

## PRECAUTIONS IN HOMŒOPATHIC PRESCRIBING

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The Homœopathic medicines are not as harmless as they are considered by the suffering humanity.

The poisonous effects, harms and injuries done by the other systems of medicine are evident immediately after their use but injuries caused by homœopathic medicines are not evident to us, unless a person is well conversant with the philosophy of Homœopathy. Hence we have to take precautions on the following points:—

1. Drug.
2. Doses.
3. Repetition of doses.
4. Time of administration of doses.
5. Last but not the least are the particular cases requiring particular medicines.

*Drug*:—In this system of treatment we have three types of medicines.

1. Superficial or short acting e.g. Puls, Rhus tox, Bry etc.
2. Deep acting e.g. sulph, Sil, Phos, etc.
3. Very deep acting among the Nosodes e.g. Psor, Med. etc.

Superficial medicines like Aconite, Bell, Bry, Puls, Rumex etc., should be chosen in place of deep acting medicines when indicated. A Patient should be thus given a sort of patching to raise his vitality strong enough to take the indicated deep acting medicine and even then it should be remembered that they should not be given in high, very high potency at once. The patient should be carried from one potency to another.

Deep acting and very deep acting medicines whose action is not only deep but destructive in diseases having structural changes medicines like Arsenic, Graph, Hep. S., Phos., Sulph., Sil., and alike should be avoided as far as possible in chronic diseases having structural changes, as well as in high potency. According to Dr. Kent, "It is well for you to realise that you are dealing with razors when dealing with high potencies."

Therefore it is useful for us to test these deep acting medicines and give only when well indicated in 30th or 200th because reactions of these potencies will not be so violent and destructive.

2. *Doses*:—To avoid the homœopathic aggravation we have to minimise the dose as small as possible and of a high potency as practised by French doctor (Nebel). One dose would be divided in three parts, and given rather at 20, 30 minutes interval to avoid the medicinal aggravation.

3. *Repetition of Doses*:—While the duration of the action of medicines is approximately known, the doctor should wait so long as patient feels

well. As long as he feels 'well in himself' the medicine must not be repeated even if it be months since the last date. But in acute cases like Cholera, or Metrorrhagia and Pneumonia medicines should be repeated even at three or five minutes interval even in high or highest potencies according to Dr. Ghatak.

4. *Time of administration of Doses*:—Best time to administer high and highest potencies of deep and very deep acting medicines is between meals never at night or early morning empty stomach.\*

In paroxysmal diseases the dose should be given before the paroxysms and not during and after.\* In cases of dysmenorrhoea and amenorrhoea it should be within a week before the date.\*

5. Last of all we have to regard that some particular cases requires some particular medicines:—

Regarding this point I have to say that Homœopathic system of treatment, the true method of curing diseases, is based on the Law of Individualisation. Doctor must observe this in each particular medicine and particular patient.

In the last I have to advise and caution you all that the result may be excellent or on the contrary negative or even replaced by violent aggravations if you have forgotten the above points. A wrongly prescribed medicine may be antidoted and the one best indicated by the present condition should be selected. Often however a very high and some time lower potency of the same drug has the effect of an antidote.

\* There are also diagonally opposite views on these points. By the time advocated by the writer, the time of aggravation of the remedy may synchronize with the period of aggravation of the disease; and thus too serious increase of troubles is likely to be produced. And so in our opinion the time of administration of a remedy should be just after the acme of any periodical disorder.—Ed.

### BOENNINGHAUSEN'S CONTRIBUTION TO THE HOMŒOPATHIC REPERTORY

(Continued from page 505)

Hubbard made a plea for looking up Boenninghausen if one had a difficulty with Kent in certain rubrics. She has listed a number of rubrics which could be referred to at times.

Boenninghausen's was the first to introduce evolution of drug for particular symptoms. This was an extremely valuable contribution and was adopted by every worker in repertory. One can imagine that Kent's repertory without these evolutions would be a very ineffective instrument in our hands. The homœopathic repertory will always bear the impress of Boenninghausen's genius.

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