

EVOLUTION OF HOMOEOPATHIC POSOLOGY

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ABSTRACT

Homoeopathy is based on the use of potentised remedies following the law of similia. It is the science of determining and understanding of dosage, as based on research into a huge number of factors. This article shows our sincere and humble attempts to focus on the historical development of posology and unfolding of dose and potency.

Keywords: Dose, potency, repetition, Scientificity of potentisation

INTRODUCTION

The term **Posology** originates from *Greek* words ‘posos’ meaning ‘how much’ and ‘logos’ meaning ‘study’. In homeopathy, Posology means the doctrine of dose of medicine. A homeopathic dose means the **potency**, quantity and form of medicine as well as repetition.

Dorland Illustrated Medical Dictionary - “the increasing of potency; particularly the synergistic action of two drugs, being greater than the sum of the effects of each used alone.”

Stedman’s Medical Dictionary, “Interaction between two or more drugs or agents resulting in pharmacologic response greater than the sum of individual responses to each drug or agent..”.

HOMOEOPATHIC POTENTISATION

A physical process by which the dynamic energy latent in crude medicinal substances is liberated, developed and modified for use as medicine, and depriving it of its destructive or toxic actions.

Potentisation involves a series of Systematic dilutions and succussions or trituration.

Homeopathic potentisation is a mathematico-mechanical process for the reduction, according to scale, of crude, inert or poisonous medical substances to a state of physical solubility, physiological assimilability and therapeutic activity and harmlessness, for use as Homeopathic healing remedies.(Stuart Close)

SCIENTIFICITY OF POTENTISATION

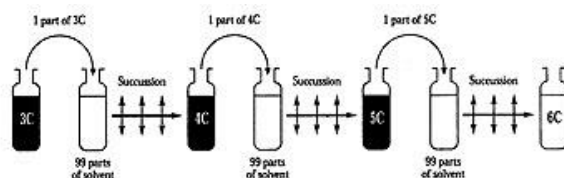
Science has failed to explain Homoeopathy because it still lacks in the essentials to explain its process. Therefore homoeopathy remains enigmatic to the scientific community.

Concepts explaining homoeopathy & potentiating *Water-Memory Theory*

French biologist Jacques Benveniste formulated the idea that water retains a "memory" of what has been dissolved in it and that it is this

memory that results in the homoeopathic effect. In 1988 Dr. Benveniste published a study in the journal Nature in support of his water-memory theory. He claimed his experiments showed that an ultra-dilute solution exerted a biological effect. The main evidence against water having a memory is that of the very short lifetime of **hydrogen bonds** between the water molecules.

The Hahnemanian method uses 1 part of the homeopathic potency to 99 parts of alcohol in a new flask and succussed to make the next higher potency on the centesimal scale.



The Korsakovian method is simpler and quicker and often employed to produce the higher potencies of 200C and above. In the Korsakovian method the same container is used for each succession of the dilution step.

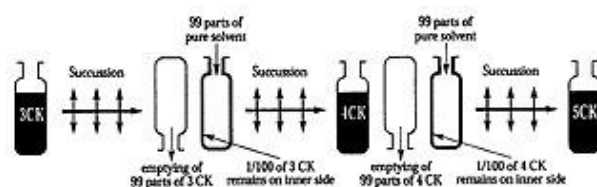


Table 1: Different types of potency

Potency	Introduced by	Principle	Ratio	Denoted By
Decimal potency	Dr. Constantine Hering	The First potency should contain 1/10 th part of the original drug. Also each succeeding potency should contain 1/10 th part of the	1:9	Suffixing the letter 'X' to the number indicating the potency. E.g. 1X, 2X, 3X etc

		previous potency		
Centesimal potency	Dr. Samuel Hahnemann in 5 th Edition of Organon. (§270 & §271), §270 of 5th edition deals with Succussion where as §271 deals with Trituration. ¹	The First potency should contain 1/100 th part of the original drug. Also each succeeding potency should contain 1/100 th part of the previous potency	1:99	Suffixing the letter 'C' to the number indicating the potency. E.g. 1C, 2C, 3C etc. often we simply affix the numerical after the name of drug, e.g. Apis 30.
L.M. Scale or 50-Millesimal Scale or Quinquagintamillesimal or Q scale	Dr. Samuel Hahnemann in 6 th Edition of Organon, termed as "Renewed Dynamisation". Named Fifty-Millesimal by Dr. Pierre Schimdt.		1:50,000	0/1, 0/2, 0/3 or LM/1, LM/2, LM/3 etc.

Low: Potencies below 30, **Medium:** potencies between 30 to 1M., **High:** potencies above 1M.

EVOLUTION OF POTENTISATION:

From the start of his establishment of a true system of Western medicine, in 1796 (*Essay on a New Principle*), Hahnemann introduced the concept of what we could term the "optimal dose," that is, the dose that is just greater in strength than the natural disease. In the period 1796 – 1801 we don't find a marked reduction in the dosage for we find him giving 4 grains of veratrum album for a case of colicodynia, Ipecac 5 grains, nux vom 4 grains etc.

Hahnemann also mentions repeatedly the use of moderate doses in cure compared to the large often poisonous doses common to his day. This concern with the poisoning effects of larger doses led Hahnemann to seek to reduce the quantity by diluting the medicine in alcohol.²

During his earlier period, Hahnemann was using massive doses, as was the practice in those days. But by his keen observation he was able to detect that large doses of medicine were causing undue aggravation. In § 621 in *Lesser writings (On the nature and treatment of venereal disease)* 1786 (pg 133) he says "... in very sensitive persons I have sometimes not have the occasion to use more than 1 grain of soluble mercury to cure moderate idiopathic venereal symptoms and commencing syphilis yet I have met with cases in which 60 grains were necessary".

[1798-1811]

Hahnemann Prescribed medicines in usual doses, but slightly reducing doses for the sake of preventing the violent action of the remedy.

Hahnemann gradually increased the dilution of medicines.

In 1799, Hahnemann first spoke of dilutions. The first hints of dilutions are to be found in the translation of the second part of the Edinburgh Dispensatorium (1798). Silver Nitrate was recommended by Boerhaave in doses of 2 grains, worked into pills with breadcrumbs and sugar. Hahnemann considered that too strong, and suggested a very diluted preparation. In the same year, in the "Apothecaries Lexicon" he recommends Sabina "in very small doses" and Hyoscyamus also "in very small doses according to my method one-sixtieth to one-thirtieth grain (0.000-0.002 gram) of the concentrated juice given in solution." Stramonium he liked to administer only in the hundredth or even thousandth part of a grain of the concentrated juice. (Haehl. Vol. I, p. 312)

In 1800, Hahnemann stated: As the physicians of today will not consider giving one ten millionth part [1/10,000,000] of a remedy, therefore Arsenic is not a medicine for them. (Haehl, Vol. I, p. 312)

In 1801, he gave the first detailed description about dilution and succussion in his treatise on scarlet fever (*Cure and Prevention of Scarlet Fever*).

The smallness of the dose in which the medicine **that acts upon the whole system of the living organism**, when it is suitable to the case, produces its desired effect, is incredible, at least is incredible to my colleagues, who think it requisite to give to infants at the breast opium in half-grain doses, and who are ready enough to attribute the sudden death by poisoning that often ensues to a multitude of other causes. The drops for internal use must be **intimately mixed** with

from one to four tablespoons of fluid (water or beer) just before they are administered. (*Lesser Writings*, p. 375, footnote 3). [3]

In speaking of the prophylactic action of *Belladonna*, Hahnemann also gives us very precise directions for a serial dilution that leads to a dilution of 1/24,000,000.

If we now wish to prepare from this the prophylactic remedy, we dissolve a grain of this powder ... in one hundred drops of common distilled water, by rubbing it up in a small mortar; we pour the thick solution into a one-ounce bottle, and rinse the mortar and the pestle with three hundred drops of diluted alcohol (five parts of water to one of spirit), and we then add this to the solution, **and render the union perfect, by diligently shaking the liquid.** We label the bottle strong solution of belladonna. One drop of this is **intimately mixed** with three hundred drops of diluted alcohol by **shaking** it for a minute, and this is marked medium solution of belladonna. Of this second mixture one drop is mixed with two hundred drops of the diluted alcohol, by **shaking** for a minute, and marked weak solution of belladonna; and this is our prophylactic remedy for scarlet-fever, each drop of which contains the twenty-four millionth part of a grain of the dry belladonna juice. (*Lesser Writings*, p. 380-381). [3]

Hahnemann wrote a defense of his new approach of posology in *Hufeland's medical journal* in 1801, entitled, *On the Power of Small Doses of Medicine in General and of Belladonna in particular.*

This article has a number of important observations

- The dry dose is weaker, the liquid dose is stronger.
- The sick person is more sensitive to the similar remedy, so the dose needs to be smaller (more diluted) to avoid an unnecessary homeopathic aggravation.
- The more acute the disease the smaller (more dilute) the dose.
- Use descending dose (that is from more dilute to less dilute) when the person is generally healthy and has only a local affection.
- The action of the diluted dose is purely "dynamical."
- The aggravation from a small dose of the wrongly selected medicine is quickly overcome and leaves no lasting effect (a form of unintended proving).

If the appropriate medicine in solution is efficacious in such a small dose, as it assuredly is - how highly important on the other hand is it, that in the event of the remedy being improperly selected, such a small dose can seldom excite such serious symptoms (ordinarily termed aggravations of the disease) as that they shall not soon disappear spontaneously, or be readily removed by some trifling antidote. (*Lesser Writings*, p. 387-389). [3]

In *Medicine of Experience (1805)*, which is the precursor to *Organon of Medicine*, he further elaborates upon his discovery, making it a doctrine and a foundation stone of homeopathy. In M.E Hahnemann says "... We have not only selected the right remedy but also hit upon the proper dose (for curative purpose incredible small doses suffice)" [3]

In the years **1816-1822** Hahnemann continued to use various dilutions/potencies from the Mother Tincture to beyond the 30C in some cases.

Around **1825**, Hahnemann began viewing these preparations as "dynamizations" or "potentisations" rather than as mere dilutions.

It was this phase, when he understood the idea of friction as bringing about the remarkable change in the activity of the drug.

•**1826** -Still earlier it was also stated in a note to Thuja in *Materia Medica Pura* which runs as, "The discovery that crude medicinal substances (dry and fluid) unfold their medicinal power ever more and more by triturations or succussions with non medicinal things, and in greater degree the further, the longer and the stronger this trituration or succussionis carried on, so that all their material substance seem gradually to be dissolved and resolved into pure medicinal spirit; ...". [4]

This is represented in his article "How can Small Doses of such very Attenuated Medicine as Homeopathy employs still possess great power" in **1827**.

•**1829**- But this idea was already hinted in 4th edition in second footnote to §278.

In the period **1829-1833**, Hahnemann embarked on the use, almost exclusively, of the **olfaction method**. This involved the sniffing of a single medicated globule of the 30C potency.

•**1833**- For the first time, §269 of 5th edition teaches the theory of dynamisation by Succussion and Trituration.

Dynamisation is not mere dilution which is emphatically stated in the preface to 5th Vol. of *Chronic disease* published in **1838**.

In describing, in 1837, the process of "shaking the liquid" each time a dose (usually a tablespoon) is given to the patient, Hahnemann states that this is the dynamization. Thus, the potency is not altered, as it remains the same potency by the nomenclature usually used (e.g., 30C) but the degree of dynamization is heightened. In 1837, Hahnemann published the use of the divided liquid dose, with succussion of the stock bottle each time. Hahnemann had come to the conclusion, from observation, that it was the too frequent repetition of the same potency that created an apparent resistance on the part of the Living Power. The homeopathicity of the remedy is as much due to its similarity in terms of dynamization to the disease as to its similarity on the basis of the symptoms or image of the disease. Thus, once the disease had been cured at one level of dynamization, a repeated dose was no longer homeopathic. Hahnemann's earlier advice to not repeat a dose for fear of undue adverse reactions was sound, but he now saw that it was linked to the issue of dynamization. But altering the dynamization of the remedy slightly each time, by succussion of the stock bottle and by dilution of the dose into a glass of water (with vigorous stirring), it was possible to give a dose daily.

This slight change in the degree of dynamization is even affected, if the bottle which contains the solution of one or more pellets is merely shaken five or six times, every time before taking it. (*Chronic Diseases*, p. 156) [5]

After the invention of Psora theory

After his invention of psora theory Hahnemann fixes an uniform standard for the dose of all remedies at a globule of the 30th dilution. In his essay 'On the extreme attenuation of homoeopathic medicine' he is found to recommend 30th dilution as standard.

Between 1837 and 1843, Hahnemann discovered that the almost daily repetition was still causing problems with sensitive and weak patients. Although he used the olfactory method with such patients, this method did not allow for the same degree of flexibility and fineness of adjustment as did the liquid, divided dose. He discovered that the degree of dilution had to be greater, the greater the rate of repetition. This led to the use of the 1/50,000 dilution instead of the 1/100 dilution, creating the Q or LM scale.

POST HAHNEMANNIAN ERA

Boenninghausen, a contemporary of Hahnemann, was clearly in favor of high potencies. He wrote many papers in support of high potencies and listed therein many advantages like - The sphere of action continually enlarges with high potencies so that in chronic ailments they hasten the cure.

In acute diseases, the effect appears quicker, and

They act in spite of discretion in diet.

Homeopaths like **T. F. Allen, Richard Hughes, Clarke, Boericke** were in favor of low potencies and advised the same in most cases.

On the other hand homeopaths like **Boenninghausen, Hering, Lippe, Guernsey, Raue, Dunham, H. C. Allen, Kent, Boger, Nash, Roberts** were all in favor of medium and high potencies.

Clarke says that for ordinary practice, with acute illness, the lower dilutions from the 1C to 3C will be most useful. For chronic diseases, the higher dilutions would be required.

Close gives the following considerations that influence the choice of the dose - [6]

The greater the characteristic symptoms of the drug in the case, the greater the susceptibility to the remedy and the higher the potency required.

Age: medium and higher potencies for children

Higher potencies for sensitive, intelligent persons.

Higher potencies for persons of intellectual or sedentary occupation and those exposed to excitement or to the continual influence of drugs.

In terminal conditions even the crude drugs may be required.

He also writes "Different potencies act differently in different cases and individuals at different times under different conditions. All may be needed. No one potency, high or low, will meet the requirement of all cases at all times."

The "**Indefatigable Jahr**" has very lucidly and beautifully illustrated this point. He remarks an essential difference between the action of the low and high potencies, which consists, not in their strength or weakness, but in the **development of, the peculiarities of the remedy, as we rise in the scale of potencies**. This is based on the well known fact that provings of the tincture and lowest potencies of a drug, -as a rule, produce only the more common and general symptoms of the drug, not very sharply differentiated from other drugs of its class. It is in the provings of the medium and higher potencies that the special and peculiar character of the drug is revealed by its finer and most characteristic symptoms. Jahr illustrates this by a geometrical figure, consisting of a number of **concentric circles, with radii drawn to represent remedies in different stages of potentiation**. [6]

Kent was not only an exponent of medium and high potencies but was also the preceptor of a generation of high potencists. He further writes: "When the similimum is found, the remedy will act curatively in a series of potencies. If the remedy is only partially similar, it will act in one or two potencies and then the symptoms will change and a new remedy will be required." [7]

Nash was also strongly in favor of medium and high potencies. [8]

Roberts advises that if the symptoms are very similar, we can go as high as we wish. The less sure we are of our similarity, the lower our potencies. As a rule when there is pathology, medium or high potencies may be dangerous.

General laws applied in posology (According to H.A.Robert) [9]

Law of dosage

The law might be stated thus: The curative dose, like the remedy, must be similar in quantity and quality to the dose of the morbid agent, which caused the disease.

The Law of Quantity and Dose

The quantity of the drug required is in inverse ratio to the similarity.

The Law of Quantity

The quantity of action necessary to effect any change in nature is the least possible. The decisive amount is always a minimum, an infinitesimal.

The Law of Quality

The quality of the action of a homoeopathic remedy is determined by its quality, in the inverse ratio.

The Law of Use

The dose and quantity that will thoroughly permeate the organism and make its essential impress upon the vital force is that which will affect the functional sphere of the individual.

The Law of Repetition (for proving)

Never repeat the dose while symptoms are manifest from the dose already taken.

The Law of Repetition (for cure)

Never repeat your remedy so long as it continues to act.

Constantine Hering says: "If the symptoms of the case generally have more resemblance to the primary symptoms of the drug then lower potencies, on the contrary more resemblance with the later effects (secondary action) thence advocate higher potencies." [10]

Carrol Dunham

In his Science of Therapeutic he says that the most vigorous opposition from old school as well as chief ground of division among the homoeopaths was upon the question of infinitesimal dose. Dunham says that the question of minimum dose is manifestly an open one. He states in favor of infinitesimal dose and concludes that there are many evidences in chronic disease that many medicines have acted in very large doses. [11]

CO-RELATION WITH MODERN CONCEPT

The discovery of relativity theory and quantum theory (the theory of atomic phenomena) in the 20th century ceased the classical concept of solid substances of Newtonian model. The light quanta, which gave the name of quantum theory have since been accepted as bona fide particles and are now called photons. At the subatomic level, the solid material objects of classical physics dissolve into wave like patterns that represent the probabilities of interconnections. In modern physics, the universe is thus experienced as a dynamic, inseparable whole, interconnected, there are no completely independent parts and that human consciousness is not independent of the Universe either.

CONCLUSION

Dr. Hahnemann's wish, the following words were engraved on his tombstone : 'Non inutilis vixi' which means " I have not lived in vain."

It was the discovery of quantum theory, the interconnectedness of the dynamic universe, the nano particles that modern physics has come to some strikingly similar conclusions that Hahnemann came to over more than 200 years earlier. Efficient therapeutic aid is possible in homoeopathy by these nano-particle laden homoeopathic medicines.

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