

# Galenic forms and dosages in HOMOTOXICOLOGY:

Feedback from the Scientific Advisory Board (SAB) of the International Society of Homotoxicology

## By the Medical Writer

In a recent session of the SAB of the International Society of Homotoxicology, this subject was tabled for discussion and debated amongst the members of the board. The outcome of this discussion was that **there is no difference between the different galenic forms as far as efficacy is concerned, and that in antihomotoxic medicine, the dynamics of homeopathic principles apply.**

In essence, seven galenic forms exist for antihomotoxic medicine. The oral forms include **drops** in a water/alcohol mix where the concentration of alcohol, which acts as a preservative, ranges from 35% to 45% and lactose imprinted **tablets**. Sterile **ampoules** are available for injection or as drinkable ampoules. In this case, the medication is mixed in a sterile saline solution. Furthermore, **nasal sprays, suppositories, ointments** as well as **vials** or **monodoses** in the form of ear and eyedrops are available. In general, the potencies of a specific medication are higher in the ampoule form than in the drop or tablet form.

### The choice of a galenic form is dependent on the following factors:

1. The age of the patient
2. The disease process
3. Special needs of the patient, e.g. lactose intolerance, recovering alcoholic, etc.

#### 1. The age of the patient

In general the dose is adjusted for infants and small children. In this case, the tablets and drops are often mixed with some water, and as much as possible, the patient is encouraged to keep the mixture in the mouth for a while, before swallowing. Ampoules can also be mixed in a little water. The vials or monodoses and sprays are mostly used in the same dosage frequency as drops and tablets.

The following dosage adjustment is recommended:

Age	Normal dosage	Acute dosage
Infants under 12 months	1/3 of the adult dose	4x/day, 1/3 of adult dose
Small children up to 6 years	1/2 of the adult dose	6x/day, 1/2 of the adult dose
6-12 years	2/3 of the adult dose	8x/day, 2/3 of the adult dose
12 years and older	Adult dose	Adult dose

#### 2. The disease process

Antihomotoxic preparations strive to stimulate and support the regulatory ability of the body. The first line of regulation is with the autoregulatory system or the Greater Defense System. The symptoms of the patient are thus a footprint of the disease process. The more violent and severe the symptomatology, the more often we would administer a dose as the regulatory pattern of the body is vigorous and needs support. Once a balance is reached, we can reduce the dose again. The more non-reactive the patient, the less vigorous the regulatory system. In this case, we would need to stimulate the regulation ability. Since we also want to give the stimulus, and then wait for the patient's regulatory system to react, we thus give the medication less frequently.

**In acute diseases**, we dose frequently, often every 15 minutes for the first 8 doses, in order to stimulate the regulatory pattern of the body. Thereafter, a normal dose is given. **In chronic diseases**, where the reactivity of the system is low, we give the medication infrequently, twice or three times a week, in order to stimulate and await a response. If there is a vicariation, and an acute reaction ensues (which is desirable in such cases), we would then revert to the more frequent dosage to support regulation. The composita are designed to stimulate regulation rather than to support it, and as such, are often given less frequently. This is only a general rule though, as sometimes, preparations like *Echinacea compositum* may be used in an acute dosage. Nosodes in general are also used less frequently, at least for

the tissue nosodes, whereas the aggressor nosodes, such as *Staphylococcus* and *Streptococcus* can be used more often, as is the case with *Echinacea compositum*.

#### 3. Special needs of individual patients

In patients who suffer from diabetes and lactose intolerance, choices need to be made for the use of tablets. In patients with severe lactose intolerance, the tablets should be replaced by the suitable drop or ampoule form. The tablets are not contraindicated in diabetics, but in severe diabetics, where there is strict dietary control, it should be kept in mind as a source of carbohydrate, where one tablet contains approximately 300 mg of lactose.

Alcohol-containing medications should be avoided in alcoholics and in patients with liver disease. This is especially important in recovering alcoholics, who may relapse if they are confronted with even this small amount of alcohol. In this case, replace with suitable tablets or ampoules.

Sometimes the dosage form of the drops and tablets are inconvenient for people with very busy lifestyles. In this case, a twice daily (higher) dose in regards to drops and tablets, or a switch to ampoules could be considered, keeping in mind the general principles discussed above. In general, 20 drops or 2 tablets a day or 1 ampoule 1-3 times weekly would be recommended.

