Abstract

The idea of posology in homoeopathy had been in use since its discovery by Hahnemann. But the real understanding of the proper use of potency and the proper dose that constitutes the real realm of the simple curative science has been in vogue and there has not been any standardization as to the idea of curative potency and the dose.

The selection of the dose and the selection of the remedy is not only an integral part of the process of making a homœopathic prescription but quite important also. A well selected remedy may fail at times, or even do injury, because of wrong dosage.

This paper goes in the quick evolutionary history of what were the concepts in relation to the science of posology and what were Hahnemann’s ideas in relation to dose and potency during his years of experimentation of the Homoeopathic science. The conclusion is drawn to simplify the problem of selection of right potency and dose for the cure of the case in hand.

Keywords: dose, doctrine of dosage, dynamization-theory, infinitesimal, law of cure, posology, potency, susceptibility

Introduction

What is posology?

‘Posology’ (Derived from the Greek word ‘posos’ meaning how much, and ‘logos’, meaning science) is the branch of medicine/pharmacy dealing with doses while ‘dose’ is the quantitative amount administered or taken by a patient for the intended medicinal effect.

According to Chamber’s dictionary- Posology is the science of quantity or the science of doses

According to Stedman’s Medical dictionary- it is the branch of Materia Medica and therapeutics that has to do with determination of the doses of remedies or the science of dose.
As per Dr. Stuart Close- Posology (from the Greek, posos, how much) means the science or doctrine of dosage.

BACKGROUND

The subject of dose in homoeopathy had been very important. The subject matter of posology was so misunderstood that the early physicians developed controversies regarding it and divided into two factions, one group restricted themselves to the crude tinctures and triturations, or the very low dilutions, ranging from 1x to 6x while the other ranged from the third to the thirtieth potencies. And another small class of metaphysical group tends to use only the very high potencies, ranging from the two hundredth to the millionth, each according to his personal preference.

To understand the concept of what constitutes a dose, it is essential to throw some light on the concept of the history of homoeopathy, and upon the development of the problem of dosage.

Before Hahnemann, large or massive doses were used quite often as a rule. Even in the early part of his practice he made cures with massive doses of crude medicine, but from his close observations and continual experiments he found that he obtained adverse drug effects quite often than he could make successful cures.

On this he started reducing the dose by further dividing the dose and found that the smaller the dose was, the more beneficent were the results. His experiments with the divided dose did not come until he had discovered the dynamic action of disease. Then after logical understanding, he formulated that, if disease is dynamic in nature, then the use of a remedy to cure, or even to reach the disease, must be dynamic, rather than physiological, in form and power. When he became convinced of this, he reduced the dose, by dividing the dose again and again, and thereafter watching closely the results. The more Hahnemann became convinced of the dynamic nature of disease, the more he sought the dynamic plane in medicine, and the more beneficial he found the administration of the similia. Slowly and gradually, the minimum dose which is always a flexible measure became ever smaller and smaller, until it has developed into the infinitesimal.

H.A Roberts also mentions in his book ‘The Principles and Art of Cure by Homoeopathy’, Hahnemann's final views and practice in regard to the dose which were arrived at gradually, through long years of careful experiment and observation.

His discovery of the principle of potentiation came about gradually as he experimented in the reduction of his doses, in order to arrive at a point where severe aggravations would not occur.

Roberts also mentioned in the chapter ‘Dose’ that the homoeopathic doctrine of dosage was based upon the discovery of the opposite action of large and small doses of medicine. Describing the Law of Mutual Action he gave an example of Ipecac, which in
large doses causes nausea and vomiting and in small doses, under certain conditions, will
cure the same; that Opium in large doses will cause a deep sleep or narcosis, and in small
doses, under certain, conditions, will cure the same. Further he had given the distinction
between physiological, therapeutic, and pathogenetic action of drugs, used by the two
schools of medicine to express the nature of the action of the drugs. According to him the
action of a drug may be pathogenetic (toxic), or therapeutic (curative), depending upon
the size and strength of the dose, the susceptibility of the patient and the principle upon
which it is given.

Homœopathy requires that the therapeutic dose must be capable only of
producing a slight temporary aggravation or intensification of already existing
symptoms, never of producing new symptoms.

Considering the reasons why the dose of the medicine chosen homeopathically is
necessarily smaller than the physiological dose of antipathic or allopathic prescription,
we meet first the fact of organic resistance. The homeopathic dose, therefore, is always a
sub-physiological or sub-pathogenetic dose; that is, a dose so small as not to produce
pathogenetic symptoms.

A third reason is that the homeopathic drug is always given singly, so that its action is
complete and unmodified by other drugs. Thus he arrived at his final conclusion that the
proper dose is always the least possible dose which will effect cure.

Regarding choosing of the Potency there are many opinions about the selection of the
dose but there is no clear cut understanding that help us to choose the best potency for a
given case.

The series of potencies has been compared to the gamut in music, "A skillful artist may
indeed construct a harmony with the various vibrations of the same chord; but what a
more beautiful and perfect harmony might he construct by a proper combination of all the
sounds that can be elicited from his instrument." (Guernsey.)

Generally it may be said that any curable disease may be cured by any potency of the
drug so selected on the basis of individualized approach, but the fact is that it may fail to
act speedily as may be expected due to its non-selection of the proper potency.

Jahr says, “By continual diluting and succussing, remedies get neither stronger nor
weaker, but their individual peculiarities become more and more developed;” i.e., their
sphere of action is enlarged.

According to Jahr in a given case, where the symptoms are not clearly developed and
there is an absence or scarcity of characteristic features; or where two or three remedies
seem about equally indicated, susceptibility and reaction may be regarded as low. We
give, therefore, the remedy which seems most similar, in low (third to twelfth) potency.
And when the characteristics of the case correspond to the characteristics of the one
single remedy, high potencies- thirtyeth, two hundredth, thousandth, or higher are given.
The choice of the dose is influenced by the factors like the susceptibility of the patient, the seat of the disease, the nature and intensity of the disease, the stage and duration of the disease and the previous treatment of the disease.

Higher is the symptom similarity of the remedy to that of the characteristics of the patient, the greater the susceptibility to that remedy, and the higher the potency required.

The Susceptibility is modified by age. Susceptibility is greatest in children and young, vigorous persons, and diminishes with age. Susceptibility is modified by Constitution and Temperament. The higher potencies are best adapted to sensitive persons of the nervous, sanguine or choleric temperament; to intelligent, intellectual persons, quick to act and react; to zealous and impulsive persons.

Lower potencies and larger and more frequent doses correspond better to torpid, mentally dull, sluggish and phlegmatic individuals, to coarse fibered, sluggish individuals of gross habits; to those who possess great muscular power but who require a powerful stimulus to excite them, can take large amounts of stimulants like whiskey without any side effects, and show little effect from it. They often require low potencies, or even sometimes, material doses when fall ill.

Susceptibility is modified by habit and environment. - It is increased by intellectual occupation, by excitation of the imagination and emotions, by sedentary occupations, by long sleep, by an effeminate life. Such persons require high potencies.

Susceptibility is modified by pathological conditions. In certain terminal conditions the power of the organism to react, even to the indicated homoeopathic remedy, may become so low that only material doses can arouse it.

**PRINCIPLES OF HOMOEOPATHIC POSOLOGY**

In order to understand the principles behind the doctrine of homoeopathic Posology the three things necessary to be understood are:-

1. The Dynamic concept of disease
2. Susceptibility and
3. Remedy reaction

If we wish to differentiate Posology versus Law of similar, it is found that Law of Similars are the fundamental unalterable principles while the science of Posology i.e doses, can be altered and the rules relating to it are subject to modifications as per the experience. This can be understood by seeing Hahnemann’s changing views on Posology. On perusal of Organon it is found that the concept of posolgy exhibits ever modifying and changing ideas.

What is required to grasp the idea of Posology is the thorough knowledge of dynamic action of homoeopathic medicine and rules of Posology. The fundamentals of homoeopathic Posology are represented in trinity of Single remedy, Minimum dose and Minimum repetition.
By Single remedy is meant that one medicine is to be given at a time as only one remedy can be exactly similar to the case. If we make a combination prescribing which is a mixture that can never act as homogenous but rather act as heterogeneous substance having no consistent pathogenesis in proving so will be of no later clinical use. There are routine alternators using one remedy in alternation with the other; alternation of remedies can be considered only when symptom groups tend to alternate eg., Bryonia and Rhus tox in enteric fever. But in Chronic case alternation of symptoms itself becomes characteristic which must be covered by a single remedy.

Regarding Minimum dose it can be explained by the fact that the Patient exhibits maximum susceptibility to the similimum and Susceptibility decreases as the remedy moves away from the pivotal point. Hahnemann’s drifted from crude dose to progressive reduction in doses by way of succussion and trituration that led to the process of potentization, a unique way of liberating the dynamic power of the drugs. Also minimum force is sufficient to restore the lost balance. But for low susceptible states like cancer and other pathological conditions minimum dose may be tincture.

Homoeopathic therapeutics is based on Law of Similars and not on Infinitesimal dose.
We need to assess the susceptibility of the patient to decide the potency. Any error may lead to poor response or in exaggerated response even though the remedy may be right.

GENERAL GUIDELINES FOR POTENCY SELECTION

1. The closer the similarity between the remedy and the patient’s state, higher the potency
2. Well defined characteristic mental will require High potency
3. Remedies that are inert in crude states demand higher potency
4. Potency that helped in the last need be repeated in same to avoid aggravation.
5. In chronic cases where Highest potencies are tried with little benefit, low potency (30th) may yield result
6. In allergic patients after a remission, if again exhibits old symptoms, a constitutional high potency may precipitate aggravation.
7. Remedy prescribed on poor indications or for a particular effect, low potency or θ is helpful.
8. In acute illness affecting vital organs;
9. High potency frequently repeated. May bring crisis
10. Low or medium potency with frequent repetition. Lead to crisis

Table: 1 showing the indications for various potencies where they prove effective

<table>
<thead>
<tr>
<th>INDICATIONS</th>
<th>HIGH</th>
<th>LOW</th>
<th>MEDIUM</th>
<th>ASCENDING</th>
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<tbody>
<tr>
<td>1.Extremely close correspondence to the similimum.</td>
<td>1.Cases with predominant disease symptoms, indicating adv pathological</td>
<td>1.Affords max safety and Reasonable efficiency</td>
<td>1.Recommended by M. Tyler for some resistant cases</td>
<td></td>
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<td></td>
<td>Changes.</td>
<td>Predominant Mentals.</td>
<td>Partially proved Organ remedies like TBP, Chelone, Pareira b. etc.</td>
<td>Can be given if doubtful of accuracy of Rx.</td>
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<tr>
<td>2. Predominant Mentals.</td>
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<td>3. Acute illness with changes in vital organs.</td>
<td></td>
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<td>Biochemic remedies.</td>
<td>Can be employed in Hypersensitive patients</td>
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<td>4. Allergy to chemicals and drugs</td>
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<td>5. Poor reaction; nosode in high potency repeated rptd infrequently.</td>
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Table: 2 showing the contraindications for various potencies where they can prove ineffective, dangerous or may cause aggravation

<table>
<thead>
<tr>
<th>CONTRAINDICATIONS</th>
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<tbody>
<tr>
<td><strong>HIGH</strong></td>
</tr>
<tr>
<td><strong>LOW</strong></td>
</tr>
<tr>
<td><strong>MEDIUM</strong></td>
</tr>
<tr>
<td>1. Advanced pathological conditions involving vital organs (killer type of aggvn may result if deep acting constitutional)</td>
</tr>
<tr>
<td>2. Hypersensitive patients, persons with skin allergy</td>
</tr>
</tbody>
</table>
### GUIDELINES FOR TIME OF ADMINISTRATION OF HOMOEOPATHIC REMEDIES

1. Most remedies to be given at bed time except Sulphur (Sulph. Only in cases of Insomnia) Sulphur has to be given in morning except in cases of insomnia otherwise it may cause night aggravation. Rest most medicines if given at night may be better adapted & assimilated by the body when the body is at rest & their effects may be visible in the morning.

2. Not to be given before or during the period of aggravation; be given after the time of aggravation like Nat mur in morning; Lyco in the evening.

3. Deep acting remedies not to be administered before and during paroxysm in periodical diseases, while superficial remedy can be administered eg., In case of Nat mur, Bry can be given for acute stage to be followed later by Nat mur

4. In chronic case acute exacerbation is to be controlled by acute (superficial) remedy.

5. For menstrual troubles, constitutional remedy is to be given after the menses is over and any acute or superficial medicine can be given for pain etc.

6. In asthma, after every acute (superficial) remedy, follow up has to be done with the constitutional

7. Tuberculinum is to be given during quiescent state.
GUIDELINES FOR REPETITION

1. Medicine to be stopped as soon as adequate response is observed.
2. Not to be repeated till the favourable response continues.
3. Cessation of progress not to be taken as indication for repetition.
4. To be repeated only when there is return of symptoms.
5. In acute cases the action of a remedy exhaust early so can be frequently repeated; premature cessation of the remedy may cause relapse.
6. In chronic cases *single dose stimulation* should be the rule but *multiple dose stimulation* can be given where single dose stimulation has failed.
7. Before changing potency *multiple dose stimulation* can be tried to avoid needless aggravation.

CONCLUSION:

The idea of giving a proper dose is not a new one but till date there exists confusion as to what should be the right dosage and the potency for any case. Many stalwarts have given the explanation and tried to resolve this problem. There have been developed general guidelines as to the dose and potency selection. But for sure if we are seriously looking at the case and apply these guidelines we may get the success. Yet still it is the skill that has to be acquired by the homoeopathic physician through proper understanding of the principles of minimum dose, idea of repetition and idea of single remedy, the idea of when to stop the medicine and when to raise the potency etc. so as to lead the case to best possible relief and cure.

REFERENCES:

4. PDF at http://www.foxitsoftware.com; ‘Posology of Homoeopathic Medicine’ by Dr. S.K. Bhattacharyya