

THE HAHNEMANNIAN GLEANINGS

Vol. LII

SEPTEMBER 1985

No. 9

EDITORIAL

POSOLOGY

Medicine is a science of experience; its object is to eradicate diseases by means of medicines; the knowledge of diseases, the knowledge of remedies and the knowledge of their employment constitute medicine.

Out of many unsolved mysteries of Homoeopathy and cure of diseases through its employment, the selection of right potency and the repetition of dosages have remained subjects of debate. Many claim that they use small dosages/lower potencies, and many others claim that they make use of frequent dosages and high potencies and all claim good success. What is right and who is right? If we desire that the right experience should be passed on for the benefit of posterity, we must develop a right approach to this problem and not leave it to speculation. Unlike in modern medicine, homoeopathic prescribing is qualitative. We do not have any means to measure this quality and we do not think any instrument could be designed at all to measure this quality. And, therefore, we will have to depend upon the valuable lifelong experiences accumulated by master prescribers like Kent, Boenninghausen, Hering, Boger etc. in the form of well-knit observations and inferences.

Their inferences and observations have given us certain rules to follow that govern the selection and repetition of dosages.

The patient who is suffering from an ailment is in a state of disequilibrium. We have no means to measure this; but we recognise the disequilibrium through signs and symptoms manifested in him. A similar force is necessary to restore equilibrium or a stable state with a minimum dose. We need carefully observe this change that is occurring under its influence till such time that no further change will take place. Depending on this observation we can determine if further force would be necessary to restore full normalcy. Apart from this the physician should also know fully the state of susceptibility and the remedy reaction. Expression of signs and symptoms is directly linked with the state of susceptibility. When there are more mentals the susceptibility is at a higher level and when there are gross pathological

changes, the susceptibility is poor and the expression lacks individualisation. If we are to use the remedies judiciously, their relationship with other remedies must also be well understood; we can then complement and supplement a right remedy during the course of treatment.

It is clear, therefore, that there is nothing like low potency or high potency prescription. Each case is a different one and may need a different potency to start with. We should strive harder together before we pass on experiences to others and this would be better for posterity. We hardly see any reference to other than old masters in our literature.

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