

## A DOZEN CASES TREATED AND CURED BY POLYPHARMACY

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### INTRODUCTION

Polypharmacy or polyprescription<sup>1,2</sup>, for treatment of diseases homoeopathically by homoeopathic medicines has been defended by the author mathematically, based on sound logic and appropriate references mainly from the *Organon of Medicine*. Here a dozen cases treated and cured by polyprescription are reported with relevant notes.

*Case 1:* Mrs. Saha, aged 40, came to the author on 17th March, 1982 with the following complaints: Tingling of both the hands and forearms > by warm application and movement, < during rest. Burning of the palms and vertex > by cold application. Hands feel heavy; sleep is disturbed by sensation of tingling of the hands, and fingers feel stiff and lame > by rubbing and moving the wrist joint. It started about six months back. Recurrent and frequent attacks of cold, < during change of seasons. Frequent attacks of dry cough; cough during sleep and at early hours with scanty expectoration which is salty, sometimes white or yellow, jelly like. Hot flushes about once a fortnight, likes to take bath in cold water even in the winter. Constipated, no bowel movement sometimes for two to three days. Urticaria, itching of the palms by dry warmth. Acidity, sour taste of mouth, specially after taking sweets, sometimes bitter.

Craves eggs, but does not agree, brings in irritation of the throat and cough. Desires salty food, salt consumption ++. Dry tongue, thirst below normal. She is dark complexioned; short built, thick set with chubby neck and square face. Saliva hung like thread when she opened her mouth. Periods normal, desires cold food and open airy space. There is history of suppression of linea circinata, attacks of typhoid and pneumonia in early life. Married eight years, no issue.

First prescription on 17.3.82—(1) Kali bichromicum 10M×6 doses in sac. lac., A.D. in the morning in empty stomach (M.E.S.); (2) Rhus tox 50M×6 doses in sac. lac., A.D. in the evening; (3) Sulphur CM×6 doses in sac. lac., A.D. at bedtime.

The patient came with the following report on 1.4.82: > of the cough, no disturbance of sleep, expectoration greenish, easy, jelly like, only in the morning. > of the tingling of forearm and hand. Constipation eased, had regular bowel movement during the course of the medicine. No > of the sour taste of the mouth after taking sweets. Perspiration + + +, stains yellow the under garments. No > of the burning of the hand, and head < evening, > by application of cold water. Has developed worm affection. Teeth ache

> by pressing the teeth, < while eating something or by warm or cold drinks.

Second prescription on 1.4.82—(1) Kali bichromicum CM, gls. (20 size) 4/6 gls. = 1 dose. Takes 3 doses a week, M.E.S.; 2(i) Spigelia 200; gls. (40 size) 2 gls. = 1 dose, (ii) Sulph. 200, gls. (40 size) 2 gls. = 1 dose. Take 2 gls. of each together in the evening, three days a week; 3(i) Nat. phos. 6, gls. (40 size) 2 gls. = 1 dose, (ii) Kali carb. 200, gls. (40 size) 2 gls. = 1 dose. Take as no. 2, at bedtime. Continue two weeks.

The patient (whose husband is a friend of the author) has no complaint of the relapse of the symptoms since the end of the second prescription uptil now.

The newly developed symptoms of perspiration, worm affection and toothache are the elements of the set of accessory symptoms S(A)<sup>1</sup>.

*Case II:* Mr. Mishra (26) came to the author on 31st March 1982. Anorexia, severe, almost constant, abdominal pain around the umbilicus, constipation, mucus with stool, no urging for stool, has to strain much to defecate, pain in the joints when sitting for passing stool, takes a long time (40 to 45 minutes) at toilet, passes mucus first, followed by hard then soft and finally very loose stool, but very difficult to expel; easy satiety, desires sweets, heartburn and sour taste of the mouth two to three hours after food, flatulence. Seminal discharge in dreams and very often without dreams. Very irritable, and trembling of the whole body when irritated. Cough with expectoration of salty blackish sticky mucus, cough with dyspnoea, disturbing sleep, continuing for several months. Thirst below normal, fears to drink water for acidity.

He works in a printing press and has to handle lead throughout his working hours. He has been losing weight and emaciating for some appreciable length of time. He is unmarried and has nothing particular about his family and past history.

First prescription 31.3.82—(1) Plumbum met. CM, 6 doses in sac. lac. one dose daily, M. E. S.; (2) Alumina CM, 6 doses in sac. lac., one dose daily in the evening; 3(i) Nat. sulph. 6, gls. (40 size) 2 gls. = 1 dose, (ii) Sulph. 200, gls. (40 size) 2 gls. = 1 dose, one dose of each, together at bedtime. Continue six days.

The patient reported on 9th April 1982, the following: Stool like hard balls followed by loose mucus, spermatorrhoea when pressing hard to defecate. Leakage of mucus from anus when urinating. Much relief of the pain around the umbilicus, of the sour taste of the mouth, of the burning of the throat, of the respiratory trouble; now sleeps better at night; appetite improved and of the pain in knee joint when sitting for stool. Now that his troubles are less he is in a happy and confident mood.

Second prescription on 9.4.82—(1) Plumbum met. 10M, gls. (40 size), 2 gls. = 1 dose, one dose daily M.E.S.; 2(i) Aloe soc. 200, gls. (40 size), 2 gls. = 1 dose (1 to 2 p.m.), (ii) Selenium 200, gls. (40 size), 2 gls. = 1 dose

(1 to 2 p.m.) to be taken in alternation; (3) Graphites 10M, gls. (40 size), 2 gls. = 1 dose, one dose daily in the evening; (4) Nat. sulph. 6, gls. (40 size), 2 gls. = 1 dose, one dose daily at bedtime. Continue fourteen days.

On 28th April 1982, the patient reported no further > of the pain of the knee joints, no > of the spermatorrhoea. Stool first black balls followed by frank white mucus. No desire for stool and feels very weak after bowel movement. Abdomen feels very hard and tight by wind. Epigastric region tender to palpation. Now craves both sweets and fried, rich, spicy food.

Third prescription on 28.4.82—(1) Sulphur CM, 6 doses in sac. lac. two doses a week, M.E.S.; (2) Aloe soc. 10M, 6 doses in sac. lac., two doses a week, M.E.S.; (3) Nux vom. CM, 6 doses in sac. lac., two doses a week, in the evening; 4(i) Acid phos. 6, gls. (40 size), 2 gls. = 1 dose three doses a week, H.S., (ii) Mag. mur. 6, (40 size), 2 gls. = 1 dose, three doses a week, H.S.

On the 25th May, 1982, the patient reported complete > of the sour taste of mouth together with flatulence and heart burn, and spermatorrhoea cured. Now only slight pain of the knee joints. Cough < in the morning when brushing teeth, > after some expectoration after a long spell of coughing. Only a slight pain in the epigastric region now. Stools nearly formed and only a small quantity of mucus passed, gained 2 kg of weight with in the last three weeks.

Fourth prescription on 25.5.82—(1) Sulphur 50M, 3 doses on sac. lac., one dose a week, M.E.S.; (2) Aloe soc. 1M, 3 doses in sac. lac., one dose a week, M.E.S.; (3) Kali bichromicum CM, 2 doses in sac. lac., one dose a day M.E.S. to start with this medicine; (4) Alumina 1M gls. (40 size), 2 gls. = 1 dose, two doses a week, H.S. Continue three weeks.

The patient reported on 4th August 1982, the following: Complete cure of the cough and respiratory troubles, but slight relapse of the pain of the knee joints while at stool and soft stool passed with difficulty. Has gained further 2 kg during the period of 4th and 5th prescriptions.

Fifth prescription on 4.8.82—(1) Causticum 1M, 3 doses in sac. lac., three consecutive days, M.E.S.; (2) Alumina 1M, 3 doses, one dose daily after Causticum, M.E.S.; (3) Sulphur 200, 2 doses, one dose daily for 2 days (7 to 8 p.m.); 4(i) Aloe soc. 200, 2 doses, (ii) Nux vom. 200, 2 doses, one dose each of (i) and (ii) together in the evening after Sulphur; (5) Kali bichromicum 200, 2 doses, one dose a day, H.S. He was advised to take a dose of Plumbum met. CM once a month.

The patient did not report any more. His sister who visited author, reported in October 1983, that he has been keeping a good health since the end of the treatment. This is sufficient proof that the patient had been cured by the remedies selected and administered through the two prescriptions in the first case and five prescriptions in the second case. It is evident that the author did not follow Kent's instructions about writing the second prescription and about the warnings of repeating the first as given in *Lesser Writings* by Kent.

Let us discuss the prescriptions of the cases I and II which involve some of the fundamental principles of homoeopathic therapeutics. In the first prescription of case I, three remedies were prescribed in three different potencies. Kali bichromicum was selected on constitutional consideration, Rhus tox. on the nature of the symptoms and their modalities and Sulphur on the basis of past history of suppression of skin symptoms, and head symptom. From the report of the patient on her second visit, it was evident that all the three remedies worked curewards simultaneously. Sulphur most likely brought out the accessory symptoms though did not work on the head symptom. In the second prescription Spigelia, Nat. phos., and Kali carb. were selected to meet the accessory symptoms. The net result of the two prescriptions is that the patient has not had any relapse of the symptoms for more than two years. It seems that the head symptoms responded to Sulphur 200 of the second prescription.

The case histories reported by Kent in his *Lesser Writings* indicate the cures he achieved following the principles expounded by him in that book. Dr. Burnett writes: "In difficult chronic complicated cases of diseases you require not a remedy, but a ladder (series) of remedies, not one of which can of itself effect the cure, but each of which work curewards, their cumulative action eventuating in a cure. That is how I cure cataract and many other chronic diseases that are currently held to be incurable by most men of all shades of therapeutic opinion. I regard this power of utilising a long series of remedies for the cure of difficult chronic cases as only second in importance to the law of cure itself. I originally learned the thing in conversation with Dr. Drysdale, of Liverpool, though not formulated by him and I doubt Dr. Drysdale ever did formulate it. In my own mind I call it the *ladder of remedies plan*. It is what I often heard Dr. Drysdale call a course of medicines.

"I often compare a case of disease to a game of chess in which you have king, queen, bishops, knights, rooks, and pawns, the various powers of which you must learn before you can play chess". In this connection he reported a case of treatment and cure of watery tumour in mouth by Thuja, Sabina and Cupressus lawsonia. At the end of report of the cure he appended: "Finally it might be asked: Why did you not stick to Thuja rather than follow it up with Sabina and Cupressus? Because, I have found from practical experience that ringing the changes on like acting remedies conduces more quickly to cure than going on with the same". Again the case histories recorded in the book *Fifty Reasons for Being A Homoeopath* by Dr. Burnett, stand as a testimony of the validity of his principle of the *ladder of remedies plan*.

It is evident that neither Dr. Burnett's ladder of remedies plan, nor polypharmacy do conform with Kent's principle of treatment of diseases by homoeopathic medicines as described in his *Philosophy* and *Lesser Writings*. Refs. 1, 2 will indicate that polypharmacy is entirely in con-

formity with Hahnemannian Homoeopathy. Again the author in his practice treated some cases by administering remedies following strictly Kent's principle of repetition and writing second prescription. In such cases also the result was cure. But it appeared to the author that if those were treated on the principle of polypharmacy, the cure would have been brought in much shorter time.

Some homoeopathic physicians who describe themselves as strict Hahnemannian or Kentian homoeopaths will decry the principle of ladder of remedies plan of Burnett or polypharmacy. But an unbiased review of the whole gamut of administration of homoeopathic remedies would indicate that there is no reason for limiting the scope of administration of remedies based only on Kent's principle. It seems that a generalised approach as indicated by Dr. Burnett's principle or polypharmacy of administration of homoeopathic remedies based on the principle of *similimum* is more logical than Kent's approach.

In the prescriptions of cases I and II potencies from 6th to CM of different remedies were prescribed. One may ask should not a CM potency remedy being much stronger in action than the 6th potency mask or extinguish the lower potency remedy? The answer to this question is no! It would not. One could refer to the illustrations presented by Hahnemann in the footnote of section 26 of the *Organon*, fifth edition, regarding vanishing of Jupiter from sight when the Sun rises, or taking of snuff to blot out a foetid odour, etc., to prove the validity of one's argument that a higher potency remedy will mask the action of that of a lower potency. Section 26 itself will go against this argument. A strong dynamic affection extinguishes a weak one, true, but only when both are similar. Alumina CM, and Plumbum met. CM, are different dynamic entities from Nat. sulph. 6. So these remedies cannot interfere with each other's actions. The remedies will attack principally and most solely the parts in the organism that are already affected highly irritated and rendered excessively susceptible to such a similar stimulus (section 282). This point has been discussed mathematically elaborately in Ref. 1.

It appears that the selection of Graphites 10M and Selenium 200 in the second prescription of case II had not matched with the accessory symptoms. The change in the nature of stool after the first prescription could have been the drug proving symptom of Plumbum met. It appears that the second prescription would have been more judicious if Plumbum met. 10M and Graphites 10M were not prescribed. That Graphites 10M, administered continuously for 14 days did not produce any ill effect on the patient proves the validity of Section 283 of the sixth edition of the *Organon of Medicine*.

*Case III:* Mr. X, age 24, came to the author on 2nd Nov. 1982 with the following complaints: Spongy gums, bleeds easily, tongue bleeds when cleaning, ulcers on tongue are painful when eating, very offensive breath, salivation + + +, dribbles when sleeping, tooth ache < in the morning, during the

day and when speaking. Tongue fissured in the centre about 4cm long and 1mm wide. Ulceration in the inside of the lower lip. High coloured urine, burning during micturition. Constipation, not satisfied with the stool passed. Anorexia, aversion to sweets, thirst +++ at night; trickling at throat with cough.

Has a history of suppression of primary luetic eruptions in 1974 (at 16 years age). Fresh luetic exposure (1978). Secondary luetic skin symptoms specially over two hands, treated allopathically. Married 1980, no issue. Wife suffering from urinary and menstrual troubles since a few months after marriage. Meets wife only once a year for a month.

First prescription on 2.11.82—(1) Merc. viv. 200 gls. (40 size), 2 gls. = 1 dose, M.E.S.; (2) Syco syphilinum 1002, gls. (40 size), 2 gls. = 1 dose (1 to 2 p.m.); (3) Terebinth. 30 gls. (40 size), 2 gls. = 1 dose (5 to 6 p.m.); (4) Kali phos. 6, gls. (40 size), 2 gls. = 1 dose (H.S.). Continue seven days.

The patient and the author work in the same office. He reported that relief of pain and all other symptoms started from the third day. He did not complain relapse of the symptoms since the completion of the course of the remedies till now.

*Case IV:* Mrs. Dey (24 years), came to the author on 18th May 1982 with the following complaints: Temporal headache radiates through the sides to the neck, < when wakes up in the morning, continue the whole day if she does not take analgesic, < in the sun, in closed space (cinema hall), about seven months old and very frequent (four to five times a week). Constipated, no urging for two to three days, constipated for last ten to twelve years. First menstrual flow started at the age of 15 years. Had acid dyspepsia before marriage, now > after marriage, craves fish, salty food, likes all food cold. Dry tongue, and subnormal thirst. Likes open airy space. Period irregular, flow normal. Myopic, P.—5D, spherical, both eyes, Family history—nothing particular.

First prescription on 18.5.82—(1) Sulphur CM, 1 dose in sac. lac. (treatment started with Sulphur CM); (2) Lachesis CM, 3 doses in sac. lac., one dose a week, M.E.S.; (3) Pulsatilla CM, 6 doses in sac. lac., two doses a week, M.E.S.; (4) Acid sulph. 200, gls. (40 size), 2 gls. = 1 dose, 2 doses a week at bedtime. Continue three weeks.

The patient reported on 15th June 1982 the following: Complete > of the headache, had not to take Aspro during the course of prescription; no > of the constipation; had no bowel movement since 10th June. Thirst sub-normal, appearance of blackish spots on the neck (posterior aspect).

Second prescription on 15.6.82—(1) Sepia CM, 6 doses in sac. lac., 2 doses a week, M.E.S.; (2) Sulphur CM, 6 doses in sac. lac., 2 doses a week (6 to 7 p.m.); (3) Ferr. phos. 6, gls. (40 size), 2 gls. = 1 dose, B.D.A.C.; (4) Calc. phos. 6, gls. (40 size), 2 gls. = 1 dose, B.D.P.C. Continue three weeks.

The patient came to the author sometime in March 1983 for some acute

cold. Her bowel movement was then almost normal, had no relapse of the headache, and blackish spots which appeared on the neck after the first prescription were no more there.

The blackish spots could have been formed by the rupture of some subcutaneous blood vessels. This seemed to be the drug proving symptoms of Acid sulph. 200, because it has in its drug picture ecchymosis. One may conclude that the patient's posterior aspect of the neck was susceptible to the ecchymotic change and Acid sulph. worked on it to produce its own symptom. Thus it is evident that a medicine can develop its own symptoms independently when other remedies at different potencies are working on the patient. One may conclude that this observation verifies the contents of section 282 of the fifth edition of the *Organon of Medicine*. Now relating this section to drug proving, one may reasonably infer that the symptoms of the drug provers are the response of susceptible organs of the provers to the medicine. This outlook will clearly explain why all the drug symptoms do not appear in all the provers of a drug.

One may ask the author why did he select Acid sulph. 200 as a remedy for the patient? The acid dyspepsia symptoms from which the patient suffered for some considerable time before her marriage, as described by her to the author, seemed to correspond to the acid dyspeptic symptoms of Acid sulph. She got relief from the symptoms after her marriage. If the changes brought about in her system as a result of marriage did only suppress the cause or causes of acid dyspepsia, then Acid sulph. could probably establish it again and finally cure her permanently. It is on this idea the author selected the remedy. Since the remedy did not establish the symptoms of acid dyspepsia one may say that the effect of marriage had brought in some changes in her system which had given her immunity against dyspepsia and extinguished the cause or causes which developed the dyspeptic symptoms. Reference to footnote of section 141 of fifth edition of the *Organon of Medicine* will prove that selection of Acid sulph. 200 was a blessing in disguise to the patient because it had removed a susceptible region in the system of the patient.

*Case V:* Mrs. Saha (29 years) visited the author on 19th June 1981, with the following complaints: Psoriasis on the lateral aspect of the left elbow joint, about 5cm long and 3cm broad of irregular boundary. Skin over the affected area was wrinkled and had whitish discoloration and on scratching fine white fish scale like exudate came out; about one year old and < during winter. Hypothyroid, confirmed by pathological tests; mother also suffering from hypothyroidism. Palpitation < slight exertion or emotional upset. Enlarged heart, confirmed by cardiac specialist; has been taking tablets for thyroid and cardiac troubles. Puffy face, oedema about the upper eyelids, pitting oedema of the lower limbs, < morning. Exhausted in the morning, unrefreshed sleep; alternate constipation and diarrhoea. Vertigo with fainting, sense of emptiness over the vertex, sense of heaviness over the occiput and vertex after mental strain. Pain in the chest radiates to the back

when speaking. Dreams of dead persons (of dead brother frequently). She says, "I dream of things which in many cases come to be true." Swelling of the axillary glands. Treated allopathically in 1978. Now swelling during menstrual period and gradually atrophy after cessation of bleeding. No thirst, craves meat, desires salty food, sweats mainly on front of face and localized. Lachrymose, does not like to be consoled when she is suffering; she is very fair complexioned and looks like a pulsatilla lady. She is very irritable, and when irritated she says, "I want to take drugs and end my life." She is very cold susceptible and all her symptoms are < during winter. To the author she seemed to belong to hydrogenoid constitution.

She had jaundice (1965), appendectomy (1972), repeated attacks of bronchitis for several years before and after her marriage.

First prescription on 19.6.81—(1) Wind flower 10M, 3 doses/week (M.E.S.); (2) Calc. carb. CM, 3 doses/week (9-10 a.m.); (3) Ammon. carb. 10M, 3 doses/week (evening); (4) Kali carb. 10M, 3 doses/week (bedtime). Continue three weeks.

She was advised to stop taking all allopathic tablets.

The patient reported on 14th July 1981 the following: The facial puffiness and oedema above the upper eyelids were gone. Oedema of the lower limbs >, now slight swelling of the feet when sits with her feet hanging for quite a long time. No complaint of palpitation, vertigo and heaviness of the occiput >. Alternate diarrhoea and constipation continue. Pain in the chest when talking >. Thirst as before subnormal. Feels better when wakes up in the morning. The skin over the psoriatic area of the left elbow looked tight and healthy, boundary smooth, no exudation (fish scale like) on scratching, only a slight whitish discolouration was left over the affected area. She only smiled on being asked how many times did she wish to end her life during the course of the medicine? Her husband reported that the home was quiet and peaceful now.

Second prescription 14.7.81—(i) Ammon. carb. 200, 1 dose, (ii) Cactus g. 1M, 1 dose, together dry on tongue; 2(i) Sulphur CM, 4 doses, M.E.S., (ii) Calc. carb. CM, 4 doses, H.S. for four days; 3(i) Tuberculinum bov. CM, 4 doses, M.E.S., (ii) Kali carb. 10M, 4 doses, H.S. for four days; 4(i) Wind flower 0/6, 4 doses, M.E.S., (ii) Sulphur CM, 4 doses, H.S.; 5(i) Thyroidinum 6, gls. (40 size), 2 gls. = 1 dose, M.E.S., (ii) Ars. sulph. flavum 6, gls. (40 size), 2 gls. = 1 dose. Continue eight days.

The patient was asked to report after four week. But she has not reported till now.

*Case VI:* The author visited Mr. Sarkar (33 years) on 10th October 1980 and recorded the following case history. Headache starting from the orbital or temporal region radiating to the whole head, tearing and bursting sensation, no fixed time, relieved only by taking analgesic. Attack five to six times a week. Very irritable during the headache. Muscular rheumatic pain < left thigh and calf muscle and left arm, < night, disturbing sleep, > by



pressure and hot application, > by walking. Acid dyspepsia < 4 p.m. Craves eggs, thirst + + +, wet tongue. Xanthoma palpebrarum, near the inner canthus of the left upper eyelid; about 1cm long and 1mm broad, boundary irregular, yellowish in colour. Very susceptible to cold. Freckles appear every winter. He has been taking anticholesterol tablets as advised by his allopathic doctor.

Perspiration + + +; offensive, stains garments yellow. Had jaundice (1974), right sided inguinal hernia operated in (1974). Sleep walking during childhood.

First prescription on 10.10.80—(1) Tuberculinum bov CM, 3 doses/week, M.E.S.; (2) Calc. carb. CM, 3 doses/week, M.E.S.; (3) Rhus tox. CM, 3 doses/week, (6 to 7 p.m.); (4) China 1M, 3 doses/week, H.S.; (5) Merc. viv. 1M, 3 doses/week, H.S. Continue four weeks.

The patient was advised not to take eggs, butter, and food cooked in hydrogenated oil, and to take very light food mainly boiled, curd and butter-milk. All tablets he had been taking were discontinued.

The patient reported on 16th November 1980 the following: Complete > of the headache, had not to take any analgesic during the period. Much > of the pain over the limbs. Bowel movement not satisfactory with the quantity of stool passed, first part of it is formed followed by semifluid mass, sensation as if some is left behind. Dyspeptic symptom much less troublesome, appetite improved. Sleep is disturbed by dreams and thought of the business of the day.

Second prescription on 16.11.80—(1) Sulphur CM, 3 doses/week, M.E.S.; (2) Baryta mur. CM, 3 doses/week, M.E.S.; 3(i) Ferr. phos. 6, B.D.A.C., (ii) Calc. phos. 6, B.D.P.C.; 4(i) Nux vom. 200 gls. (40 size), 2 gls. = 1 dose, (ii) Kali phos. 200 gls. (40 size), two globules of each together daily at bed time. Continue for three weeks.

The patient was happy to report that it appeared to him that the xanthoma has become reduced in length and also in thickness. He was no more troubled by the pain of the limbs and headache. In the third prescription Sulphur, and Baryta mur., were given in 10M potencies and to be continued for a week; Kali phos. 200, 3 doses a week H.S., continue six weeks; Phytolacca  $\phi$  10 minims = 1 dose, to be taken twice daily before good, continue six weeks.

The last two prescriptions only contained Baryta mur. 1M, and 200, and Phytolacca  $\phi$ . Thus in less than six months of treatment the patient was cured of all his symptoms together with the xanthoma which was completely absorbed.

The patient's younger sister Miss Sarkar (30 years) also developed xanthoma palpebrarum on both eyes. These were isolated and small in size. In her case also Sulphur, Baryta mur., and Phytolacca were administered and the growth disappeared in less than three months. Another female patient is now under the treatment of the author for xanthoma palpebrarum.

By similar prescriptions as in cases of Mr. Sarkar, and Miss Sarkar, more than 80% of the growth has been completely absorbed.

*Case VIII:* Miss Dutta (7 years). Very obstinate child, very peevish, quarrelsome and aggressive. Craves sour (acid) and sweet. Perspiration over head, < when sleeping, even in winter, sweating of the palm and offensive feet sweat, night sweat. Cervical glands hypertrophied, both sides, hard, forming a knotty chain. Snores, talks and cries when asleep. Recurrent mucous diarrhoea. Very chilly patient, catches cold very easily. Ozena, very offensive discharge from nose, offensive breath, salivation profuse. Tender liver, two finger enlarged. Dark complexioned girl, stunted growth, looks like four years' old. Backward child in the school, she was not promoted to the next class in the last annual examination. Hysterical convulsions when angry.

Mother had an attack of T.B. before her birth. Father is deaf and dumb. First issue of mother died of infection of umbilicus; second conception yielded a mentally retarded and physically handicapped daughter. Miss Dutta was the last child of her mother.

First prescription on 22.3.81—1(i) Tuberculinum bov. CM, (ii) Silica CM, one dose of each to be taken together in empty stomach in the morning six days a week, for three weeks; 2(i) Sulphur 6, (ii) Calc. phos. 3X, together, B.D.A.C., continue three weeks; (3) Kali phos. 6X, O.N.H.S. Continue three weeks.

On 20.3.81 she was laid down by an attack of high fever with throat trouble. She was given Rhus tox. 1M, Dulcamara 1M, Ferr. phos. 6, and Kali mur. 6, one dose of each dissolved together in a glass of water (about 1/2 litre), to be given four teaspoons every two hours. In two days the fever with throat trouble cleared off.

The patient reported again on 17th April 1981, showing some change in her behaviour pattern and no mucous diarrhoea, which was regarded as a very remarkable improvement by her mother. She was given Cina 1M, one dose daily to be continued for three days. After Cina 1M, she was given Lueticum CM, three doses a week, Tuberculinum bov. CM, two doses a week, and Silica CM, two doses a week to be continued for three weeks. Sulphur 6, and Calc. phos. 3X, to be continued as before.

The last prescription was repeated several times in different potencies after 4 to 6 weeks.

She passed in all her subjects in the next terminal examination and the child gradually flowered into a normal, healthy, sweet tempered girl.

The girl lost her father in November 1983. She had an attack of jaundice in September 1983 which was treated by allopathic medicines. Since the cure of jaundice she had been suffering from a spasmodic pain around umbilicus. Frequency of appearance of the pain gradually increased with time. When she visited the author with her mother on 12th May 1984, the pain appeared almost daily several times a day. Her mother reported that recently

she has been showing some signs of previous pcevishness.

On examination of the cervical glands, only one gland size of a pea (soft) was discernible, and her average marks in school examinations were over 60%. She was given a polyprescription to be continued for three weeks.

*Case VIII*: Infant Ghosh (5 weeks) was brought to the author with the following complaints: Miliary eruption over whole body, relapsing. Green mucous stool with blood, treated allopathically first, but relapsed; tenesmus during stool; cries in sleep, (screams out); vomiting.

It was given Pulsatilla 10M, 2 doses, Kali mur. 200, 2 doses, Ipecac 200, 2 doses and Colchicum 200, 2 doses, one dose of each to be dissolved in a cup of water and one teaspoonful to be given every three hours. It was further advised that if stool did not become normal the patient was to be shown again after the course of medicine i.e., after two days, and if the skin symptom did not > within seven days, then also the patient was to be shown again. But it was not brought again proving that one polyprescription cured.

*Case IX*: Miss Sen (18 years): Headache < reading loudly, < when reading with deep concentration. Sense of heaviness at occiput, sensation as if something is opening and closing in the brain. Sense of heaviness in the head when reads lying for sometime. Lachrymation, tears roll down when lying, when reads lying. Epistaxis, ulceration at nasal passage, tender nose; snores when sleeping, sleeps with open mouth. Sweating of the palms and feet profuse. Chilly patient, aversion to take bath in winter. Palms and feet are cold all the year round. Covers her feet even in the summer or she feels chilly. She likes open space, though a chilly patient. Spasmodic sneezing with catarrh < in the morning after awaking. Crampy sensation at ankle joint, cannot walk unless she moves the ankle joints so that there are several cracking sound in the joints and then only she can walk. When she draws nose forcefully her ears seem to be closed and she can open them by empty swallowing several times. She is nervous, does not feel fresh even after eight hours of sleep. She wants to be alone, aversion to talk, head symptoms < on talking. Aversion to meat, craves eggs and sweets, meat causes nausea. Menses irregular.

She had whooping cough, mumps and measles in 1973. History of suppression of skin symptoms by allopathic ointments.

First prescription on 14.11.81—(1) Calc. carb. CM; (2) Nat. carb. 1M; (3) Causticum 1M; (4) Gels. 1M; (5) Silica 1M. Six doses of each. To take Calc. carb. in the morning, Nat. carb., and Causticum together in the evening, and Gels. and Silica together at bedtime.

On 22nd November 1981, the patient reported: > of the heaviness of the head, > of the spasmodic sneezing, > of the snoring (her mother reported), to some extent > of the epistaxis; no > of the lachrymation when reading, no > of the cramp of the ankle joint; obstruction of the ears when drawing nose no >; forgetful and absentminded. She voluntarily reported that she is now feeling much better than before.

In the second prescription she was given Calc. carb. 0/6 (in the 50 millesimal scale) in the morning; Nat. carb. 1M, Ipecac 3 together in the evening and Nux vom. 3, Silica 1M, together at bedtime to be continued for two weeks six days a week.

The patient again reported on 6th December 1981. Her mother reported that her appetite and food intake have improved. She did not complain anything about her nose, eye, head and ankle symptoms. She complained only of slight sweating of palms and feet.

In the third prescription only changes made from the second one were, that Nat. carb., was given in 10M and Thyroidinum 6 was introduced. The third prescription was advised to be continued three days a week for four weeks. The patient did not report again after the third prescription.

*Case X:* Mr. Bisi (77 years), 8th September 1979: Stiffness of the metacarpal joints, painful on slight movement. Buzzing sound (like pump) in the right ear. Gynaecomastia—breasts well developed and hardish as that of mid teenaged girl, the nipples enlarged to about 4mm dia, touch sensitive and painful, dark brownish areola about 1 cm dia. around the nipples. It started after about one year of prostrate operation which became complicated by infection after operation. Sex desire +++ with complete physical disability, erection nil. The first prescription contained 4 doses of each of Lach. CM, Selenium 10M, Lac. can. CM, Merc. viv. CM, Nux vom. CM Manganum acetate 200 one dose of each of the remedies to be mixed in a cup of water. Four teaspoonfuls of the mixture to be taken twice daily morning and evening, three days a week.

The author visited the patient on 6th October 1978. The enlarged breasts were much reduced in size, soft and flattened almost to normal shape, skin around the nipples was wrinkled and blackish in colour; the nipple size was more than half reduced, and touch sensitivity and tenderness gone. Did not complain of buzzing sound in the ear, but showed oedematous swelling under the lower lids of both eyes and a pitting type of oedema of both the legs and feet. No appreciable change of the pain of the joints of the metacarpal bones.

In the second prescription Kali bichromicum CM, 2 doses was prescribed as a constitutional remedy to be followed by Lac. can. 10M, Merc. viv. 0/6, Nux vom. 0/6, Apis mel. CM. one dose of each of Lac. can., and Apis mel. to be taken once a week in the morning and Merc. viv., and Nux vom. to be taken six days a week together in the evening; in addition Colchicum 30 and Sarsaparilla 30, to be taken at bedtime, three doses a week.

The author had to visit Mrs. Bisi on 13th October 1979, when Mr. Bishi confided that his breasts were now almost normal, and he felt that his lost ability was slowly regaining.

The author had to visit Mr. Bisi again on 30th July 1982 for the following complaints: Frequent urging for urine at night, incontinence, < evening, no pain, no obstruction during micturition. Bag like swelling of

the lower eyelids, puffy face. Sometime back he had itching eruption on the body, treated and suppressed by ointments. Oedema of the lower limbs +.

He was prescribed Causticum CM and Kali phos. CM to be taken together in the morning, Mag. phos. 6 and Kreosote 6 together in the evening, and Thuja 10M and Baryta carb. 10M together at bedtime, to be taken in the first week for six days, in the second week for three days and in the third week one dose only.

This prescription cured him. After about one year there was a slight relapse of the symptoms and again one polyprescription cured. He is now nearly eighty-three years old, and leading an active life.

*Case XI:* Mr. Bhattacharya (80 years), the author visited him on 14th June 1982, and recorded the following: Strangury, dribbling, not complete flushing of the bladder, sensation as if some part of urine left behind, frequent ineffectual urging < night; urine white with fishy odour. Slight sensation of burning after micturition. Slight oedema of the feet.

The prescription for him was Baryta carb. 10M and Medorrhinum 10M together in the morning; Acid phos. 200 and Gels. 200 together at 10 to 11 a.m.; Uranium nit. 200 and Argentum nit. 200 together at bedtime, to be continued for ten days.

The patient felt well enough on 1st July 1982, to visit his doctor's chamber and report. No fishy odour in the urine, colour transparent and has free flow; sleeps better because has only to micturate once or twice at night, no burning sensation after micturition. Passes more water than he takes in. Oedema of the feet < left; < when sits with lower limbs hanging. Feels urging for urination when lying on the back. The second prescription was Syphilinum CM, 2 doses/week; Baryta carb. 10M, 2 doses/week, and Medorrhinum 10M, 2 doses/week in the morning; Digitalis 200 and Acid phos. 200 on alternate days at 10 to 11 a.m.; Alumina phos. 200 and Puls. 200 together 3 doses a week in the evening; Apis 10M, 6 doses, Ars. alb. 10M, 6 doses to be taken at bedtime for six days. Continue four weeks, and report.

After completion of the course, the patient rang the author and reported that he had no more trouble and feeling good physically and mentally and enquired if he should report again. The author told him to thank Hahnemann, and that he need not report again.

The author treated the patient about two years back for chyluria when his urine used to coagulate into white mass with lots of black blood clots. He had then urging for urination 25 to 30 times a day. There were anasarca and dyspepsia. He was relieved of all his troubles by about three months of polypharmacy, when all the above mentioned remedies were administered and in addition Lycopodium and Merc. viv. in different potencies were also prescribed. Since July 1982 there is no report of relapse of the trouble.

*Case XII:* Mr. Choudhuri (33 years) presented the following complaints: Pain in epigastric region, intermittent, spasmodic, located over a small area;

become hypersensitive to touch. Vomits golden yellow bitter fluid every 3/4 minutes with > of pain immediately after vomiting; then pain starts again. Cannot even drink water for it is vomited out immediately. Pain continues for more than twenty-four hours. He is made unconscious with injection. He sleeps the pain out over 24 hours, when the pain subsides. The pain started about twenty years back when he subsided scabies like eruptions by allopathic ointments. The attack was less frequent in the beginning and gradually it became so frequent that he had to undergo operation in April 1980. The operations were: (a) vagotomy, (b) pyloroplasty, (c) transduodenal sphincteroplasty, (d) cholecystotomy. He lost 18 kg of weight from 72 kg in April 1980 before operation. Lost further 4 kg in two months after operation. Change of voice within six months of operation. Allergic sneezing with watery catarrh from nose and eye, frequent, almost daily more than once a day, < during the day and after bathing. Hoarseness started after the allergic sneezing. Always wants to hawk up mucus from the throat. Easy satiety, craves meat, eggs, salty food. Aversion to sweets; salt consumption + + +; has nat. mur. constitution; prefers rich, spicy and fried food. Sensation as if the adominal elements are being pulled up towards the epigastric region when the pain starts. He feels that if he could eructate or pass flatus, then he would have been relieved of the pain; has become very irritable, cannot stand contradiction. He is married and has one son, two years old. The first conception of his wife was aborted after three months. Has familial history of this pain, father and grandfather also suffered from this type of pain. Thirst and sleep normal. Family history nothing particular. He is a hot patient and the pain in the epigastric region is < during winter.

First prescription on 1.5.82—1(i) Lachesis 10M, 1 dose, (ii) Kali bichromicum CM, 1 dose. The two medicines were given together dry on tongue; 2(i) Syphilinum CM, 4 doses M.E.S., (ii) Sulphur CM, 4 doses in evening to be taken one dose of each daily; 3(i) Nat. mur. CM, 4 doses M.E.S., (ii) Nux vom. CM, 4 doses in evening to be taken one dose of each daily after Syphilinum and Sulphur. 4(i) Nat. sulph. 6, B.D.A.C., (ii) Kali mur. 6, B.D.P.C. To be continued for eight days.

The patient was asked to report after ten days. But he did not come to report. On 18th May 1982, his mother came and reported that her son's condition was much better and he would come to report a few days later. But he did not report again. On 21st May 1984, one of his aunts visiting on her own affair, reported that the patient was absolutely well.

#### DISCUSSION

Use of polyprescription and mode of repetition as presented in these twelve cases are nothing new in homoeopathic practice. Reference to the case histories of Grauvogl and Dr. Bojanus as described by Dr. J. H. Clarke in his book *Constitutional Medicine* will prove it. Again, when the author was first-year student of Calcutta Homoeopathic Medical College, he had the

opportunity to attend the free clinic of Mother Amme at Amir Ali Avenue, Calcutta for a few months as a trainee. During his training period under Mother Amme, the author found that she also wrote polyprescriptions, usually in high potencies.

In our organon classes in 3rd and final years we were warned about repetition of doses and also on the change of medicines, and polyprescription. The author was confused by what was taught in the class, and what he learnt under Mother Amme. To get rid of the confusion the author started experimenting on himself and on his family members with polyprescription and repeated doses. The field of experiment gradually increased amongst his friends, their relatives, friends' friends, etc. who volunteered to go through the experiments with polyprescription and repetition of doses. Thus by the time the author was a final year student in Calcutta Homoeopathic Medical College, he was convinced that section 245 of the fifth edition of the *Organon of Medicine* could not be the last word as regards the repetition of doses in homoeopathic treatment. Hahnemann in sections 246, 247 and 248 of fifth and sixth edition of the *Organon* and footnotes to these sections described the modes of repetition to accelerate the rate of cure. Again reference to the footnote of section 272 when linked with R. E. Dudgeon's note on page 264, in the appendix of the fifth edition of the *Organon of Medicine* will prove that Hahnemann did experiment with mixing of medicines in high potencies and was convinced of the good results.

One might ask the author his percentage of success as a result of writing polyprescription. He follows the rule in his practice that if first and second prescriptions fail to bring any change then he writes the third prescription and advises the patient to take a second opinion if that one also fails. Not even five per cent of cases under the author had to take second opinion till now.

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**Editorial comment:** Editor invites healthy discussions on polyprescription.

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