



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2023; 7(4): 43-45

Received: 04-07-2023

Accepted: 07-08-2023

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Dosing in homoeopathy: The practical approach

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DOI: <https://doi.org/10.33545/26164485.2023.v7.i4a.958>

Abstract

Homoeopathy relies on a special set of rules for dosing that set it apart from conventional medicine as an important component of treatment.

The potency, quantity, and form of the drug, as well as its repetition, are all parts of the homoeopathic dose. It is either always a sub-pathogenetic or sub-physiological dose. This dose is so small that it just alleviates current symptoms rather than causing pathogenetic ones. The finding of the opposing effects of high and small dosages of medicine served as the foundation for the homoeopathic concept of dose, just like the law of cure.

The goal of homoeopathic disease treatment is to eliminate symptoms rather than to induce them. It is feasible to accomplish this directly without causing symptoms by using a similar medication in the smallest dose.

Keywords: Homoeopathy, potency, posology, centesimal scale, decimal scale, 50 millesimal, 1m scale, dynamization, potentization, succussion, trituration, simillimum

Introduction

The Greek terms "posos," which means "how much," and "logos," which means "study," are the source of the word "posology." Posology refers to the dosage philosophy in homoeopathy.

A homoeopathic dose includes repetition in addition to potency, quantity, and form of the medication.

Different potencies are as follows

1. The Hahnemann Centesimal Scale, which is indicated by the potency's numerical designation or by the number followed by the letters C or CH, such as 30C or 200C.
2. The Hering Decimal Scale, which is indicated by the suffix X following the number, for example, 200x.
3. Quinquagintamillesimal or Q potencies, often known as the 50 Millesimal or LM Scale.

In the final years of his life, Hahnemann developed this scale. Potencies can be categorized roughly as low, high, and medium. Low potency is defined as anything between Q and 12C, medium between 12C and 200C, and high between 200C and DM, MM, and DMM^[1].

Hahnemannian Perspective

Around 1790, Hahnemann first started using 'similar' medications, and eight years later began to experiment with gradual reductions in dosage. He used dynamized medications in preference to material doses till the end of his lengthy life, showing that as a physician he grew more delighted with the outcomes of doing so.

In the year 1798, he began to carry out the first studies with dose reduction. These comprise 2x, 4x, and 2c. Peter Morrel's research indicates that Hahnemann started further reducing the dose in 1799 by utilizing 5x, 6x, 3c, and 8x. He started using 10x in 1800, and 12c made its first appearance in 1803 after that. The 18th centesimal dilution, which would prove to be one of his most frequently used potencies throughout his lengthy career, first occurs in 1805. He introduced 30c for the first time in 1816, and it has since become his most popular and highly regarded potency. The first mentions of 6C and 60C, respectively, came about in 1819 and 1824, respectively. He initially cited olfaction as a technique of administering medicine in 1830, and he continued to use it frequently up until the end of his life. The LM potencies finally made their first appearance in 1838. Though he continued to give centesimal potencies to most of his Patients, he was gradually gravitating toward the use of LM potencies as he neared the end of his life.

Hahnemann is known to have seldom utilized potencies up to 30C during his lifetime. However, Madame Hahnemann, as quoted by Farrington, said that he had occasionally used the 200th and 1000th. But he seemed to have only used the 1000th only once [2].

A Homoeopathic Dose

A sub-physiological or sub-pathogenetic dose is what a homoeopathic dose always is. It is administered at a dose that will not cause pathogenetic symptoms; instead, it will merely get rid of any existing ones. The law of cure and the finding of the opposing effects of big and small doses of medicine served as the foundation for the homoeopathic doctrine of dose. The third Newtonian law of motion-"Action and reaction are equal and opposite"-the Law of Mutual Action, is used in medicine once more.

However, in what are known as proving, pathogenetic doses may be administered to a healthy person for experimental objectives. The goal of homoeopathic disease treatment is to eliminate symptoms rather than to induce them. This can be accomplished directly without causing symptoms by using the same medicine in the smallest dose.

It is not required to employ physiological or pathogenetic doses because it is not necessary to utilize an indirect, antipathic, or allopathic approach of treating an illness in one part of the body to treat a sickness in another part of the body. By using sub-physiological or sub-pathogenetic doses, or, in other words, the minimum dose, which is a dose so small that it is not capable of producing symptoms when used therapeutically, the homoeopathic cure is obtained without discomfort and without the production of any drug symptoms, in a positive and direct manner [1].

Potency

Depending on the nature of the condition and the subject's sensitivity, potency is the Maximum strength of a drug that, when administered in a minimal amount at predetermined intervals, would quickly cure the patient of his illness.

Although Hahnemann initially utilized un-potentized medications, his course of treatment was homoeopathic. Agreement between the medicinal picture and the individual picture the patient presents is the key issue. It is crucial, but comes in second, to adjust the potency to the patient's "sensitivity."

It is a versatile idea that allows one to employ any potency, from the lowest to the highest, depending on the requirements of a case. Following is the current stance. Making homoeopathic medications involves alternating dilution and succussion (violent shaking). A crucial component of the technique is the succussion. The difference between a homoeopathic medicine and an ordinary solution is that a homoeopathic medicine is intended to be succussed to boost its action. This process of enhancing a drug's potency is known as potentization (for dynamization), and the drugs are usually referred to as "potentised."

Commonly used potency scales include the decimal, which advances in stages of 1:10, and the centesimal, which advances in steps of 1:100. A 1:10 or 1:100 dilution is created starting with the original "mother tincture," which in the case of a plant is an alcoholic extract. The resultant solution is referred to as the first potency once this is succussed. This is now the starting point for the subsequent steps of succussion and dilution, which produce the second

potency, and so on. Typically, x and c stand for the 1:10 and 1:100 potencies, respectively; so, *Aconitum napellus* 6c, which has undergone six succussions and has a concentration of one part in a billion in comparison to the original tincture, is the sixth centesimal potency of the *Aconitum* plant. Insoluble materials, such as metals, are processed by combining them in a mortar with lactose (milk sugar) in a ratio of 1:10 or 1:100. Trituration, as it is known, is thought to be the counterpart of succussion. Following the sixth trituration, the particles are sufficiently small to form colloidal solutions in water, and liquid potentization then proceeds as usual.

It is widely believed that the more potent (or more diluted) a medicine is, the more effective it is. This concept appears to defy logic, but the seeming paradox is justified by the fact that the more diluted preparation has gotten more of the crucial succussions [1].

Application of Potency

The guidelines that a physician will use to determine potency are as follows:

Ensure that the chosen medicine is a near similar (or simillimum).

1. After choosing the remedy, it must be administered in the right potency for the patient until there is no apparent change in their condition. The potency may then be advanced if the patient is not cured and the symptoms remain the same, for example, if the first prescription was given in the 6th, the second may be advanced to the 30th. However, under no circumstances should the remedies be changed until the symptoms call for it.
2. Low potencies should only be utilized when the disease has significantly altered the body's organic constitution. For instance, a high potency would likely result in a severe and extremely painful aggravation in an advanced case of arthritis. Similar to this, when a high dosage is administered, chronic skin issues frequently show a quick reaction.
3. Only in cases where there is little to no biological change and a very clear indication for the remedy should higher potencies be recommended.
4. In general, employ the higher potencies (30th-200th) for chronic diseases and the lower potencies (6th-12th) for acute conditions. It will be discovered that one dose is frequently enough to cause a noticeable improvement in a chronic condition that will last for a long period. Therefore, the dose shouldn't be given again until a clear sign of relapse [1].

The Infinitesimal Dose Principle

The idea of small doses is at the core of homoeopathic dosing. According to this principle, a substance's potency increases when it is diluted and vigorously shaken, not decreases.

Contrary to popular wisdom, which frequently equates effectiveness with increasing doses, the concept defies common sense. According to homeopathy, these extremely diluted medicines stimulate the body's vital energy, prompting a healing reaction.

The Healing Reaction

It is sometimes possible in homoeopathy to cause what is referred to as a "healing aggravation" or "homoeopathic

aggravation." As the vital force reacts to the cure, there is a brief worsening of symptoms that happens. When this occurs, it is viewed as a good sign. The treatment is working, and the body is repairing itself.

The susceptibility is the foundation of the entire drug-disease connection. The only way a medicine may combat a disease is if it is like the condition; otherwise, it has no effect other than physiological, which is never curative. This interaction between the patient and the medicine does not exist if the patient lacks a desire to be susceptible to its effects. It is directly related to this susceptibility and is based on how closely the disease's characteristics and the drug's characteristics resemble those aspects of the condition that reveal its unique nature^[3].

Learning to wait is one of the hardest things to do. It takes three things: *patience, courage, and wisdom*. If the remedy is incorrect, then "strong doses" and regular recurrence will be ineffective^[4].

Conclusion

The homoeopathic cure works in a manner comparable to the illness-producing cause by acting on the same pathways involved in disease states. Therefore, it is essential to take the least amount of medication feasible to prevent more agony and discomfort. The homoeopathic dose is therefore never as effective as the physiological or pathogenetic dose. It must never be large enough to cause new symptoms, and it must never be too little to cause excessive aggravation of the already current symptoms.

Like the disease-causing cause, the homoeopathic remedy works on the same pathways involved in disease states. Therefore, it is essential to use the lowest dose possible to prevent the pain and distress from getting worse. It must never be large enough to cause new symptoms, and it must never be too small to only slightly aggravate the symptoms that are already present.³

Conflict of Interest: Not available

Financial Support: Not available

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How to Cite This Article

Pandey V, Gupta K, Singh R. Dosing in homoeopathy: The practical approach. International Journal of Homoeopathic Sciences. 2023;7(4):43-45.

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