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LET'S STUDY POSOLOGY THROUGH CLINICAL ERRORS: A CASE-SERIES ANALYSIS ON POTENCY, DOSE, AND REPETITION.

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ABSTRACT:

Background: Posology—comprising potency, dose, and repetition—is a decisive factor in homoeopathic prescribing. While remedy selection is widely discussed in literature and seminars, inappropriate posology continues to cause failures and aggravations.

Aim: To analyse three clinical cases in which prescribing errors related to potency, repetition, or dose highlighted fundamental principles of posology.

Method: A retrospective case-series analysis of three patients who experienced disturbance in progress due to a posological error. Each case was evaluated for clinical presentation, remedy selection, potency choice, follow-up outcomes, and the theoretical framework guiding interpretation.

Results:

Case 1: Unnecessary repetition of a well-selected remedy (Staphysagria 1M) disturbed a favourable reaction.

Case 2: A correct remedy (Pulsatilla) failed in 30C potency but acted curatively in LM potency when susceptibility was reassessed.

Case 3: A strong dry dose (Stramonium 1M) caused aggravation in a sensitive patient; diluted aqueous dosing produced rapid recovery.

Conclusion: Remedy selection alone is insufficient without precise attention to potency, dose, and repetition. These cases affirm classical principles of susceptibility, minimum dose, and judicious repetition, highlighting the need for stronger academic emphasis on posology.

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INTRODUCTION

In homoeopathy, the triad of remedy, potency, and dose forms the foundation of successful prescribing. Hahnemann emphasized that remedy selection is incomplete until the potency and dosage are determined appropriately[1]. Despite this, clinical teaching often focuses primarily on remedy selection while giving insufficient attention to posology.

Contemporary authors also highlight that posological errors—wrong potency, excessive repetition, or overly strong dose—are among the most common causes of therapeutic failure[2–4]. The Organon's 6th edition provides extensive guidance on susceptibility, dynamisation, and the minimum dose, yet these principles are frequently underutilized in practice[1,3].

This case series presents three situations where prescribing errors related to posology—rather than remedy selection—affected outcomes. Revisiting these cases through classical principles allows deeper understanding of the invisible yet decisive role that potencies, doses, and repetition schedules play in clinical success.

METHODOLOGY

A retrospective descriptive case-series was conducted using three outpatient cases where the remedy selection was correct but the posology required adjustment.

Inclusion Criteria

- Clear documentation of initial symptoms and follow-up
- Remedy selection confirmed by totality
- A discernible posological error affecting clinical outcome

Data Collected

- Clinical history and presenting symptoms
- Diagnostic investigations (where applicable)
- Rationale for remedy and potency
- Follow-up timeline and response
- Interpretation based on classical literature

Ethical Considerations

Patient identity anonymised

Written consent obtained for academic publication

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CASE PRESENTATIONS

Case 1: Adenomyosis – Unnecessary Repetition Interrupting Improvement

A 40-year-old female presented with prolonged menses (8–9 days), profuse bleeding (7–8 pads/day), clots, and secondary dysmenorrhoea. Psychological history included suppressed anger toward family.

Prescription

Staphysagria 1M, single dose; placebo for one month.

Outcome

Marked improvement in menstrual flow and pain. Patient remained better for four months on placebo.

Error

A mild unrelated back pain prompted unnecessary repetition of Staphysagria. This resulted in aggravation of her menses and prior complaints.

Correction

Placebo administered; improvement returned gradually.

Interpretation

Repetition violated Aphorism 245, which warns that repeating a remedy during ongoing improvement can disrupt recovery[1]. "Learning to wait" is a core posological teaching[3].

Case 2: Rheumatoid Arthritis – Correct Remedy, Incorrect Potency

A 55-year-old woman with severe shifting joint pains and positive RA factor/anti-CCP presented with reduced mobility. Mental characteristics strongly suggested Pulsatilla.

Initial Prescription

Pulsatilla 30C, assuming structural pathology required lower potency.

Outcome

Only slight relief; patient still unable to sit or walk comfortably.

Re-evaluation

Susceptibility reassessed:

- Mental plane high
- Physical susceptibility moderate
- Vitality good

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Classical authors suggest that potency must correspond to the susceptibility and plane of disease[2,5].

Revised Prescription

Pulsatilla 0/3 (LM potency), 3 doses/week.

Results

- 90% improvement within 2 weeks
- 95% improvement after 4 weeks
- Stable improvement with tapered repetition and placebo thereafter

Interpretation

Even if the right remedy given in wrong potency can fail the case. If it has not acted, we have next to determine whether the failure to act is due to an error in the selection of the remedy, or to the selection of the wrong potency of the remedy- Stuart close.

The LM scale allowed a gentler, sustained action suitable for deeper autoimmune pathology, validating Kent, Hahnemann, and contemporary views on LM potencies[1,3,6].

Case 3: Anxiety Disorder – Excessively Strong Dose Causing Aggravation

A 26-year-old woman with postnatal panic disorder, anticipatory anxieties, and fear of death/night presented with repeated ER visits.

Prescription

Stramonium 1M, single dry dose.

Outcome

Within two weeks, the patient developed suicidal thoughts, a marked aggravation beyond her natural disease pattern.

Correction

- Same potency administered via diluted aqueous dose:
- 1 dose dissolved in water
- 1 tsp transferred into 2nd glass
- 1 spoon administered

Result

Rapid improvement; within two months, she reported being free of panic episodes and fears.

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Interpretation

A correctly chosen remedy can harm if given in too strong a dose. Highly sensitive patients require finer, gentler dosing as emphasized by Hahnemann (Aphorisms 246–248)[1] and supported by modern clinical writings[7],[8].

DISCUSSION

This case series illustrates three classical posology errors:

1. Unnecessary Repetition (Case 1)

Favourable progress contraindicates repetition. Hahnemann[1] and Close[2] state that repetition during improvement may "disturb the process of cure." This principle remains clinically relevant.

2. Incorrect Potency Selection (Case 2)

Potency must match susceptibility, vitality, seat of disease, and mental state[2],[4],[5]. LM potencies provide adaptable stimulation, especially in chronic autoimmune conditions[6].

3. Dose Too Strong for Sensitivity (Case 3)

A correct remedy may aggravate dangerously if dose strength exceeds the patient's sensitivity. Delicate patients benefit from highly refined dosing, such as split-dose or aqueous-dose methods[1],[7].

Broader Implications

- Remedy selection is only complete once potency, dose, and repetition are individualised.
- Posology should receive greater emphasis in homoeopathic education and research.
- LM potencies and modern posological strategies deserve more clinical teaching.

CONCLUSION

These three cases highlight that posology is as critical as remedy selection. Unnecessary repetition, inappropriate potency, and overly strong doses can hinder cure or produce aggravations even when the similimum is correctly identified. A deeper understanding of susceptibility, minimum dose, and repetition schedules is essential for safe, effective homoeopathic practice.

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