

SECOND PRESCRIPTION—A SAGA OF INEVITABLE PATIENCE

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Someone has rightly remarked that the second prescription is not to give any prescription. Perhaps the most difficult and subtle art of healing lies in the second prescription only. It demands close observation and patience on the part of the physician. The most difficult part of the art is to keep quiet, i.e. as Kent puts it "to keep the hands off from a case" after the first prescription. The golden rule to be followed is to patiently observe the developments or changes taking place after the first prescription. Needless to say that our first prescription should be based on the best of our efforts. It should be carefully selected on the totality of symptoms. If the first prescription is erratic, the second prescription will further complicate and spoil the case. Hence the second prescription pre-supposes that the first prescription has been a similimum and it has acted or has been allowed to act without interference for sufficient time. And often giving this first similimum a careful observation follows. This close observation actually forms the prognosis of the case and a guideline for the second prescription. The changes in symptoms taking place during this period of observation can be one of the following: (1) amelioration of symptoms, (2) aggravation of symptoms, (3) total disappearance of symptoms, (4) partial disappearance of symptoms, (5) return of old symptoms, (6) complete new set of symptoms etc.

The above changes after the first prescription will elicit the prognosis in a case and the physician will know whether (1) the case is curable or incurable or palliative, (2) the disease is functional or organic, (3) the organic changes are permanent or reversible, (4) the remedy was a similimum or otherwise, (5) the potency matched the degree of susceptibility or falling short, (6) the status of vital force in that patient, (7) the miasmatic unfoldment by way of change of symptoms etc.

Keeping the prognosis in view the second prescription has to be thought of. Success depends upon close observation and patience in observing the golden rules given by our masters:

- (1) Avoid repetition of the remedy unnecessarily.
- (2) Avoid changing the potency without any reason.
- (3) Avoid changing the remedy as far as possible when the first one has benefited.
- (4) Avoid prescribing during the development of symptoms after the first

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prescription—let the change of symptoms come to stay to take a definite shape.

(5) Until such time give placebo and a placebo only.

REPETITION OF THE REMEDY

Repetition in the same potency is advised when the symptoms return in a milder form after a considerable lapse of time. It is suggestive of the action of the remedy has come to an end or exhausted. Since it was a similimum, it brought about amelioration and the intensity of the return of symptoms was much less than what existed at the time of case taking. If the remedy employed is short-acting, naturally it bears repetition until the complete disappearance of the symptoms or until the case does not get better with the same potency.

The next higher potency can be tried when the patient does not improve with the same potency and if there is a return of symptoms. Many a time the potency in higher ascending order has to be re-coursed until complete cure is effected. In other words the potency should match the susceptibility, then only complete cure is accomplished.

If the patient shows a total overall improvement after the first prescription and if there is still return of symptoms there is no necessity of repeating the remedy or meddling with the case unnecessarily. It only indicates that the disease was only superficial and functional and not reached organic levels. It also shows that the potency used exactly fitted with the susceptibility.

COMPLEMENTARY REMEDIES

There are very many drugs in our materia medica which act complementary to one another, like Calc. carb to Belladonna or Sulphur to Nux vomica. The complementary remedies have to be employed when the first remedy has effected the cure to a considerable level but further improvement is not accomplished. The important thing to be borne in mind is that the symptoms should remain the same of the first remedy but do not respond completely to that remedy—hence the cure is not on the way. It needs the support of a friend—a complementary remedy to effect the cure. Before administering the complementary remedy it is always better to try the first remedy in all its potencies and make sure that further progress is not possible.

COGNATE REMEDY

It is also known as related remedy. The trios like Sulphur, Calcarea and Lyco. or Sulphur, Sarsaparilla and Sepia are the examples of the cognate or related remedies. The cure in a chronic case is completed with that pattern of remedies one following the other. The difference between the complementary and cognate remedy is very delicate. In the complementary remedy the symptoms usually remain the same but in the latter the symptoms change

and point towards the next related or cognate remedy. The important aspect to be kept in mind is that the cognate remedy should not be employed inadvertently without observing the change of symptoms indicating to such a relative. It is here the cognate differs from a complementary remedy. A friend is welcome all times but not a relative unless particularly called for.

CHANGE OF REMEDY

Kent says that a change in symptom need not necessitate change of remedy. There is a great truth in his commandment. He asks us to keep the direction of cure in view. If the symptoms change as per the Hering's law of cure, even the change of symptoms need not require change of remedy. The same remedy will ultimately bring about the cure. After giving the first prescription sometimes the old symptoms return which is as per the Hering's law of cure. The same remedy will effect the cure. Even if the symptom never existed earlier but the symptoms have changed their site of manifestation from more vital to less vital or superficial organs, the remedy need not be changed. The case has to be only kept under observation. Most likely the other manifestation is due to the unfoldment of a latent miasm. Yet the Hering's law of cure should be always our guideline.

If the change of symptoms are completely new basically, it clearly shows the operation of the latent miasm raising its head and suitable remedy has to be selected afresh, based on the new set of symptoms. In many chronic cases where the psoric, syphilitic and sycotic miasms are grafted close, such problems in prescribing will arise. A very careful study is imperative in making the second prescription. The second remedy in such cases does not fall in the purview of complementary or cognate remedies but one miasm to another anti-miasmatic remedy. All such cases are really difficult and complicated and the physician's skill is greatly needed in treating them. Probably that is why Hahnemann named Homoeopathy as an art of healing and not a mechanical routine way of medicine.

ANTIDOTE

There are occasions in which the action of the remedy has to be antidoted. When there is a severe aggravation of symptoms after giving a simillimum which the patient is not able to withstand, antidote it with the same remedy in a low potency. Such occasions arise when the patient is old or the vital force in him at a low ebb, or the structural changes have advanced to a point of irreversibility—where a cure is perhaps not possible except palliation. In all such cases of dangerous aggravation antidote the action of the first remedy.

Antidote is also resorted to when a completely new set of distressing symptoms come into picture. If the new symptoms do not cause any appreciable degree of discomfort, it may not be antidoted but a careful observation has to be made before second prescription. Whenever the symptoms are

aggravated to an unbearable point, it needs an antidote.

Another situation which very much necessitates antidote is when the symptoms take a wrong direction towards the centre or involve more vital organs. The action of the remedy has to be immediately antidoted or brought back to the original status.

LOW POTENCY REMEDIES AND MATERIAL DOSES

In certain incurable cases where the symptoms have settled in one vital organ or in the so-called one-sided-diseases, a high potentised remedy will not be of value. It might dangerously stir up the economy which may prove fatal to the patient. In all such cases palliative treatment is resorted to by giving very low potency medicines or even material doses of the remedy. The patient will often feel better for a long period. In some cases the symptoms might also drift from the more vital organ to the less vital organ or to the less vital tissues which is a very healthy sign quite in accordance with Hering's law of cure. The remedy may look unhomeopathic but the direction of cure will support that the treatment has been proper. All such cases deserve careful second prescription. In the above the susceptibility is reduced due to drug miasm and structural changes. The accessory and medicinal symptoms combine with disease symptoms and render the case incurable.

Thus a careful observation of prognosis is very much needed before the second prescription is made. The physician's duty will not end after the first prescription nor even after the second but only after a cure is accomplished. Many a times the cases are spoilt by not observing the golden rules prescribed by our masters. Constant repetition or changing the remedies inadvertently are the main causes of our failures. If we want to be the artists in this art of healing a thorough grasp of the *Organon* with the principles laid down by the masters is very much essential.
