

Understanding Posology
in
Classical Homoeopathy

(Revised third international edition)

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*This work is dedicated to my darling daughter Rukshin
who represents my future.*

Preface to First International Edition

Over the past few years there has been tremendous progress in the field of homoeopathy with the discovery of new remedies and new miasms including new methods of posology, but somewhere down the line, the art of Hahnemannian classical homoeopathy has been left behind. We have moved miles away from the teachings of Hahnemann (very reliable) to the teachings of modern teachers (in flux). Easy access to modern books has made students and doctors feel that studying Hahnemann, his *Organon* and *The Chronic Diseases* is superfluous. However, in the absence of rationally derived clinical applications of homoeopathy, fantasy homoeopathy can be dangerous for the patient and disastrous for the homoeopathic community. Therefore I firmly believe that this booklet is intended to facilitate and not eliminate the process of understanding posology in classical homoeopathy.

I have frequently been requested by my professional colleagues to put into a book my experience of the last 28 years in the field of posology. I have tried compiling the information from the seminars that I gave in the past two decades mainly in France, Germany, Switzerland, Holland, Belgium, U.S.A. and Canada.

When I started my practice, I never paid attention to the quantity and quality of the dose. I used to randomly copy my teachers from whom I had learned homoeopathy, e.g. sometimes I would use a very low potency or a very high potency, and what I could not figure out was the blunder that I was creating by producing severe medicinal aggravations. This continued until I went in the early 1980's to Calcutta to study homoeopathy at the feet of Dr. Bholanath Chakraborty, Dr. S.K.Dubey and Dr. B.K.Ganguly and it was there that I learnt the proper Hahnemannian posology viz. the plussing method, liquid dose method, use of the 50 Millesimal potency and the art of giving the minimum dose, and then the wait and watch technique and so forth. On returning to Bombay, I started practicing what I had observed in Calcutta. It was a big responsibility on my shoulders because I still wasn't sure of what I was doing. It was only on further reading and understanding of the *Organon of Medicine* and *Chronic Diseases*, not once but several times that this anxiety vanished. Later, in the early nineties, I went to study under Dr. George Vithoulkas

(I paid several visits to Allonisos later on) where I further studied the use of decimal scale and the art of using different potencies in cases where patients are on concurrent allopathic drugs, have surgical complications, cancer, autoimmune disease, allergic disease, etc. and in this manner I gathered my experience in the field of posology. Another great experience that I had was from studying with the late Dr. Sarahbhai Kapadia who was a contemporary of late Dr. Maganlal Desai. He showed me the method of using very high potency with frequent repetition in cases of advanced pathological conditions like cerebrovascular accidents, hypertension, septicemia, etc.

When I started teaching the subject of posology in my seminars, I found the great need of a book which students can read and understand this topic: it would be of immense value. Hence, for the first time in the mid-nineties I published the first edition of my '*Bedside Organon*' where I mentioned a chapter on posology. A few years down the line I published the second and the third editions of the same book with more information; however the request for more information about Hahnemann's writings on the art of posology was still very strong from my students and medical doctors. Hence I requested my student Dr. Natasha Fernandes to compile from my seminar notes all the information on posology and help me publish a small booklet on this subject. She travelled a very long distance for one month in the early hours of the morning to help me to make this booklet in its present state. Thanks Natasha once again for all your dedication. I would like to express my heartfelt gratitude to Dr. Jayesh Dhingreja, Dr. Ranee Phaldesai, Dr. Shivin Gupta and Dr. Zubin Dehmeri. I also thank Miss Sunita Shah for designing the cover page, for graphics and for helping me in various technical areas during the compilation of the book. Last but not the least I would like to thank Rukshin Master, my darling daughter for correcting the manuscript.

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Introduction

Posology is the doctrine of the dosage of medicine. A homoeopathic dose refers to the potency, quantity and form of medicine as well as its repetition.

Potency is defined as the dynamic property of a drug. It exists in all forms of the drug, even in its crude form, which is released, enhanced and maintained by peculiar methods of drug dynamization. Potencies are created by serial dilution and potentisation of the drug substance. Potentisation may be by trituration or succussion. It is the process by which the latent power of a medicine is aroused and activated. It is the impact of the vial striking hard or the rubbing of a dry substance against a resilient surface, which creates and converts the kinetic energy into potential energy that is ready to be used by the body in the curative process.

It is the property of the drug, and not its physical and chemical property that acts on the vital force. Potency, which is the power, vitality and strength of a homoeopathic medicine, is represented as a number attached to the remedy name. The potency of the remedy comes as a result of succussion or trituration in the remedy preparation process.

An intelligent understanding of the rules that govern the selection of the dose and its repetition is possible only if the physician understands the concept of susceptibility, remedy reaction and the law of dynamics. Next to selection of the right remedy, there is nothing as difficult as selecting the right potency of the remedy.

Each potency carries with it a certain level of energy that we express in terms of the decimal, centesimal or millesimal scales; the higher the potency the greater the potential energy stored in the remedy.

A comparison of two similar dilutions for e.g. 6C and a 12X, reveals that the 12X will have more power since it was succussed 12 times as compared to the 6C since it was succussed 6 times.

The most similar remedy however does not become a similimum

until it is administered in the potency corresponding to the patient's illness. Medicines will be able to effect a cure only when they are of a higher level than the level of the susceptibility from which the disease has originated.

Before giving any dose, one should know the course of action it will take irrespective of the potency.