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Homoeopathic Posology In Clinical Practice: A Comparative Review With Modern Drug Dosage Principles And Case-Based Application

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Abstract

Posology, the science of drug dosage, is a fundamental component of homoeopathic therapeutics, guiding the selection of potency, dose, and repetition based on individual patient characteristics. The concept evolved through careful clinical observations that emphasized the need for gentle, rapid, and permanent cure using minimum medicinal stimulus. This article reviews the historical development, philosophical foundations, and clinical application of homoeopathic posology. The evolution of posology is traced from the early use of crude doses to the adoption of infinitesimal doses and potentization, highlighting the progressive refinement of dosing principles. The introduction of single remedy, minimum dose, and individualized prescribing established the core principles that distinguish homoeopathic posology from conventional pharmacological dosage methods.

The article further explores modifications introduced in successive editions of classical homoeopathic literature, including the concept of single unit dose, restriction on repetition, water dosing, and the introduction of fifty-millesimal potencies. These advancements enabled more flexible and individualized dose adjustment, minimizing aggravations while enhancing therapeutic response. Factors influencing potency selection—such as susceptibility of the patient, seat of disease, nature and intensity of pathology, stage and duration of illness, and

previous treatment—are discussed in detail. Emphasis is placed on the dynamic interaction between remedy and vital force, which determines the dose and repetition schedule.
A comparative overview between homoeopathic and modern dosage principles highlights differences in therapeutic philosophy, dose calculation, safety margins, and individualized treatment approaches. While conventional medicine relies on measurable pharmacokinetic parameters and standardized dosing, homoeopathy emphasizes susceptibility, vitality, and totality of symptoms for dose determination. Clinical application is illustrated through case-based reasoning demonstrating selection and modification of potency according to patient response and disease characteristics.

Keywords: Posology, Modern Principles, Minimum dose, Potency selection, Hahnemann, Organon, Susceptibility, Fifty millesimal potency. Drug Dose

1. Introduction

1. 1 Aim

To review the concept, historical evolution, and clinical application of posology in homoeopathy, with emphasis on principles of dose selection, potency, and repetition.

2. Objectives

1. To describe the historical development of homoeopathic posology.
2. To explain the principles of single remedy, minimum dose, and similimum.
3. To discuss factors influencing selection of potency and dose.
4. To highlight the role of susceptibility in determining posology.
5. To analyze the concept of dose repetition in acute and chronic diseases.
6. To evaluate the importance of fifty-millesimal potency in homoeopathic practice.
7. To compare homoeopathic posology with modern pharmacological dosage principles.
8. To illustrate clinical application of posology through case-based reasoning.

3. Materials and Methods

This article is a narrative review based on classical and contemporary homoeopathic literature, including standard textbooks, editions of the Organon of Medicine, and published scientific articles on posology. Relevant information on dose selection, potency determination, repetition, and influencing factors was collected and compiled. The data were organized under historical, theoretical, and clinical aspects, emphasizing principles such as minimum dose, single remedy, susceptibility, and individualized prescribing. A comparative analysis with modern dosage principles was undertaken, and clinical examples were included to illustrate practical application. The information was critically analyzed and presented descriptively to provide a comprehensive overview of homoeopathic posology in clinical practice.

4. Review of literature

4.1 Posology

The term "Posology" originates from the Greek terms ‘posos’ and ‘logos’. ‘Posos’ means how much. ‘Logos’ means discourse or study. It is the science or doctrine of doses, an important division of pharmacology. The first aim of homeopathic posology is to reduce the damages due to the excesses of doses and kinds of medicine [1].

4.2 History of homoeopathic Posology

4.2.1 Role of Dr Hahnemann in understanding posology

Samuel Hahnemann (1755-1843) was a product of the 18th century medicine. Spinoza, Neuton, Harvey and Leuwenhoek’s best work of 17th century gave a deep source of original inspiration and some attempts to reveal the marvels of nature to many people of the day. Still later John Brown (1735-88)... classified all diseases as sthenic or asthenic and advocated large and heroic stimulating drugs. Hahnemann being a product of the best training of that day... in 1801... referred to his method of treatment of the year 1799 where we have the first indication of the "infinitesimal posology" which is now looked upon as an essential part of the homoeopathic system[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". He says that he was forced to use such large quantities of medicine, as some circumstances of the patient must have interrupted with the action of medicines. Hahnemann says that in moderately severe syphilis not more than 8 grains were required while for severe and deep-rooted cases about 12 grains were needed. After giving the first dose Hahnemann used to progressively increase the dose until the disease have disappeared. In Lesser Writings he narrates the way of increasing dose in a progressive scale from ¼ to 1/3, ½, 3/4, 11/4 grains then after an interval of 14 days again dose is increased from 11/2 to 2 grains until syphilis disappeared.

5. Period of discovery of homoeopathic system

In 1790 Hahnemann on translating Cullen's M.M came upon the fact that the curative power of cinchona was due to its astringent property which he tested upon himself and established that medicines were able to cure owing to its property of producing similar symptoms. Thus in 1796 he laid down the foundation of a new system of medicine viz. Homoeopathy. 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.

5.1 Inception of infinitesimalPosology

5.1.1 Scarlet Fever Essay (1801): First indication of infinitesimal posology; highly diluted opium shown to act effectively, introducing the concept of dynamic action of small doses.
5.1.2 Lesser Writings Demonstrated that minute doses act more powerfully in diseased individuals; even extreme dilutions can produce strong symptoms due to dynamic action.
5.1.3 Medicine of Experience (1805): Established as a doctrine that not only the correct remedy but also an incredibly small dose is essential for cure.
5.1.4 Organon of Medicine (1810): Clearly stated that no homoeopathic dose is too small to overcome natural disease, firmly making infinitesimal posology a fundamental principle.

5.2 Concept of Posology in the Fourth Edition of Organon

In the fourth edition of Organon Hahnemann introduced the single unit dose consisting of a few poppy seed sized pellets and taught that as long there was improvement, no repetition of the remedy was allowed. Only when a definite relapse of the symptoms occurred could a remedy be repeated. [Aphorism-240, 242] The above aphorisms still are the basic principles for so many homoeopaths for their practice throughout the world. In this wait and watch method the homoeopath is totally committed to the first dose, delaying repetition in order to avoid unnecessary aggravation[2].

5.3 Concept of posology in fifth edition of organon

5.3.1 Removal of 30th potency limit (1833, Fifth Edition): Influenced by Clemens von Bönninghausen and others, Hahnemann abandoned his earlier restriction to 30CH and began exploring higher potencies through experimentation[2,3].

5.3.2 § 272 Fifth Edition In no case is it requisite to administer more than one single, simple medicinal substance at one time[3].

5.3.3 § 273 Fifth Edition
Aphorism 273 (Fifth edition) states that prescribing a single well-known medicine at a time is more rational and consistent with natural principles than administering mixtures of different drugs. The use of a single remedy permits clear observation of its therapeutic action, whereas combinations of medicines may lead to uncertainty and hinder accurate evaluation of their individual effects[2,3].

5.3.4 § 274 fifth edition

Aphorism 274 (Fifth edition) reinforces the principle that a single, simple medicinal substance should be prescribed in homoeopathic practice. He emphasizes that simple remedies, administered individually, are sufficient to achieve therapeutic goals. The use of complex combinations is discouraged, as the interaction of multiple medicines may modify or hinder their individual actions, making outcomes unpredictable. Furthermore, a single remedy, even when imperfectly selected, helps expand therapeutic knowledge by demonstrating its effects, whereas compound remedies obscure such clarity.

5.4 Introduction of water doses

5.4.1 § 286 Fifth Edition

Aphorism 286 (Fifth edition)states that the effect of a homoeopathic medicine may be enhanced when the dose is dissolved in a larger quantity of fluid, even though the quantity of the medicinal substance remains unchanged. This increased efficacy is attributed to the greater contact of the medicine with a wider surface of sensitive nerves. Hence, clinical experience indicates that dilution, when applied in homoeopathic practice, can intensify rather than diminish the therapeutic action[2,3].

5.5 Concept of posology in sixth edition of organon

5.5.1 History and publication (1842–1920): The Sixth Edition was completed by Samuel Hahnemann in 1842 but published posthumously in 1920 with help from William Boericke; many followers of James Tyler Kent initially questioned its authenticity, though it remains Hahnemann's original work[2,4].

5.6 Repetition of doses

5.6.1 § 246 Sixth Edition

Aphorism 246 (Sixth edition) states that when a patient shows continuous and progressive improvement, repetition of the remedy should be avoided, as the administered dose continues to act beneficially. However, in chronic diseases, cure may be accelerated by repeating a carefully selected, highly potentized remedy in small doses at suitable intervals. The medicine should be dissolved in water and slightly modified with each dose to enhance effectiveness and prevent adverse reactions, thereby promoting a more rapid recovery[2,4].

5.7 Method of administration of medicines

5.7.1 § 248 Sixth Edition

Aphorism 248 (Sixth edition)outlines the method of repeating homoeopathic remedies in solution with renewed succussion before each dose. In long-lasting diseases, doses may be administered daily or every second day, while in acute conditions they may be given every two to six hours, and in urgent cases even more frequently. The same remedy may be continued as long as improvement persists, and when the solution is exhausted, a new solution of higher potency may be prepared if still indicated. If new symptoms arise, a more suitable remedy should be selected. In cases of homoeopathic aggravation, the dose should be reduced, the interval lengthened, or the medicine temporarily suspended[4].

Dictum of Homoeopathic Posology

- Single
- Simple
- Similimum[1,5]

6. The single remedy

Homeopaths do not look at each individual disease by name or symptom in isolation. They look at the entire constitutional expression of the individual through the totality of the symptoms. This singular constitutional state is most similar to "the single remedy" which is the "simillimum" that represents the complete gestalt of the disease. The singularity of the constitutional remedy reflects the integrated nature of the defensive powers as well as the unitary nature of the vital force. The single remedy allows the vital force to concentrate its maximum healing power on the essential picture of the illness rather than dispersing vital energy in reaction to several medicinal influences simultaneously[6].

Aphorism 273 from Sixth Edition emphasizes the use only one single, simple medicinal substance. Multiple medicine usage is considered irrational and impermissible[4,6].
Hahnemann once wrote that nature did very thing through simplicity while man did little without complexity. The simple truth is that there is no need to give more than one clearly indicated remedy at time. In a philosophic mood the hofrath commented that the human mind could only think of one thing at a time. He implied that this was also true of the reactions of the life force within the human organism. Too many thoughts, like too many remedial reactions are very confusing to the human organism. Simplicity is the root of similibus curentur, the single remedy, the minimal dose, and the potentized medicine. These four facets of homoeopathy are the four elements of homoeopathic posology[6].

7. The minimum dose:
Hahnemann in his initial application of the Law of Similars employed remedies in crude state and in large doses. When he found that severe aggravation invariably preceded amelioration, he embarked on the classical experiment of progressive reduction in the dose, according to a certain plan in which adequate dispersal of a drug was ensured by succession of trituration at every step of dilution employing an inert medium like alcohol or Lactose. This led to the chance discovery of potentization which has enabled the release of potential drug-energy in a form suited to cure.
We have also observed that minimum force is sufficient to disturb as well as to restore the lost balance. A Homoeopathic physician, therefore, employs a minimum dose and has little use for maximum tolerated one. The latter is very often employed by the physician all set to assault according to the law of dissimilar[6].
50 millesimal potency

- Fifty millesimal potency was introduced for the first time in the 6th edition of Organon by Hahnemann. At the ripen age of 86 years and in active practice at Paris, Hahnemann experienced severe aggravations by the usage of centesimal potency. It has been said that after countless experimentation between the years 1840 - 1842, Hahnemann settled down for the 50-millesimal potency.
- The name 50 millesimal potency was coined by Dr. Pierre Schmidt of Geneva. Dr. Pierre Schmidt published an article in the British homeopathic journal in the October month of 1954. He named his article “The hidden treasures of the last Organon” in which he elaborately mentioned about the efficacy of 50 millesimal potency in curing the diseases. Hahnemann called this method as the new altered but perfect method of dynamization.
- Hahnemann recommends that the medicine prepared according to this new method can be repeated frequently in order to bring about rapid, gentle and permanent cure.
- In the 6th edition of Organon, Hahnemann made remarkable changes in the process of potentization of drugs. While preparing the next higher potency, Hahnemann recommends mixing 99 drops of alcohol with one globule of the previous potency, instead of one drop (which he recommends in the 5th edition).
- This new method of dynamization decreases the medicinal substance 50,000 times for each degree of dynamization.
- He called the medicines prepared in this method of dynamization as “MEDICAMENTUM A GLOBULE” and not “MEDICAMENTUM A

GUTTE" of previous method of dynamization according to 5th edition of Organon.

- The medicinal potencies prepared by this method are marked as 0/1, 0/2, 0/3 ….0/30 and so on. Here the numerator 0 represents the poppy sized globule (medica mentum a globule) used in the preparation of the higher potencies[2]
- Stuart Close in his book " The Genius of Homoeopathy" writes about the choosing the potency there is little teaching but many opinions. Practitioners, who publicly boast of their liberality on this subject, will too often be found, on more intimate acquaintance, to practice an obstinate exclusivism in the use of some particular potency; generally a very low or a very high one; and to harshly criticize those who differ with them. This is unfortunate, because such practitioners undoubtedly deprive themselves and their reach.
- 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 sound that can be elicited from his instrument."
- In general it may be stated that any curable diseases may be cured by any potency, when the indicated remedy is administered; but that the cure may be much accelerated by selecting the potency or dose appropriate to the individual case.
- Five considerations influence in the choice of the dose:
    1. The susceptibility of the patient.
    2. The seat of the disease.
    3. The nature and intensity of the disease.
    4. The stage and duration of the disease.
    5. The previous treatment of the disease
- Susceptibility of the Patient. - This is generally and rightly regarded as the most important guide in the selection of the dose. It is important to have some means of gauging, at least approximately, the susceptibility of a patient.
- Susceptibility to medicinal action is only a part or phase of the general susceptibility of the organism to all stimuli. By analogy, as well as by experience, we are led to a consideration of the main factors -which modify and express susceptibility in general.
- Susceptibility varies in different individuals according to age, temperament, constitution, habits, character of diseases and environment.
- The susceptibility of an individual to a remedy at, different times also varies. Idiosyncrasy may exist as a modifying factor. Homeopathicity must always be considered [6,7].
- The more similar the remedy, the more clearly and positively the symptoms of the patient take on the peculiar and characteristic form of the remedy, the greater the susceptibility to that remedy, and the higher the-potency required[7].
    1. Age
    2. Temperament & constitution
    3. Habit & environment
    4. Pathology

1. Age

- Suscpetibility is maximum in a child and it decreases gradually as age progresses to youth and then at an increased pace till death, as it has to fight the catabolism of advancing age. It is nil in dead person.

- Temperament and constitution:-
- High potencies to sensitive individuals having a nervous sanguine or choleric temparement or Intellectual persons who are quick to act and react
- Zealous/Impulsive: Often require low potencies in repeated doses.
- Sluggish/Torpid, Individuals with "coarse fibre" who are slow to act or comprehend and oversensitive, patients who react strongly to medicine, often requiring medium to low potencies.
- Idiosyncratic: Those with extreme sensitivities where medium potencies are preferred.
- Habit and environment
- High potencies to:
- Those having an intellectual occupation
- Persons who suffer from bad effect of excitement from imagination and emotions
- Those who have sedentary occupations
- Persons who sleep long or lead an effeminate life
- Lower potencies to:
- Those whose occupation involves a lot of physical labor and being outdoors
- Those who eat coarse food
- Adapted to persons who get little sleep
- Those who are connected to or are continually exposed to liquor and tobacco trade
- People associated with drugs.
- According to Dr. E. Wright, medium potencies are best suited to:-
- Oversensitive patients, who prove any medicine given to them.
- They, hence require medium low potencies. - Idiosyncratic patients.
- In extreme cases of idiosyncrasy, medium potencies are preferred.
- Pathology
- Inter terminal cases where gross pathological conditions are present material doses or low potency drugs should be given. A dynamic medicine will not act here.

2. The seat of the disease

Depending on the organ affected, the potency of the medicine is determined i.e. the more important the organ and greater the organic pathology, the more material will be the dose.

3.The nature and intensity of the disease

According to Dr. Elizabeth Wright:

• Functional diseases with subjective symptoms respond well to high potencies, where as organic conditions respond to lower potencies better.

• In acute disease, the susceptibility is generally high as they are temporary in nature and do not involve much organic changes.

• In an acute paroxysm of chronic disease, medium or low potencies are preferable.

• Chronic disease:- With no organic change: It is safe to begin with the 200th potency, unless it is precarious because of the nature of the remedy and the depth of the miasm.- With organic change: Lower potencies preferable.

4. Stage and duration of the disease

• In incurable chronic diseases, lower and medium potencies are preferable.

- In terminal stages of chronic diseases, very high potencies are preferred.

5. Previous treatment

Higher potencies are used in cases where there is a history of an increased intake of many crude drugs (allopathic or homoeopathic). The question of how much quantity of drug is required, may be said that it is the inverse ratio of the similarity. It may be said in other words— the finer, more peculiar and more characteristic symptoms or the remedy appear in a case, the higher the degree of susceptibility and the higher the potency and the decisive amount is always a minimum and an infinitesimal. One may refer to Dr. Boenninghausen's 'round about route' —Large doses and with bad success[6,7].

Conventional dose of homoeopathic medicines(1)

Form	Adult (>14 yrs)	Child (3–14 yrs)	Infant (up to 2 yrs)
Powders	1 gr	½ gr	¼ gr
Tinctures	1 drop	½ drop	¼ drop
Pills	2 pills	1 pill	½ pill
Globules	4 globules	3 globules	1 globule

Various kinds of doses

- Maximum Dose: It is the largest or maximum possible amount of a medicine, which can be taken at a time by an adult not endangering his life.
- Fatal or Lethal Dose: The amount of such a dose is usually toxicological or narcotic, which can even cause death of a living organism. The fatal dose of different substances vary, which depend upon their respective toxicity. A fatal dose of a milder narcotic or poison will obviously be less than that of a stronger narcotic or poison.
- Minimum Dose: It is that amount of a medicine, though in the smallest possible quantity, that can produce a gentle remedial effect and the least possible excitation of the vital force, and yet is sufficient to effect the necessary change in it (Vide aphorism 246, Organon of Medicine).
- Booster Dose: A dose administered subsequently to enhance the action of the initial dose.
- Fractional or Refractive or Divided Dose: It is the fraction of a full dose which is to be taken at short intervals.
- Physiological dose: A dose which stimulates the normal physiology or functions of various system or organs of our body. The symptoms thus appearing are known as physiological symptoms[6].

The concept of posology in modern medicine

1. The Science of Drug Dosage: It is concerned with calculating and administering the correct dose of a drug, ensuring that the patient receives the optimal amount to achieve therapeutic benefits without causing harm.
2. Dosage Calculation: Involves determining the amount and frequency of medication required for different therapeutic goals. This includes the initial dose, maintenance dose, and any adjustments needed based on patient response.
3. Factors Influencing Dosage: Takes into account various factors that affect how a drug works in the body, such as:

a) Patient Characteristics: Age, weight, sex, and overall health.

b) Disease State: The impact of specific diseases or conditions on drug metabolism and efficacy.
c) Pharmacokinetics: How the body absorbs, distributes, metabolizes, and excretes the drug.
d) Pharmacodynamics: The drug's effects on the body and its mechanism of action.
4. Therapeutic and Toxic Doses: Establishes the minimum effective dose required for therapeutic effects and the maximum allowable dose to avoid toxicity, defining the therapeutic window.
5. Dose-Response Relationships: Studies how varying doses of a drug affect the intensity and duration of its therapeutic and adverse effects.
6. Dosage Regimens: Determines how often and at what intervals a medication should be administered to maintain effective drug levels in the body.
7. Adjustments and Individualization: Involves tailoring drug dosages based on individual patient needs, response to treatment, and any changes in their condition or health status.
Factors Affecting Posology
Several factors influence posology, the study of drug dosage. These factors affect how a drug should be dosed to ensure efficacy and minimize risks [8].

1. Patient Characteristics
a. Age:
i. Pediatrics: Children often require different dosages than adults due to variations in metabolism, body size, and organ function. Pediatric dosing is usually calculated based on weight or body surface area.
Youngs formula:-
Child's dose = Age (years) /Age + 12 x Adult dose
ii. Geriatrics: Elderly patients may need adjusted dosages because of changes in drug metabolism and excretion, as well as the potential for multiple medications (polypharmacy).
b. Body Weight and Surface Area:
i. Dosages are frequently calculated based on body weight (mg/kg) or body surface area (mg/m^2) to account for differences in metabolism and drug distribution[8,9].
Dose = Body weight (kg) / 70 x average adult dose ……. Body weight
Individual dose = BSA (m2)/1.7 X average adult dose ……. Body surface area
BSA (m2) = BW (kg) 0.425 x Height (cm) 0.725 x 0.007184 …….. Dubois Formula
c. Sex:
i. Differences in body composition and hormonal levels between sexes can affect drug metabolism and efficacy, sometimes necessitating different dosing.
d. Genetic Factors:
i. Genetic variations can influence how individuals metabolize drugs, impacting both the efficacy and safety of treatment. Genetic testing may guide dosing for certain medications.

2. Disease State
a. Renal Function:
i. Impaired kidney function can affect drug excretion, requiring dose adjustments to prevent accumulation and toxicity.
b. Hepatic Function:

i. Liver diseases can alter drug metabolism. Adjustments may be needed for drugs that are metabolized by the liver to avoid toxicity.
c. Underlying Diseases:
i. Conditions such as heart disease, diabetes, or infections can impact drug absorption, distribution, metabolism, and excretion, influencing dosage requirements.

3. Pharmacokinetics
a. Absorption:
i. Variations in drug absorption can result from different administration routes, gastrointestinal conditions, or interactions with food and other drugs.

b. Distribution:
i. Factors like blood flow, protein binding, and tissue permeability affect how a drug is distributed in the body. Conditions affecting these factors can alter drug dosages.

c. Metabolism:
i. The liver metabolizes many drugs, and variations in liver enzyme activity can influence how a drug is processed. Genetic variations, drug interactions, and liver diseases can affect metabolism rates.

d. Excretion:
i. Renal excretion is crucial for many drugs. Kidney function affects the clearance of drugs, and impaired renal function requires dose adjustments.

4. Pharmacodynamics
a. Drug Receptor Interactions:
i. The relationship between a drug and its target receptors can impact dosing. Variability in receptor sensitivity or density can alter the effective dose.

b. Dose-Response Relationship:
i. The relationship between drug dose and response helps in determining the most effective and safest dose. The therapeutic window defines the range of doses that produce the desired effect without causing toxicity.

5. Drug Interactions
a. Additive Effects:
Concurrent use of drugs with similar effects can increase the risk of adverse effects or toxicity, necessitating dose adjustments.

b. Antagonistic Effects:
Some drugs can interfere with the effects of others, potentially reducing efficacy and requiring dosage changes.
c. Altered Metabolism:
Interactions with other drugs can affect metabolism, either increasing the risk of toxicity or reducing therapeutic efficacy.

6. Administration Route
a. Oral, Intravenous, Intramuscular, etc.:
The route of administration affects drug absorption and bioavailability. Dosages may need adjustment based on the chosen route to achieve the desired effect.

7. Environmental and Lifestyle Factors

a. Diet:

Food and beverages can affect drug absorption and metabolism. For example, grapefruit juice can inhibit certain liver enzymes, altering drug levels.

b. Alcohol and Tobacco Use:

These substances can interact with medications, affecting their metabolism and efficacy.

8. Compliance and Adherence

a. Patient Adherence:

Ensuring that patients follow prescribed dosing regimens is crucial for effective treatment. Non-adherence can lead to underdosing or overdosing, impacting therapeutic outcomes.

1. Classification Based on Dosage Calculation Methods

a. Age-Based Dosage

i. Description: Dosing guidelines are provided based on the age of the patient. These guidelines are often available for different age groups like neonates, infants, children, and adolescents.

ii. Example: Acetaminophen (Tylenol) dosage for children is often recommended as 10–15 mg/kg every 4–6 hours, based on the child's age.

b. Body Weight-Based Dosage

i. Description: Dosages are calculated based on the body weight of the patient, usually expressed in mg/kg.

ii. Example: A common dosage for antibiotics like amoxicillin might be 20–40 mg/kg/day, divided into multiple doses.

c. Body Surface Area-Based Dosage

i. Description: Doses are calculated based on the body surface area (BSA) of the patient, typically used in oncology and for medications with a narrow therapeutic range. BSA is usually expressed in mg/m^2.

ii. Example: Methotrexate dosing in cancer treatment is often based on BSA, such as 10–15 mg/m^2 administered weekly.

2. Classification Based on Therapeutic Context

a. Fixed Dosage

i. Description: A standard dose is prescribed regardless of individual patient characteristics, often used when the therapeutic window is wide.

ii. Example: The usual dose of a medication like ibuprofen might be a fixed amount, such as 200 mg every 6–8 hours for adults.

b. Adjusted Dosage

i. Description: Dosage is adjusted based on specific patient characteristics or conditions, such as weight, age, or organ function.

ii. Example: Warfarin dosage is adjusted based on regular INR (International Normalized Ratio) monitoring, tailored to individual patient responses.

c. Individualized Dosage
i. Description: Dosage is tailored specifically to each patient's unique characteristics, including genetic factors and concurrent medications.
ii. Example: Pharmacogenomic-guided dosing of clopidogrel based on genetic testing to predict patient response and adjust the dose accordingly.

3. Classification Based on Dosage Regimen
a. Single Dose
i. Description: A one-time dose is administered, often used for medications that require a single, high impact dose.
ii. Example: A single dose of the antibiotic azithromycin (e.g., 1 gram) may be used to treat chlamydia infection.

b. Repeated Dosing
i. Description: Medication is administered in multiple doses over a period, commonly used for chronic conditions.
ii. Example: Insulin is administered multiple times daily to manage diabetes.

c. Continuous Infusion
i. Description: A medication is given continuously over a period of time, often used for drugs with narrow therapeutic windows.
ii. Example: Heparin is administered as a continuous intravenous infusion to manage anticoagulation.

4. Classification Based on Dosage Form
a. Oral Dosage
i. Description: Medication is taken by mouth in forms such as tablets, capsules, or liquid.
ii. Example: A standard dose of losartan might be 50 mg once daily, administered in tablet form.

b. Injectable Dosage
i. Description: Medication is administered via injection, including intravenous, intramuscular, or subcutaneous routes.
ii. Example: EpiPen (epinephrine) is administered as an intramuscular injection for severe allergic reactions.

c. Topical Dosage
i. Description: Medication is applied directly to the skin or mucous membranes.
ii. Example: Hydrocortisone cream applied topically for inflammation or itching.
5. Classification Based on Therapeutic Goal
a. Loading Dose
i. Description: An initial higher dose is given to rapidly achieve therapeutic drug levels.
ii. Example: A loading dose of digoxin might be administered to quickly achieve the desired blood levels in heart failure treatment.
b. Maintenance Dose
i. Description: The dose given after the loading dose to maintain therapeutic drug levels.

ii. Example: After the initial loading dose, a maintenance dose of digoxin is adjusted based on therapeutic levels.
c. Rescue Dose
i. Description: An additional dose used to counteract an acute problem or breakthrough symptoms.
ii. Example: Additional doses of bronchodilators during an acute asthma attack[8].

Comparing the concept of posology between modern medicine & homoeopathy

Basis of Comparison	General (Allopathic) Posology	Homoeopathic Posology
Dosage Calculation	Based on age, weight (mg/kg), BSA (mg/m²)	Based on susceptibility, vitality, and sensitivity
Drug Action	Chemical and physiological action on tissues	Dynamic action on vital force
Dose Size	Measurable, often large doses required	Infinitesimal (minimum dose)
Therapeutic Approach	Disease-oriented, often symptomatic	Individualized, based on totality of symptoms
Dose Regulation	Fixed, adjusted, or individualized	Strictly individualized (similimum)
Repetition of Dose	Given at fixed intervals or continuous dosing	Based on response, improvement, and aggravation
Therapeutic Goal	Rapid relief, disease control	Gentle, permanent cure
Side Effects	Common: toxicity, organ damage (liver/kidney), gastric irritation, hypersensitivity reactions, drug dependence	Rare due to high dilution; may produce mild homoeopathic aggravation
Drug Interactions	Frequent and clinically significant	Minimal or negligible
Safety Margin	Narrow therapeutic index in many drugs → risk of overdose	Wide safety margin due to minimum dose
Dependence/Addiction	Possible with certain drugs (e.g., sedatives, opioids)	No drug dependence
Suppression vs Cure	May suppress symptoms without curing root cause	Aims at cure by stimulating vital force
Monitoring Required	Frequent monitoring (blood tests, drug levels) needed	Minimal monitoring required

Clinical application:

Homoeopathic Case:
Brief of Case:
A 54-year-old female presented with complaints of chronic plaque psoriasis for two years. She had been on conventional (allopathic) treatment previously, which provided only temporary relief, followed by recurrence of lesions. The patient was mild, emotional, and expressed significant anxiety regarding her daughter and family issues. She was a housewife with mental stress related to domestic responsibilities. Clinical examination revealed psoriatic lesions confined to the skin.
Based on the totality of symptoms, including mental generals and characteristic features, the remedy Pulsatilla was selected and administered in 200C potency. At follow-up after 15 days, aggravation of local symptoms was observed along with improvement in general well-being. Considering the positive general response and susceptibility of the patient, the potency was changed to the millesimal scale, and

Pulsatilla 0/1 was prescribed once daily for one month, followed by Pulsatilla 0/2 for further management.

Parameters for selection of potency

1. **Susceptibility of the patient**

- Patient was mild, emotional, and sensitive
- Mental symptoms were prominent
- Emotional and sensitive individuals show high susceptability

2. **Seat of Disease**

- Disease involved skin(peripheral organ)
- No involvement of vital organs
- Skin conditions respond well to dynamic potencies

3. **Nature and intensity of Disease**

- Chronic plaque psoriasis
- Functional disturbance with superficial pathology
- Chronic functional conditions respond well to higher potencies

4. **Stage and duration of disease**

- Chronic disease of 2 yrs duration
- No irreversible destructive pathology
- Chronic cases with good vitality favor higher potencies

5. **Previous Treatment**

- History of prolonged allopathic treatment
- Suppression and recurrence present
- Suppressed cases require higher potency to stimulate vitality

Based on above parameters 200C potency was selected

Reasoning for change in potency based on patients response

At follow-up after 15 days

- Aggravation of local symptoms observed
- Improvement in general well being.

This Indicated:

- Correct remedy selection
- High susceptibility of the patient
- Vital reaction initiated

In such situations:

- Repetition of high potency may produce further aggravation
- Gentle and continuous stimulation is required
- Millesimal (LM) potencies are preferred for smooth progress in chronic cases

Therefore modified potency

- Potency shifted to 0/1
- Followed by gradual increase to0/2,0/3 as necessary
- This resulted in reduced aggravation and better overall improvement in patient

Allopathic Case:

Brief of case:

A 55-year-old female patient presented with a history of cerebrovascular accident (CVA) with left cerebral ganglion (CG) bleed, associated with new onset seizures and hypertension. The patient also complained of paresthesia of feet and generalized myalgia.

Diagnosis:Post-CVA state with seizures and neuropathic symptoms.
Prescription:
1) Levera 500 mg - 1 tablet twice daily (BD)
2) Bylenta 80 mg - 1 tablet once daily (OD)
3) Cilidin 10 mg - 1 tablet at bedtime (HS)
4) Gabapin-M 300 mg - 1 tablet at bedtime (HS)
5) Flexabenz gel - Local application over affected area

Reasoning for drug selection:
Antiepileptic therapy:
Levetiracetam (Levera 500 mg)
- Class: Newer antiepileptic drug.
- Mechanism of action: Binds to synaptic vesicle protein SV2A, modulating neurotransmitter release and reducing neuronal excitability, therapy preventing abnormal neuronal discharges.
- Standard Dose: Initiated at 0.5 g twice daily and can be increased up to 1.5 g twice daily (maximum 3g/day)[10].
- Rationale: To control Seizures. Levetiracetam is preferred due to its favourable safety profile, minimal drug interactions, and predictable pharmacokinetics, making it suitable for post-stroke seizure management.

Antihypertensive Therapy
Telmisartan (Bylenta 80 mg)
- Class: Angiotensin II Receptor Blocker (ARB)
- Mechanism of action: Telmisartan selectively blocks AT_1 receptors of angiotensin II, leading to vasodilation, reduced aldosterone secretion, and decreased blood pressure.
- Standard Dose: 20–80 mg once daily[10]
- Rationale: Hypertension is a major risk factor for CVA and its recurrence.

Telmisartan provides effective BP control and vascular protection, thereby reducing the risk of further cerebrovascular events.

Cilnidipine (Cilidin 10 mg)
- Class: Calcium Channel Blocker (L-type and N-type)
- Mechanism of action: Cilnidipine inhibits calcium influx into vascular smooth muscle (L-type) causing vasodilation, and also blocks N-type channels, reducing sympathetic nerve activity.
- Standard Dose5–20 mg once daily[10]
- Rationale: Used in combination with ARB for better blood pressure control, cilnidipine has the added advantage of reducing sympathetic overactivity, thereby minimizing reflex tachycardia and providing stable BP regulation.

Neuropathic Pain Management
Gabapentin (Gabapin-M 300 mg)
- Class: Antiepileptic / Neuropathic pain agent
- Mechanism of action: Gabapentin binds to the α2δ subunit of voltage-gated calcium channels, reducing the release of excitatory neurotransmitters and decreasing neuronal excitability.

- Standard Dose: Initiated at 300 mg once daily and can be titrated up to 300–600 mg three times daily as required[10].
- Rationale: The patient experienced paraesthesia and neuropathic symptoms post-CVA, likely due to nerve injury or central sensitization. Gabapentin helps in reducing neuropathic pain and abnormal sensory perceptions.

Topical Symptomatic Therapy
Flexabenz Gel

- Class: Topical analgesic and muscle relaxant
- Mechanism of action: Acts locally to reduce inflammation, relax muscles, and improve blood circulation, thereby relieving pain and muscle stiffness[10].
- Rationale: The patient complained of generalized myalgia and muscle discomfort, for which local application provides symptomatic relief without systemic side effects.

The prescription represents a rational and targeted pharmacological approach for managing seizures, hypertension, and neuropathic symptoms in a post-CVA patient. Additionally, as the patient had no known renal or hepatic dysfunction, standard therapeutic doses were employed without the need for dose adjustment, ensuring both efficacy and safety.

9. Discussion

This narrative review is based on classical and contemporary homoeopathic literature, including standard textbooks, editions of the Organon of Medicine, and relevant scientific articles. Information on dose selection, potency, repetition, and influencing factors was collected and organized under historical, theoretical, and clinical aspects. Emphasis was placed on minimum dose, single remedy, susceptibility, and individualized prescribing. A comparison with modern dosage principles and clinical examples was included. The data were critically analyzed to present a concise overview of homoeopathic posology in clinical practice.

10. Conclusion

Homoeopathic posology constitutes a vital component of individualized therapeutic practice, guiding the selection of potency, dose, and repetition based on patient susceptibility and disease characteristics. The evolution from crude dosing to infinitesimal potencies reflects a systematic refinement aimed at achieving gentle, rapid, and permanent cure. The fundamental principles of single remedy, minimum dose, and similimum remain central to rational prescribing. Factors such as susceptibility, seat and nature of disease, stage and duration, and previous treatment play a decisive role in determining appropriate potency and repetition.

The introduction of modified dosing methods, including water dosing and fifty-millesimal potencies, has further enhanced flexibility and safety in clinical practice. Unlike modern dosage systems that rely on measurable pharmacological parameters, homoeopathic posology emphasizes dynamic interaction between the remedy and the vital force, ensuring individualized treatment. Proper understanding and application of posological principles enable the physician to minimize aggravation, optimize therapeutic response, and improve clinical outcomes. Therefore, sound knowledge of homoeopathic posology is essential for effective, safe, and scientific homoeopathic practice.

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