimuli. Concerning the statement that potencies' effects get through glass, we wonder the consequences for our stocks of remedies. Moreover, how we will be able to guarantee the effectiveness of potencies if they are subjected to the influence of electromagnetic fields, ever more common in our environment, arising from the use of computers, cell-phones and electric and electronic appliances?

Dynamizations pose so many doubts. We haven't yet solved many questions of the past that future possibilities are already in front of our eyes: traditional dynamizations, electronic dynamizations, all with their possible ramifications. Dynamized remedies, used according to the Law of Similars, are active and may be effective in therapeutics, with several advantages over the remedies of classical pharmacology. If Homeopathy is to develop in the future, we need to find the answers for these questions now.

Conclusions

Thorough research shows that univocally, dynamized solutions may be used, according to the Law of Similar, in the treatment of both individuals and populations, extending their scope of action from human beings to animals, and perhaps even to plants. In the present article, we have reviewed several aspects concerning the preparation of homeopathic remedies, in the hope that practitioners will be enlightened. Many new ideas have been summarized in order to awaken curiosity and interest, as further clinical and pharmacological research is needed. We hope to contribute to a better understanding of the process as it's basic for homeopathic professionals in general.

Jeremy Collier, quoted by W W Robinson, stated:

We shouldn't reject evident truths just because we can't answer all questions about them... This evidently applies to a small group of physicians that firmly maintains that there is tremendous therapeutic power in the high potencies. Lying in darkness, this idea is like a slumbering giant, that needs to be awakened."