

To Study the Science of Application of Dosage and Repetition of Doses in Acute Diseases

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Abstract: *In the present revolution of modern higher antibiotics period giving instant results to the suffering humanity in various diseases with the gift of lot side effects. Homoeopathy gives two steps ahead simple, medicine in required doses without side effects.*

The credibility of homeopathic doctor depends upon his ability to manage acute diseases. In chronic cases we will get enough time for prescription. But the scenario is entirely different in acute diseases our prescription should be apt and correct not only with regards to similimum but also with the dosage with required repetitions otherwise patient may land up in further complications or can face aggravations.

I will be trying to elaborate the methodology upon which we can improve our performance in acute cases with very high success rate with limited failures as acute diseases are self-limiting disorders which have quick onsets, rapid progressions, and a tendency to develop an immediate crisis..

In this research project, every attempt has been made to clarify each component of dosage and repetition when it comes to acute dynamic diseases.

Keywords: *Similimum, Acute Dynamic Disease, Dosage, Repetition, aggravations.*

Introduction

As we all know each symptom is important, to make the totality unique, but if the right dose is amiss, the similimum is incomplete.

The information present in this research is not a new one this is a genuine collection from the thousands of pages of our homeopathic philosophy. This work is like a drop from the ocean of knowledge gathered from the stalwarts, Hahnemann down till today. This research gives a brief conformation, verification of hard facts gathered from literature and experimentation.

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. As it is a very lengthy topic to

explore, we will just focus on the potency selection part of Posology.

Homoeopathy is the scientific system based on the principle "**similar similibuscurentur**". Similimum is the basis of selection of remedy in homoeopathy. Dr. Hahnemann has correctly used the word **Perceive** in the **3rd** aphorism which means to clearly understand, to apprehend with the mind & understanding and not merely look upon. If physician clearly perceives what is to be cured in the diseases, that is in every Individual case of disease (**Knowledge of disease**), if he clearly perceives what is Curative in medicine, that is in each individual medicine (**Knowledge of medicinal powers**), the recovery must take place, following application of a remedy. For cure to take place, along with a similimum, we need to repeat dose, as and when required. Hence, it is necessary to learn **posology** i.e. **doctrine of dosage**. [1]

General laws applied in posology.

1) The 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.

2) The Law of Quantity and Dose

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

3) 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.

4) The Law of Quality

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

5) 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.

6) The Law of Repetition (for proving)

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

7) The Law of Repetition (for cure)

Never repeat your remedy so long as it continues to act. [3]

According to Stuart Close: "disease is an abnormal vital process, a changed condition of life, which is inimical to the true development of the individual and tends to organic dissolution." [2]

Acute diseases: Acute disease can be defined as disease which has sudden onset, rapid progress, short in duration and either ends in the cure or death.

Fundamentals of Homoeopathic Posology

To understand the concepts and the evolution of concepts of homeopathic posology, a detailed study of the view and clinical experiences of pioneering homeopaths over the ages is essential.

The Fundamentals of Homoeopathic posology are represented in the trinity of

- 1) A single remedy,
- 2) Minimum dose
- 3) Repetition.

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. This led to the chance discovery of potentisation 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.

The minimum dose, therefore, should not be confused with the infinitesimal dose. Under certain circumstances like low susceptibility, the minimum dose may partake of material characteristics as in the use of tinctures. The practice of Homoeopathic therapeutics rest not on the small infinitesimal dose but on the selection in accordance with the Law of Similars. The infinitesimal dose has come to stay in Homoeopathic practice as a result of clinical experience for well over a century but we should not identify it with Homoeopathy. [2,3]

REPETITION:

This principle is an important aspect of the doctrine of the minimal dose. If the patient is improving after the administration of the first dose of a remedy, all repetitions of the dose are completely counter indicated. It is only when there is a clear relapse of the symptoms that a second dose of a

remedy may be administered. This was to prevent disruption of the healing process by the premature repetition of the remedy.

Hahnemann noticed that premature repetition of a dose often caused a relapse of symptoms as well as accessory symptoms of the remedy to appear, confusing the picture and slowing down the cure.

• Selection of Potency & dose:

For determining the potency and dose one should assess the susceptibility of the patient. While assessing susceptibility one should bear in mind the modifying factors like age, habits, environment, pathological conditions, seat character & intensity of disease and previous abuse of medicine.

SUSCEPTIBILITY AND ITS RELATION TO THE POTENCY SELECTION

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.**

1. The 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 the 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.

The susceptibility of an individual to a remedy at different times also varies. Idiosyncrasy may exist as a modifying factor. Homoeopathicity must be considered.

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.

Susceptibility is Modified by Age: - Generally speaking, *susceptibility is greatest in children and young, vigorous persons, and diminishes with age.* Children are particularly sensitive during

development, and the most sensitive organs are those, which are being developed. Therefore the medicines, which have a peculiar affinity for those organs, should be given in the medium or higher potencies.

Susceptibility is Modified by Constitution and Temperament: - The higher potencies are best adapted to sensitive persons of the nervous, sanguine or choleric temperament; to intelligent, intellectual persons, quick to act and react; to zealous and impulsive.

Lower potencies and larger and more frequent doses correspond better to torpid and phlegmatic individuals, dull of comprehension and slow to act; to coarse fibered, sluggish individuals of gross habits; to those who possess great muscular power but who require a powerful stimulus to excite them. Such persons can take with seeming impunity large amounts of stimulants like whisky, and show little effect from it. When ill they often require low potencies or even, sometimes, material doses.

Susceptibility is Modified by Habit and Environment: - It is increased by intellectual occupation, by excitement of the imagination and emotions, by sedentary occupations, by long sleep, by an effeminate life. Such persons require high potencies.

Susceptibility is Modified by Pathological Conditions or Disease: - In certain terminal conditions the power of the organism to react, even to the indicated homoeopathic remedy, may become so low that only material doses can arouse it. A common example of this is seen in certain terminal conditions of vulvular heart disease, where Digitalis is the indicated remedy, but no effect is produced by any potency. The patient will respond, however, to tangible doses of the pure tincture or a fresh infusion of Digitalis and sometimes make a good recovery from a condition that seems hopeless. Although such doses, judged only by their amount might be regarded as "physiological" or pathogenic doses, the nature of the reaction in such cases is clearly not pathogenic but dynamic and curative, as many have witnessed. The form of the reaction complies perfectly with the requirements of cure as to order and direction of the disappearance of the symptoms and nature of the result.

Susceptibility is Modified by Habit and Environment: -

People who are accustomed to long and severe labor out-of-doors, who sleep little and whose food is coarse, are less susceptible.

Persons exposed to the continual influences of drugs, such as tobacco workers and dealers; distillers and brewers and all connected with the liquor and tobacco trade; druggists, perfumers, chemical workers, etc., often possess little susceptibility to medicines and usually require low potencies in the illness, except where their illness is directly caused by some particular drug influence, when a high potency of the same or a similar drug may prove to be the best antidote.

Idiots, imbeciles and the deaf and dumb have a low degree of susceptibility as a rule.

The seat, character, and intensity of the disease have some bearing upon the question of the dose.

Certain malignant and rapidly fatal diseases like cholera may require material doses or low potencies of the indicated drug. Hahnemann's famous prescription of Camphor in drop doses of the strong tincture, given every five or ten minute, with which so many thousand of lives have been saved, is an illustration. Later, after reaction has been established and other remedies, corresponding to the symptoms of later stages of the disease come into view, the higher potencies are required.

Generally speaking, diseases characterized by diminished vital action require the lower potencies; while diseases characterized by increased vital action respond better to high potencies; but this again is modified by the temperament and constitution of the patient.

Susceptibility and Remedies: -

An acute and explosive onset of disease indicates a robust constitution with high susceptibility and, therefore, responds best to the remedy administered in the higher potencies. On the other hand an insidious onset indicates poor susceptibility so often seen in individuals in poor condition. This may call for deep acting remedies and or Nosodes.

A well-defined characteristic picture of a remedy, especially in the mental sphere, indicates a high level of susceptibility and therefore, call for the similimum in high potencies. In the advanced stage of disease, when pathological states have taken over, the characteristic features show a tendency to recede and all that one sees are the signs and

symptoms diagnostic of these. This nondescript picture indicates poor susceptibility and calls for lower potencies or even material doses with frequent repetition to the point of reaction.[2]

Dr. Hahnemanns view on repetition of doses:

In the 5th edition of organon in aphorism 246, he says: "If the disease is somewhat chronic, however a single dose of the appropriately chosen homoeopathic medicine does sometimes complete the good that remedy can according to its nature accomplish in the case, but slowly over a period of 40, 50, 60, or 100 days. Now for one thing, this is very rarely the case and secondly it must be a matter of great importance to the physician and to the patient to reduce this period by half or three quarters or more, if possible, so as to obtain a far more rapid cure. As the most recent and frequently verified experiments have taught me, this can be accomplished very felicitously if the following conditions are fulfilled: *firstly, if the medicine is very carefully selected so that it is accurately homoeopathic, secondly, if it is highly potentized, dissolved in water and given in suitably small doses at intervals that experience has shown to be the most appropriate for the speediest possible cure...*" This statement was creating a great disappointment for the followers of wait and watch method by giving dry doses in infrequent repetition. [According to Fourth Edition] Here *the theme of this Para is: "suitably small doses at intervals"*. At this point what was his perception regarding suitable intervals we may not say but one thing is clear that *his suggestions were towards repetition for shortening the period of cure though improvement was going on. He called this path as a true middle path.*

Later on in the same aphorism he says for this *the nature of the different medicinal substances, corporeal constitution of the patient and the magnitude of disease must guide us.* This statement guides us to understand his perception regarding repetition. We may say that Dr.Hahnemann considered such factors for the basis of repetition at suitable interval.

Further he explains that whether such repetition at suitable interval will produce aggravation or not. In the fourth edition Dr.Hahnemann had extensively mentioned regarding *Aggravation by unnecessary repetition of similar medicine.* Here in the Fifth edition he has mentioned his different view related to Aggravation than Fourth edition. *In the aphorism 279 he says:" A dose of the homoeopathic selected remedy can never be prepared so small that it shall not be stronger than the natural disease, and shall not be able to*

overpower, extinguish and cure it, at least in part as long as it is capable of causing some, though but a slight preponderance of its own symptoms over those of the disease resembling it, [slight homoeopathic aggravation] immediately after its ingestion. This makes our understanding clear *that we must expect some aggravation after using this split method suggested by Dr.Hahnemann in Fifth Edition. This concept was totally changed after introducing LM potency in the Sixth Edition of Organon.*

In the preface to 3rd volume of chronic disease (edition 1837) he says that when we repeat the medicine we should descend from 30th to the 24th dilution and below. In the history of 2 cases collected in lesser writings he gave medicines especially Sulphur and Mercurius in doses greatly below 30th dilution.[4,5]

Concept in the 6th edition-

In the aphorism 246 in the sixth Edition he had used the sentence "be repeated at suitable intervals". Here in the same aphorism he says: "The degree of every dose deviate somewhat from the preceding and following in order that the vital principle which is to be altered to a similar medicinal disease be not aroused to untoward reactions and revolt as is always the case with unmodified and especially rapidly repeated dose." In the foot note of this aphorism he further says: "During the last four or five years however all these difficulties are wholly solved by my new altered but perfect method. The same carefully selected medicine may now be given daily and for months, if necessary in this way, namely after the lower degree of potency has been used for one or two weeks in the treatment of chronic disease, advance is made in the same way to higher degrees."

In the next aphorism [247] he says: "it is impractical to repeat the same unchanged dose of a remedy once, not to mention its frequent repetition. The vital principle does not accept such unchanged doses without resistance, that is, without other symptoms of the medicine to manifest themselves than those similar to the disease to be cured, because the former dose has already accomplished the expected change in the vital principle and a second dynamically wholly similar, unchanged dose of the same medicine no longer finds, therefore the same conditions of the vital force. The patient may indeed be made sick in another way by receiving other such unchanged doses. But if the succeeding dose is changed slightly every time, namely potentized somewhat higher than the vital principle may be altered without difficulty by the same medicine." [1]

In the aphorism 248 he says: "For this purpose we Potentize a new medicinal solution from which we

give the patient one or increasingly several teaspoonful doses, in long lasting diseases daily or every second day, in acute diseases every two to six hours and in very urgent cases every hour or oftener. Thus in chronic diseases, every correctly chosen homeopathic medicine, even those whose action is of long duration, may be repeated daily for months with ever increasing success. If the solution is used up it is necessary to add to the next solution of the same medicine if still indicated one or several pellets of a higher potency with which we continue so long as the patient experiences continued improvement without encountering one or another complaint that he never had before in his life. For if this happens, if the balance of the disease appears in a group of altered symptoms then another, one more homeopathically related medicine must be chosen in place of the last and administered in the same repeated doses, mindful, however, of modifying the solution of every dose with thorough vigorous successions, thus changing its degree of potency and increasing it some what.” In the same aphorism regarding homeopathic Aggravation he says: “On the other hand should there appear during almost daily repetition of the well indicated homeopathic remedy, towards the end of the treatment of a chronic disease, so-called [aphorism161] homeopathic aggravation by which the balance of the morbid symptoms seem to again increase somewhat [the medicinal disease, similar to the original, now alone persistently manifest it self]. This statement is totally creating contradiction of his own statement given in the Fifth Edition where the question of aggravation had been mentioned immediately after administration of homeopathic medicine. While here homeopathic aggravation is seen at the end while patient is on the path of cure and it is only due to presence of medicinal symptoms. In Further aphorisms he has also represented the method of preparation of the medicine according to the Lm potency and he has expressed his great trust in his LM potencies. [Aphorism-279]. [1,2]

When not to repeat:

1. Indisposition: A mild deviation; a minor complaint which is due to indiscretion in diet or some trivial cause. Indisposition is a temporary, psoric type of reaction that needs no repetition.

2. In a functional pathology if a high potency dose has been given and the patient is improving, it is better to keep hands off.

3. In a structural pathology of advanced and active type (like Ca, TB etc.), it is better to select a remedy in low potency and if a drug has started working, it is better not to repeat it. In a case like low susceptibility with active pathology, better avoid deep-acting constitutional remedy and treat with organ remedy. Repetition here should be to the point of reaction.

4. In a case where structural pathology but strong vitality is present and a constitutional remedy in high potency is steering the system towards cure, wait and watch method should be followed.

5. In any psycho-somatic case, if improvement begins at the mental level, as long as improvement is continued, don't repeat.

6. In hypersensitive, idiosyncratic and allergic diathesis patients, refrain from repetition as it may cause aggravation.

When to repeat:

1. We give a dose. It exerts its action. Improvement stops. Status Quo condition occurs. We restudy the case. We find that the drug is right. Repetition is necessary and it should be in the same potency and in the same dosage as administered in the past.

2. Improvement occurs at particular level only. Mind-generals, physical generals are status Quo. You have given sufficient time for 'wait and watch' approach. Your restudy / afresh totality points to the same drug. Repetition in still a high potency is mandatory.

3. Improvement is continued. But a strong stressor - physical, mental, emotional or environmental - causes a setback. There are here three approaches, i) If a setback is a mild one, don't repeat, ii) If a setback is a little bit strong, one can administer the same drug (usually in the same potency) which was given previously, iii) A very strong reaction in a vital organ due to a stressor should be dealt more with frequent repetition of organ remedy.

4. Low susceptibility with passive pathology. Passive pathology means a sycotic reaction which is not (detrimental to the system. One can repeat the indicated remedy like a constitutional remedy or an organ remedy in low potencies. The developed pathology compensates for the repetitive doses of the medicine.

5. There are some cases where susceptibility becomes a stable one. It then responds only to a

specific potency. If you go lower or higher, the system ceases to respond. In such cases, frequent repetitions of the acting potency may bring back the suppressed eruptions or discharges and then the system may come out of its 'stuck' state.

6. Patients with lack of reaction or adynamic need more repetitions. Here doses can be repeated every week or month but with all of components studied together.

7. Maintaining causes influence the system profoundly. The draining continues and the system has to be accelerated by giving frequent stimuli of the medicine.

8. 'The progress of a case is ceased' should not be the only indication for repetition.[4,5,6]

Repetition to the point of reaction

Repetition to the point of reaction is one of the methods followed by many physicians. The concept is to sufficiently augment the immunological reaction so as to evoke a response through a similar remedial force. Once the system starts its reactivity, no further doses are administered. In this method, instead of a single dose, for example, three doses within a day and for three consecutive days are given. It's like a cumulative dose. Plussing method or doses divided in water is also followed and some physicians claim quicker results.[7,8]

Acute diseases and repetition

High potencies in frequent repetitions are usually followed by a majority of homoeopaths all over the globe. 'More the intensity of a disease, higher the potency and more the frequency of repetitions.' However, it doesn't mean that acute diseases are not responding to a single dose. There are some cases where the similimum has been given and a single dose has done a marvellous job. But such cases are very few and on the basis of a few cases, one can't make a generalization. Exceptions do not make a rule. Borland's clear cut remarks are worth recalling.

The consideration of acute episodes / illnesses during homoeopathic constitutional treatment is a separate one.[9,10]

Aims and Objectives

Aims:-To give rapid, gentle and permanent cure in acute cases in the shortest, most reliable, and most harmless way, on easily comprehensible principles.

Objectives:

1. To avoid complications of disease.
2. To avoid medicinal aggravation
3. To avoid unnecessary repetitions
4. To avoid frequent change of remedy.

Material and Methods

1. Type of study:

a) Theoretical study

The subject is studied through various books on modern medicine, Homoeopathic literature, journals, and various websites so that the subject is thoroughly known.

b) Clinical study

OPD patient's data will be collected Each patient's data will be processed in a standardized format with the following steps:

1. Data receiving: Each patient will be given adequate time and data will be elicited in comprehensive manner as to elicit proper Patient's picture in the disease.

2. Processing of the case will be done as per the principles and guidelines of Homoeopathy.

3. References from Homoeopathic Pharmacy, MateriaMedica and Repertory will be availed for the selection of remedies. All the cases will be followed up for sufficient period required as per the guidelines from Organon of Medicine and Homoeopathic Philosophy.

4. References from Repertory & materia medica will be availed for selection of a single remedy out of indicated group of remedies.

2. Case Definition: Selected cases of acute diseases as per the Hahnemann's classification of disease will be taken in the study.

3. Study design- Pilot study: All study related to dosage and repetition of doses in patients suffering from acute diseases according to the Dr. Hahnemannian classification of diseases shall be studied

4. Selection of remedy: The remedy will be selected after detailed case taking and based on symptom similarity. The posology and repetition will be based on individual response of the patient and susceptibility.

5. Information of remedy: The potentised medicines will be used to prescribe to the patient either of SBL or Willmer Showbey Company.

6. Inclusion Criteria: Patient suffering from acute individual disease, as per age, sex, and from different occupations will be considered for the study.

7. Exclusion Criteria: Cases in which patient has come for irregular follow-ups and cases with chronic or other than acute disease

8. Criteria of assessment:

Assessment will be based on the general and local improvement of patient as per the guidelines laid down by Dr. Hahnemann.

Good – Above 75% improvement

Moderate – Between 50-75%

Poor–Below 50% improvement.

Observations & Analysis

In this research, we have taken care of more than 70 cases from which 30 cases have included as sample. The study was case study and we have observed the result of various potencies and repetitions in the cases of acute individual diseases. From the 30 cases 23 patients have shown the favorable result and only five have discontinued the treatment and three cases were referred. Hence the success rate is 76.66 %.

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Our observation is by homoeopathic treatment the sufferings of the patient becomes not only less but it goes faster to the way of recovery. Last but not the least the reaction of the patient were very good and their full cooperation have made this effort possible.

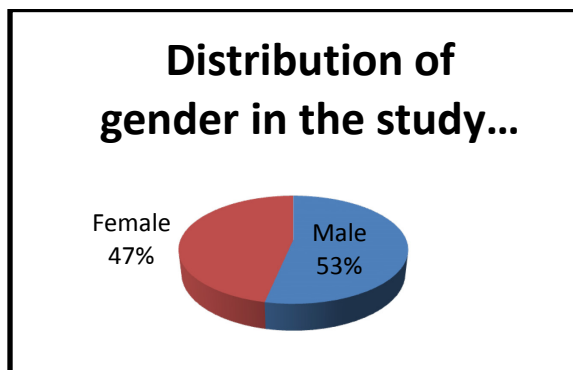


Figure.1

Male	Female
16 (53%)	14(47%)

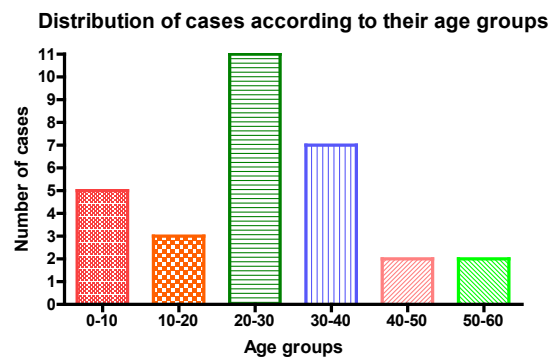
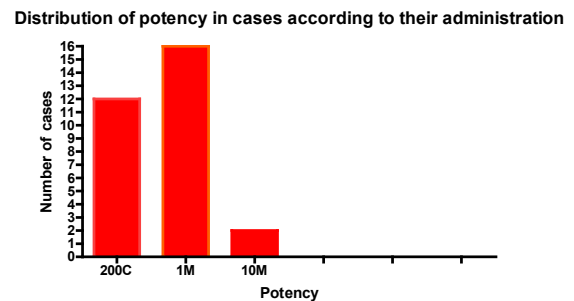


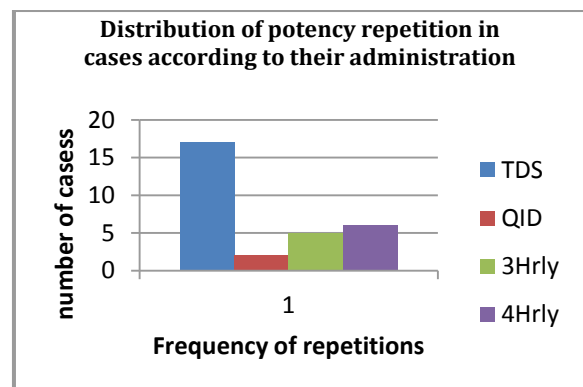
Figure.2- Age Group Distribution

Age groups	Number of cases
0-10	5 (16.66)
10-20	3 (10%)
20-30	11 (36.66)
30-40	7 (23.33)
40-50	2 (6.66)
50-60	2 (6.66)



Potency	Administered to number of cases
200 C	12 (40%)
1M	16 (53.33)
10M	2 (6.66)

Figure.3- Distribution of Potency



Frequency repetitions	of	Number of cases
T.D.S		17 (56.66%)
Q.I.D		2 (6.66%)

4Hrly	6(20%)
3Hrly	5(16.66%)

Diagnosed disease conditions during the study

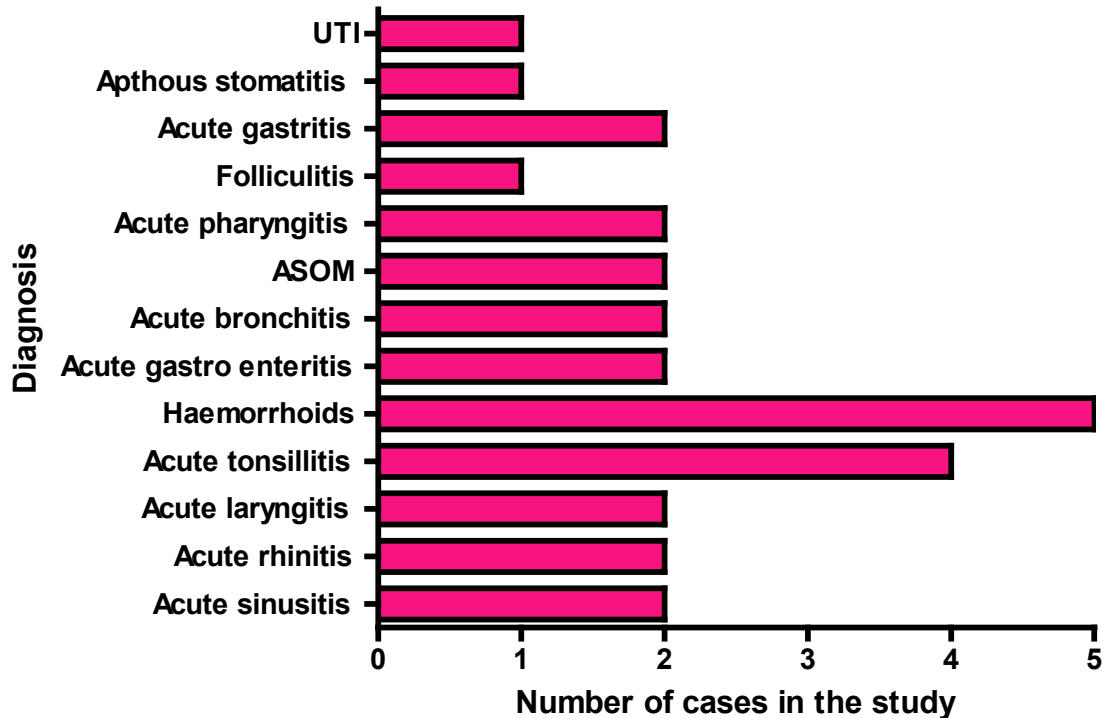


Figure 4. Diagnosis

Diagnosis	Number of cases
Acute sinusitis	2(6.66%)
Acute rhinitis	2(6.66%)
Acute laryngitis	2(6.66%)
Acute tonsillitis	4 (20%)
Haemorrhoids	5(16.66%)
AGE	2 (6.66%)
Acute bronchitis	2 (6.66%)
UTI	3 (10%)
ASOM	2 (6.66%)
Acute Pharyngitis	2 (6.66%)
Folliculitis	1 (3.33%)
Acute gastritis	2 (6.66%)
Apthous Stomatitis	1(3.33%)

Remedies administered during the study

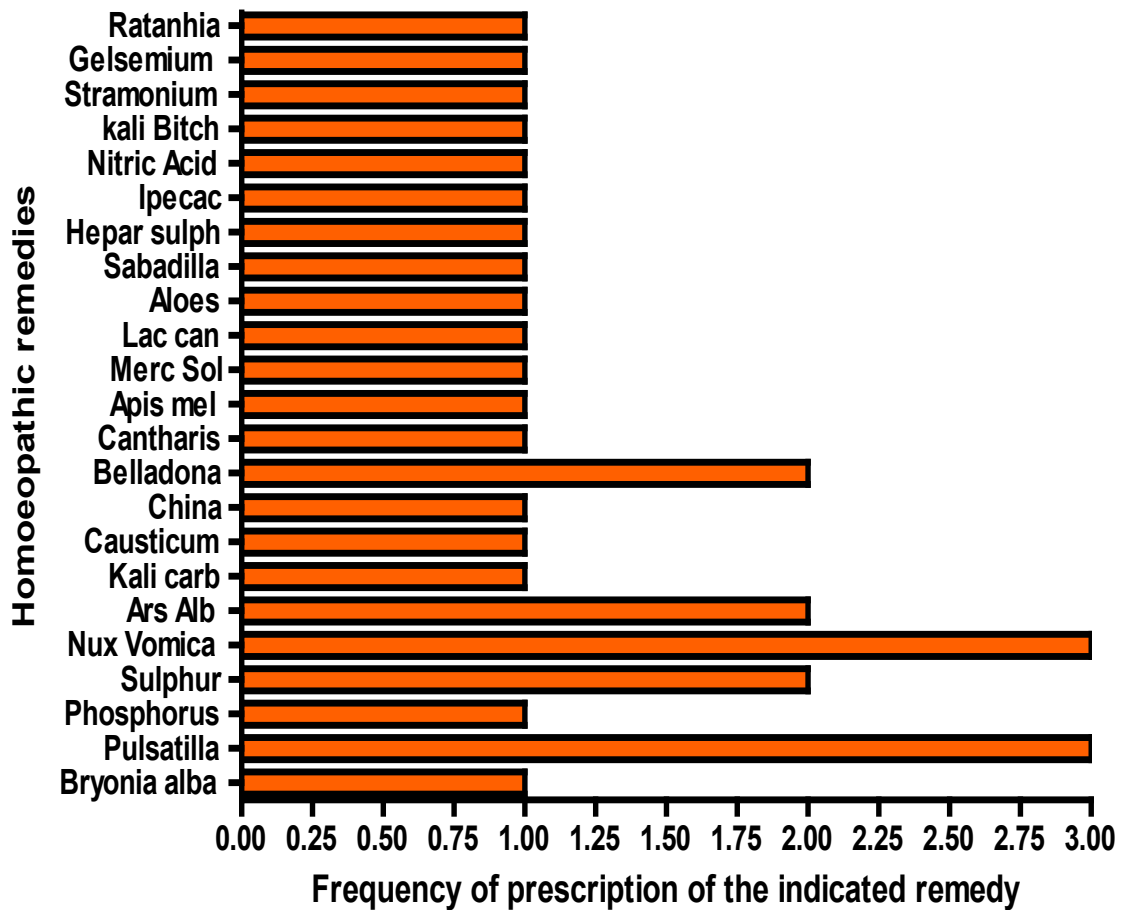


Figure.5- Remedies

Homeopathic remedies	Prescribed per cases
Bryonia alba	1 (3.33%)
Pulsatilla	3 (10%)
Phosphorus	1 (3.33%)
Sulphur	2 (6.66%)
Nux Vomica	3 (10%)
Arsalb	2 (6.66%)
Kali carb	1 (3.33%)
Causticum	1 (3.33%)
China	1 (3.33%)
Belladonna	2 (6.66%)
cantharis	1 (3.33%)
Apismel	1 (3.33%)
Merc Sol	1 (3.33%)
Lac can	1 (3.33%)
Aloes	1(3.33%)
Sabadilla	1 (3.33%)
Heparsulph	1 (3.33%)
Ipecac	1 (3.33%)
Nitric acid	1 (3.33%)

Kali Bitch	1 (3.33%)
Stramonium	1 (3.33%)
Gelsemium	1 (3.33%)
Ratanhia	1 (3.33%)

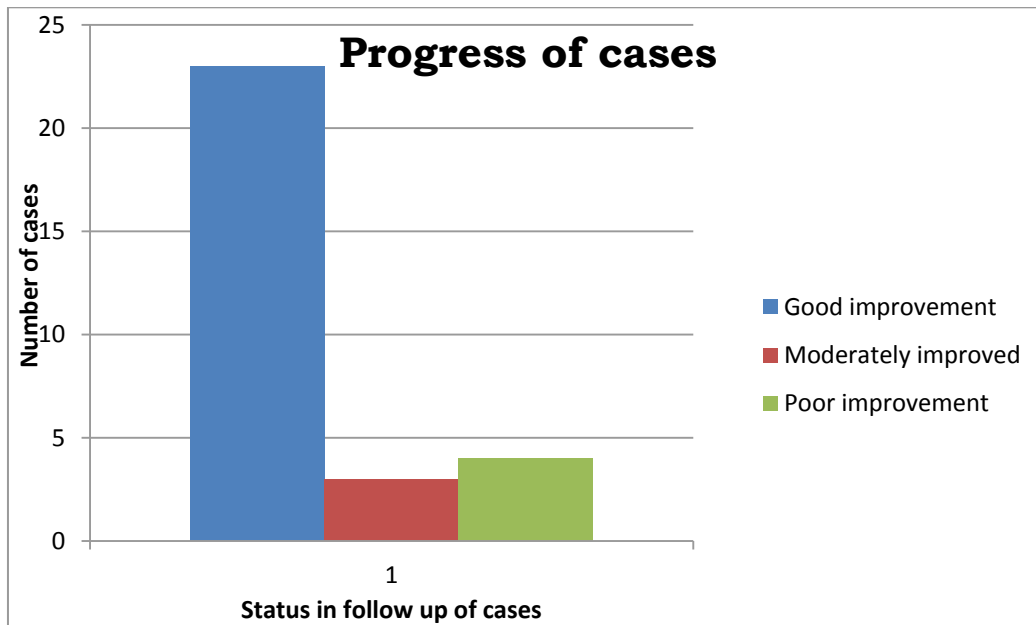


Figure.6- Progress of Cases

Well Improved cases	Moderately improved cases	Poor improvement
23 (76.66%)	3(10%)	4 (13.33%)

Discussions

In this occasion we have provided the data of 30 patients where male : female ratio was 53%-47%. Patients came for age group 1 – 10, 11 – 20, 21 – 30, 31 – 40, 41 – 50, and 50 years and above were 5, 3, 11, 7, 2, and 02 respectively. Business class patients were 01. Housewife, Student, Labor and Service holders were 10, 14, 02 and 03 respectively. nux vomica was prescribed for 3 times. This was followed by pulsatila(03), sulphur(02), arsalb(02), belladonna(02), bry alba(01), phos(01) times. Kali carb, Causticum, china, canth, apismell, merc sol, lac can, aloe, Sabadilla, heparsulph, ipecac, nitric acid, kali bitch, stramo, gels, ratania were selected for 01 times respectively. distribution of potency 200C was given in 12 cases 1M was given in 16 cases and 10M in 2 cases, distribution of repetitions were BD in 1 case TDS in 23 case and QID in 6 cases, 23 cases have shown favourable result and 03 cases shows moderate result and 4 cases shown poor improvement. Hence the success rate was 76.66%.

Summary and Conclusion

The homoeopathic drug is always given singly, so that its action is complete and unmodified by other drugs. Homoeopathic medicines were thoroughly proved singly and Materia Medica was built up on the observed effects of drugs given singly, either in planned proving or in accidental proving.

With the reduction in the dose, Hahnemann observed the gentleness of cure and also the release of the latent powers of the drug ... Thus he arrived at the conclusion that the proper dose is always the least possible dose that will effect a cure. Homoeopathy the quantity of action necessary to effect any change in nature is the least possible: the decisive amount is always a minimum, an infinitesimal.

This principle of minimum intervention is an important aspect of the doctrine of the minimal dose. If the patient is improving after the administration of the first dose of a remedy, all repetitions of the dose are completely counter indicated. It is only when there is a clear relapse of

the symptoms that a second dose of a remedy may be administered. This was to prevent disruption of the healing process by premature repetition of the remedy.

In this occasion we have provided the data of 30 patients where male : female ratio was 53%-47% Patients came for age group 1 – 10, 11 – 20, 21 – 30, 31 – 40, 41 – 50, and 50 years and above were 5, 3, 11, 7, 2, and 02 respectively. Business class patients were 01. Housewife, Student, Labor and Service holders were 10, 14, 02 and 03 respectively nux vomica was prescribed for 3 times. This was followed by pulsatilla(03), sulphur(02), arsalb(02), belladonna(02), bry alba(01), phos(01) times. Kali carb, Causticum, china, canth, apismell, merc sol, lac can, aloes, Sabadilla, hepar sulph, ipecac, nitric acid, kali bich, stramo, gels, ratania were selected for 01 times respectively. distribution of potency 200C was given in 12 cases 1M was given in 16 cases and 10M in 2 cases, distribution of repetitions were BD in 1 case TDS in 23 cases and QID in 6 cases, 23 cases have shown favourable result and 03 cases shows moderate result and 4 cases shown poor improvement. Hence the success rate was 76.66%.

At the last it may be concluded that

1. Similimum is the basic and the most important parameter and prerequisite to the correct homeopathic posology
2. The most guiding factor in the selection of dosage is susceptibility of the patient
3. Also thesis judged through a study on type of disease, pace/intensity of disease, stage of the disease, type of pathology, degree of characteristics in case, mental characteristics, degree and level of similarity between disease and remedy,
4. In case of repetition one single dose of the remedy without any repetition is insufficient to bring about complete cure in most acute diseases .repetition should be decided in relation to the response produced by the previous dose, or remedy reaction
5. In acute diseases higher potencies are required prior the medicine selected is similimum with the frequent repetitions depending upon the individual response.

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