A DISCUSSION ON SECOND PRESCRIPTION

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Being victim of prejudice, overconfidence, and ignorance, i.e., without understanding the intricate laws governing the inner man, disease and remedies, we so often impede and pervert the action of a carefully selected remedy by our impatience to get result or by our impetuosity in hastening certain conditions by quick changes of remedies, before the desired and definite action is obtained. Thus we endanger the life of our patient and create a perplexing problem in our practice which gives uneasy anxiety, agonising anguish, tormenting helplessness and pregnant privation. So we must be fully aware of the conditions where we should think for a second prescription for complete benefaction of our affectionate patients.

As in our case we are asked to provide a second prescription, so it presupposes that: (1) the first prescription is correct one, (2) it has acted, (3) it has been let alone to act or permitted to act full time.

Above criteria can be ascertained by a simple observation that can be envisaged as such:

(1) Striking, singular, rare, peculiar, uncommon symptoms that characterises a drug and a disease with its concomitants, which are necessary to choose the remedy, are the first symptoms to be removed.

(2) Guiding symptoms is to be obliterated.

(3) Trivial and common symptoms are left by which to the observer the complete picture seems to be erased.

Intellectual horizon of academic scholasticism and our great stalwarts and erudite scholars of the science have forwarded certain points which are inevitable for a successful second prescription, which can be summarised below as such:

(1) The previous dose is not to be repeated frequently as it never gives symptoms a chance to come back and call for a second prescription or it may intermingle with drug symptoms, so a rational, scientific and correct second prescription becomes impossible.

(2) There must be some symptoms to prescribe, without which Homoeopathy cannot operate.

(3) Wait patiently until the return of original symptoms. If symptoms return in different intensity it is good and well.

(4) Patient having ailments and those accrue to the domain of complete miasmatic character.

(5) If case comes to standstill position, i.e., no movement of symptoms on either side.

As it is already told there is no epigrammatic second prescription here,

but we can have conjectures or probables of this case in multifarious ways like,

I. Repetition

II. Change of remedy: (a) antidote, (b) change in plan of treatment, (c) complementary, (d) cognate, (e) morbid intercurrent.

Let us discuss one by one.

I. REPETITION

In general if the first prescription has had a beneficial reaction the remedy should be allowed to complete the work to the fullest extent; so repetition of the first at necessary interval through a whole range of potencies securing or deriving the full amount of good from each potency before passing on to the next.

Under the following conditions repetition is thought of:

(a) *In chronic cases*

(i) If there is reappearance of older symptoms which does not disappear in spite of waiting for a considerable period. That means only when the old symptoms which had been eradicated or very much diminished by the last medicine, commence to rise again or become perceptibly aggravated, surely it is the time to repeat the medicine, preferably in higher potency.

In this context, the experience of Hahnemann can be quoted. In a case where Sepia had showed itself completely antipsoric homoeopathically for a peculiar headache that appeared repeatedly and where the ailment had diminished both in intensity and duration, while the pauses between the attacks had also lengthened, when the attack reappeared he prescribed a dose which then caused the attacks to cease for 100 days (consequently its action continued that long); it appeared again to some degree necessitating another dose after which no other attack took place; from then seven years the health was otherwise perfect.

Here we have to differentiate the homoeopathic aggravation from reappearance of old symptoms which can be distinguished thus:

(1) Appearance of intensified symptoms similar to original disease symptom soon (a few hours) after administration of homoeopathic medicine (aggravation caused by large dose may persist for several hours).

(2) Feeling of well-being of patient notwithstanding the intensified symptions.

(3) In chronic disease where one dose must necessarily extend its operation over many days, such primary drug-effect resembling an intensification of symptoms of original disease (lasting for an hour or more) will be seen occasionally in the course of six, eight or ten days where the intensity is lowered taperingly.

Kent says: In such condition repeat each medicine in the same potency twice and then change to higher potency in a series that is 200, 1M, 10M, etc.

(ii) If improvement remains standstill it means that the general sense

of well-being has come to a standstill, but the original symptoms have not yet returned; from this we may infer that the action of the preceding dose is about to be exhausted.

It is advisable first to wait and if it is seen after waiting for suffieient time that there is no movement of symptom on either side, the next step is to repeat.

(iii) In idiosyncratic patients it is seen that they start proving every medicine they get generally. It is seen in following subjects:

(1) Patient inclined to hysterical mania.

(2) Patient having overweight.

(3) Patient belonging to the group of oversensitiveness to all things.

Precaution to be taken for such patients is not to give lower than 30 potency and that too preferably by olfaction and to repeat at the interval of 2-3 months.

(iv) In cases where there is short relief after a short, quick and strong aggravation we generally infer in the following manner:

(1) There is some condition which is interfering with the action of the remedy.

(2) In chronic case it suggests that there is structural changes.

Precaution is to be taken to see that the treatment begins with lower potency.

(v) If there is full time amelioration without relief of the patient it speaks us in the following way:

(1) Patient has palliated.

(2) Disease can never be cured.

(3) It is not in the direction of ideal cure.

(4) Patient has got latent existing organic condition.

H. A. Roberts has given his valuable suggestion to take precaution in such cases by careful repetition of the remedy at infrequent interval and patient may be kept for considerable period of time even though we will not be justified in expeeting a cure.

(b) *In acute cases,*

(i) If there is a period of relief followed by reappearance of symptoms in increased intensity immediately it strikes to our ingenuity of philosophieal mind that the disease is in inflammatory process and is too violent.

The second prescription is to repeat the same medicine in higher poteucy. This can be seen in case of asthma if at all it is super-added with any inflammatory process otherwise, it bears no value to us in this field.

(ii) A short relief after a short quick aggravation gives an inference that some condition is there which is interfering in the action of the prescribed remedy and suggests the condition is desperate.

Precaution to be taken: to begin from low moderate potency.

Contraindications: (a) If the medicine selected in a correct homoeopathic manner is still acting and exhibiting its own array of action in the proper

manner, i.e., by obeying Hering's law of cure, which are (1) disappearance of the symptoms must follow the reverse order of their reappearance, (2) symptoms must disappear from above downwards, (3) symptoms must disappear from centre to periphery, (4) symptoms must disappear from more vital organ to less vital organ.

Again another point is to be looked for, i.e., moderate homoeopathic aggravation which is known by appearance of intensified symptoms similar to the original disease-symptom soon (a few hours) after administration of homoeopathic medicine (aggravation caused by large doses may persist for several hours) and feeling of well-being of the patient notwithstanding the intensified symptoms.

Chronic diseases where one dose extends its operation over many days such primary drug effects resembling an intensification of symptoms of original disease (lasting for an hour of more) will be seen occasionally in the course of 6, 8, 10, 12, 14, 16, 20 days etc. where the intensity is lowered taperingly.

The good result will not fail to appear but may in a tedious ailment, not show themselves in their best light, before 24th or 30th day. The dose will then probably have exhausted its favourable action about 40th or 50th day and before that time it would be injudicious and obstruction to the progress of cure to give any other medicine. Let it not be thought, however, that we should scarcely wait for the time assigned as a probable duration of action to elapse before giving another anti-psoric medicine and that we should hasten to change to a new medicine in order to finish the cure more quickly. Experience contradicts this notion entirely and teaches on the contrary that a cure cannot be accomplished more quickly and surely than by allowing a suitable anti-psoric to continue its action as long as the improvement persists, even if this should be many days beyond the assigned supposed time of its duration, so as to delay as long as practicable giving of a new medicine.

(b) When new symptoms appear with original symptoms it shows that the prescription was unfavourable and didn't sustain true homoeopathic relation. Here fresh case-taking is required and new prescription is to be made.

(c) When present symptom correspond to the symptoms of previous medicine administered it suggests that the drug prescribed was partially similar. So wait here; if the action of the remedy goes away automatically, well and good, if not, the antidote of the drug action is to be given.

(d) When symptoms appear with increased fatality of the patients we have to assess whether it is homoeopathic aggravation or disease aggravation.

If it is homoeopathic aggravation, the patient will feel better in spite of the intensification of the original symptoms. Whereas in disease aggravation patient will feel worse along with increased intensification of the symptom. The homoeopathic aggravation will last for a few hours to half a day. Whereas in disease aggravation it will last for several unascertainable days. As here, if patient can tolerate it is better to wait and watch; if intolerable then quick

antidote is necessary. If it is disease aggravation, then select new medicine and check the progress of disease.

(e) When second prescription is necessary to complete the former, e.g., Belladonna followed by Calc. carb; Nux vom. followed by Sepia.

(f) If disappearance doesn't follow Hering's law of cure.

(g) If first remedy is not confidential.

In the following situations we should have a motto: "watchful expectancy, masterly inactivity".

(1) General sense of well-being of the patient has come to stand still, but original symptoms has not yet returned.

(2) Where complaint is worse we have to wait until the original symptoms reappear.

(3) If symptoms are worse but patient feels he is still improving.

II. CHANGE OF REMEDY

It can be thought of in the form of (a) antidote, (b) change in plan of treatment, (c) complementary, (d) cognate, (e) morbid intercurrent.

So, we must have a broad conception and the conditions where we should think for a change of remedy and where we should not.

Indications:

(1) Present symptom doesn't correspond to the previous medicine administered.

(2) When new symptoms appear with some origioal symptoms which corresponds to the pathogenesis of the prescribed drug.

(3) If symptoms appear with increased fatality of the patients.

(4) When second prescription is necessary to complete the action of the former remedy.

(5) When change is necessary to remove the miasmatic traits.

(6) When medicines are to be given in series to complete a cure.

(7) After administration of medicine if there is amelioration followed by aggravation.

(8) In cases where prolonged aggravation with final decline of the patient is observed after the first dose of medicine.

(9) In cases where there is prolonged aggravation with final and slow improvement of the patient.

(10) If disappearance of symptoms during the administration of the remedy doesn't follow the Hering's law of cure.

Contraindications:

(1) If the patient is improving with the first dose of medicine prescribed.

(2) Until the higher and lower potencies are tested.

(3) If there will be reappearance of older symptoms.

(4) If improvement remains standstill.

(5) In idiosyncratic patient who proves medicine he gets.

(6) Cases where there is a short relief after a short quick and strong aggravation.

(7) If there is full time amelioration without relief of the patient.

(8) In acute case if there is a period of relief followed by reappearance of symptoms in increased intensity.

(a) *Antidote*:

(i) If accessory symptoms start appearing: This accessory symptoms may be of two types, (a) medicinal accessory symptom, (b) disease accessory symptom.

Here medicinal accessory symptom is more pregnant to us. Cases requiring antidotal drug can be determined by studying the presenting symptoms where new symptoms corroborate to the pathogenetic symptom of prescribed drug which occur in cases where the prescription is unfavourable and do not sustain any time homoeopathic relation. However, if they are of burdensome intensity, they are not to be endured; in such a case, they are showing that the antipsoric medicine was not selected in the correct homoeopathic manner. Its action must be checked by an antidote. When antidote is known, it is given safely and where antidote is not known another anti-psoric medicine more accurately answering the symptoms must be given. These false symptoms may continue a few more days or they may return but they will soon come to final end.

(ii) If violent medicinal aggravation occurs: If the aggravated original symptoms appear on subsequent days with the same strength as at the beginning or with an increased severity it is a sign that the dose of anti-psoric medicine (although properly selected according to homoeopathic principles) was too large and it is to be apprehended that no cure will be effected by it because the medicine in so large a dose has established a disease which is in some respect similar to it and in its present intensity unfolds also its other symptoms which annul the similarity. It produces a dissimilar chronic disease without extinguishing original disease. Now the question is how the medicinal aggravation can be distinguished from the original disease. In medicinal aggravation, the intensified symptoms similar to the original disease-symptom appear within a few hours or days after administration of the medicine and these intensified symptoms continue in the same strength in subsequent days; whereas in original disease-symptoms there is no apparent aggravation rather a steady state with gradual increase of the disease which can be understood from the study of the nature of the disease. In medicinal aggravation a patient may feel better notwithstanding the intensification of the symptoms; whereas in disease aggravation patient feels worse and worse gradually. Again above can be decided in first, sixteen, eighteen, twenty days of the action of medicine which has been given in too large a dose.

Such cases must be checked by an antidote. If it is not yet known then an antipsoric medicine fitting as well as possible and indeed in a very mode-

rate dose is to be prescribed; if it does not suffice to extinguish the injurious medicinal disease still another should be given as homoeopathically suitable as possible.

(iii) If disappearance of symptoms do not follow Hering's law of cure: We know that the Hering's law of cure is much helpful to ascertain the prognosis of a case. If the disappearance of symptoms during the course of a homocopathic treatment is according to the criteria laid down by him, be sure that cure of the disease is on the path. If, however, the disappearance doesn't follow the law then the disease is not on the path of cure. The law includes following points:

(1) Disappearance of symptoms must follow the reverse order of their appearance.

(2) Symptoms must disappear from above downwards.

(3) Symptoms must disappear from centre to periphery.

(4) Symptoms must disappear from more vital organ to less vital organ.

Eventually if disappearance doesn't follow Hering's law it tells us that the disease has gone down with violent internal distress and it is moving from periphery to centre.

It needs a quick antidote, otherwise structural changes will take place in that new site.

(iv) Prolonged aggravation with final decline of the patient: After administration of the medicine if there is this observation, it suggests the following speculative inferences:

(1) It is mistaken that anti-psoric medicine is deep.

(2) It has established destruction.

(3) It is ineurable.

Precaution must be taken by antidoting it and beginning the treatment with moderately low poteney.

(v) Prolonged aggravation with final and slow improvement of the patient: This gives following inferences:

(1) Disease has not progressed so far.

(2) Pathological changes have become marked.

(3) The reaction of economy is feeble.

Here care must be taken to see that physician must treat cautiously being prepared to antidote if it takes a wrong course.

After giving an antidotal remedy, little time is left for rest. A fresh case-taking is required to be done for choosing a remedy. Though correct selection of the second remedy should correspond more particularly to the new symptoms than to the old ones, both old and new symptoms must be considered. This careful work will cause new symptoms to disappear and in all probability remove old symptoms as well.

We need not antidote in the following conditions:

(1) If there is reappearance of older symptoms: It suggests that treatment resorted to is already on the path of cure and there is no need for dis-

turbing the action of the medicine. If a second prescription is made, it will distort the curative power of acting medicine which will be deplorable.

(2) When second prescription is necessary to complete the action of the former, e.g., a patient having constitutional symptom of Calc. carb. may require Belladonna for acute paroxysmal symptoms. Here Belladonna will relieve the acute symptoms and the next prescription may be Calc. carb. or the case may further require medicine like Conium, for completing the action of the former.

(3) Present symptoms do not correspond to the previous medicine administered.

(4) When new symptoms appear with disposal symptom.

(5) Improvement remains standstill.

(b) *Change in plan of treatment*: In course of our treatment if there is first amelioration of the symptoms for sometime and then tendency to relapse without cure, it suggests:

(1) A deep seated miasmatic dyscrasia is in background suggesting miasmatic treatment.

(2) Remedy is superficial only and could act as a palliative.

(3) Patient is incurable and remedy is suitable.

(4) Patient is incurable and remedy is unsuitable.

(5) Medicine is selected on grievous symptoms and does not affect the constitution.

According to the presence of miasm treatment varies as discussed below:

(1) Case of psoric miasm only.

(2) Mixed with syphilis, i.e., psora + syphilis.

(3) Mixed with sycosis, i.e., psora + sycosis.

(4) Mixed with syphilis and sycosis, i.e., psora + syphilis + sycosis.

In the same time preponderance of any miasm may be there with varying time-space continuum.

How to proceed in such cases for treatment?

(i) Psora alone: Only anti-psoric drugs will suffice to complete the cure.

(ii) Psora with syphilis (pseudo-syphilis or marked syphilis or spurious syphilis). Series of treatment necessary for such miasmatic disease. First anti-psoric, second anti-psoric, if necessary. Then anti-syphilitic and again anti-psoric.

(iii) Psora with sycosis: The treatment should be first anti-psoric, second anti-psoric, if necessary, followed by anti-sycotic and again anti-psoric.

(iv) Mixed miasm: It may be in the forms of

(a) Syphilis with developed psora and developed sycosis for which treatment is anti-psoric, anti-sycotic, anti-psoric, anti-syphilitic, anti-psoric.

(b) Sycosis with developed psora and developed syphilis: The treatment series is first anti-psoric, anti-sycotic, anti-psoric, anti-syphilitic, anti-psoric.

Moreover the principle for such mixed miasm is first anti-psoric, secondly

either of them which is predominant, thirdly again the anti-psoric, fourthly the remaining one miasm, lastly anti-psoric.

In individual cases it requires series of drugs pertaining to anti-miasmatic list but always completion of the treatment is to be done with anti-psoric treatment.

(c) *Complementary*: When first remedy doesn't seem to have fathomed the case and some residual symptoms seem to persist and another medicine is thought of to complete the cure, it is called complementary remedy. One may ask why the first one failed to complete the action though it was similar. The answer is it was not constitutional because it removed only paroxysms but not the susceptibility.

In this context I like to cite a case of hyperhidrosis with chronic diarrhoea. A girl aged about 14 years came to our clinic with the complaint of hyperhidrosis of palm and sole for last 4½ years; she was also having diarrhoea for last 5 days. On further enquiry it was learnt that the patient was chilly and took cold easily, even very small wounds suppurated. She had desire for cold food and cold drinks; sweat was very offensive. She had considerable fear for pointed objects. Temperament was mild and gentle. Even while telling of her ailments tears fell. Had diarrhoea of changeable character (no two stools were alike), aggravated at night. History of fatty meal. Thirst was considerably less. A very important symptom she gave was that from the date of last vaccination, 4½ years before she has developed this hyperhidrosis, she used to suffer from diarrhoea whenever she took fatty food. With these meagre symptoms, our first prescription was Pulsatilla 30, 4 doses twice daily for 2 days. She came after 2 days reporting that her diarrhoea was no more there. Then I waited for 15 days but no movement of other symptoms and on 17th day Silicea 200 one dose was prescribed and advised her to report after 45 days; but the patient came after two months and to my utter surprise it was seen that her 4½-year old hyperhidrosis was 80% relieved. Then I waited for another 15 days and observed that the condition was standstill. So, I prescribed another dose of Silicea 1M and the report after two months was that there was no trace of hyperhidrosis which was troubling her for last 4½ years. She was then able to tolerate any form of fat without any G.I. trouble and was no more taking cold easily.

The example shows that Pulsatilla acted for paroxysmal attack of diarrhoea to check the acute sphere; but it was not the constitutional drug. Only Silicea was her constitutional remedy. Here Silicea was complementary to Pulsatilla. With similar analogy we have to think about a case in which one medicine may cover the acute sphere and another the constitution of the patient.

We, however, must not think of complementary remedy under the following conditions:

(1) If the present symptoms correspond to the previous medicine administered.

(2) When new symptoms appear with original symptoms.

(3) If there is reappearance of older symptoms.

(4) If disappearance doesn't follow Hering's law of cure.

(d) *Cognate*: There are series of remedies in our materia medica which are closely related to each other that is one medicine leads to another of its cognate, e.g., Nux vom. followed by Sepia, Ignatia followed by Nat mur. etc.

Supposing Sulphur is the first prescription, the cognate that may follow is Calcarea carb. and which may again be followed by Lycopodium. We should keep this cognate relationship in our mind; but it does not mean that it is a must as we know that for homoeopathic prescription we depend on symptomatology for which if we see that the previous medicine is going to exhaust its action or after the first medicine if there is need of further change of medicine, it is to be judged by available symptomatology. There we should not forget the basic principles of Homoeopathy in selecting an exactitude.

(e) *Morbid intercurrent*: During the treatment of a chronic disease if there is outbreak of any disastrous condition in the system in the form of epidemic or intermittent disease which interrupts our chronic treatment, they are nothing but morbid intercurrents. Here other medicines are to be used to combat the acute outbreak. After that all conscientious homoeopaths will go through the case all over again and have a fresh case-taking, and prescribe the drug fitting to the then presenting condition.

After going through the above discussion in a reminiscent mood if we think for a while, we amaze how rational our approach is for which we should praise the master, scholars, and veterans who handed over to their posterity a gift for the benefit of human beings. If, we the tyros follow the footprint of our master's saying, if we want to esteem ourselves and put these things into practice we should have "freedom from prejudice and sound senses, attention in observing and fidelity in tracing the picture of the disease".