

## Chatterjee

### Second prescription

*From Fundamentals of homoeopathy and valuable hints for practice.*

An ideal homoeopathic treatment needs no second prescription. But in practice, the second prescription is a matter of every-day occurrence. The need for a second prescription arises on three accounts: (a) on drug account, (b) on physician account and (c) on patient account.

On drug account, it arises when the remedy, though selected on symptom totality basis with due regard to the patient's psycho-biographical history, has not acted or brought about cure; or when the cure is not complete and some symptoms still remain to be covered; or when the potency used falls short of the optimum for a cure.

On physician's account, the need arises when he has not correctly chosen the remedy with the inevitable result producing prolonged aggravation or when he confuses the case by burdening it with a number of ill-considered remedies, producing what is known as drug miasm.

On patient's account, the need may arise on several grounds, important of which are:

- (1) When the first prescription has acted but further progressive relief is not felt.
- (2) When a new set of symptoms, unrelated to the old, appears.
- (3) When there is acute exacerbation of a chronic disease.
- (4) When symptoms disappear but no relief is felt.
- (5) When symptoms disappear against Hering's Law.
- (6) When one of the three miasms, viz., psora, syphilis and sycosis is active either singly or in combination.
- (7) When the disease has progressed from the functional stage to the structural stage, affecting the organs of the body.

It is essential that the changes in symptom occurring on above accounts are minutely observed and carefully analyzed before an attempt at a second prescription is made. A second prescription is not expected to act curatively, if the first has not acted as such. A bad first prescription can only lead to worse second prescription. There may be more than one prescription besides the first in the course of treatment, but all of them are regarded as second prescription because each one follow the preceding one and attempts to correct the existing symptoms.

There, is no third, fourth, fifth prescription in homoeopathy.

As will be seen from what has been stated above, cases of second prescription on drug account are really cases where the remedy has been correctly selected but fails to act or complete the cure. It fails to act because of the presence of miasm; it is unable to

complete the cure because of persistence of certain symptoms inviting its complementary remedy to complete the job, or because of the low potency of the medicine which may require repetition either frequently in the same potency or at stated intervals in a higher potency. There will be occasion to touch upon these aspects when the most important of the three accounts, viz., the patient's account, is considered. The physician's account, on the other hand, is a distinct class by itself because of his causing the disease by his lapses in choosing the proper remedy in the course of treatment. If he detects his fault early, he has merely to antidote the medicine already given, take up the case afresh and select the remedy on right lines. This will save the situation. But, if he has made a mess of the case by prescribing irrelevant remedies giving rise to drug-miasm, he has to take the help of such medicines as Aloes or Nuxvomica to prepare the ground for fresh case-taking and then proceed carefully as if it is a new case. For patients who have taken several inappropriate remedies, Dr. Kent has recommended Calc., Ars., Sulph., Sep., and Ip., whichever is relevant for tackling such cases.

Before a second prescription is made, it is the duty of a physician to satisfy himself that the remedy selected by him in the first Prescription is the patient's similimum, that it has acted and that

- (1) He is not repeating the remedy or changing its potency unnecessarily.
- (2) He is not interfering with the remedy in the midst of its remedial action.
- (3) He is not attempting to prescribe the remedy before the symptoms become stable.
- (4) Good use of placebo has been made before his second prescription, allowing sufficient time to the first remedy to act and enabling any symptom-change to become stable.

The various methods of second prescription when the first remedy has been correctly selected and has acted are :

- (a) Repetition of the remedy in the same potency or in higher potency.
- (b) Remedy, complementary to the preceding drug.
- (c) Cognate remedy.
- (d) Antidote.
- (e) New remedy.
- (f) Low-potency remedy.

It needs to be pointed out in this connection that out of these six methods of second prescription, the first three methods viz., Repetition of Remedy, Complementary Remedy and Cognate Remedy, are available only when the condition of correctness of the first prescription is satisfied. The last three methods, viz., Antidote, New remedy, and Low potency remedy, however, are also available to meet situations other than those arising from correct prescribing. They are briefly discussed below :

### *Repetition of Remedy*

The remedy is repeated in the same potency when the symptoms return but in a milder form. If the remedy is short acting, as in an acute case, it may be necessary to repeat the remedy as often as is necessary to cure the case. In a chronic case, where deep acting remedies are generally used, the repetition, under similar circumstances, has to be in a higher potency and at longer intervals. But care should be taken to see that some time-lag, say a week, is invariably allowed to confirm that the mild aggravation, when noticed in chronic cases, is not the "second aggravation" of Dr. Hahnemann. If it is a case of second aggravation, we may expect this to subside automatically in due course. No further medication in a higher potency is needed in such a case.

Even in an acute case, repetition in a higher potency is a necessity when the patient does not show improvement after the repetition of the remedy in the same potency.

Author's experience is that if a case, acute or chronic, needs repetition in the same potency, it avoids risk and produces better results when the remedy in the same potency is repeated through a complementary remedy or, where frequent repetition is deemed essential, the case is closed with a complementary remedy. Thus, in a case of Aconite fever, the case will be successfully closed if a dose of sulphur is given after remission of the fever. This will avoid any possible after-effects or return of the fever. Again, in case of flue-like fever with cold, cough, high fever, head and throat symptoms, Belladonna in alternation with Arsenic alb. either in the 6th or in the 30th potency will see the case through within 36 hours when given hourly, 2-hourly, 4-hourly or 6-hourly according to the severity of the case - the interval being increased with the progressive improvement of the case. This has acted almost as a specific in such cases and does not require more than 5 doses to bring about a complete cure. If this practice is followed, it should be assured that the remedies chosen are complementary and cover the symptoms.

### *Complementary Remedy*

Very often it is noticed that even after prescribing the right remedy, the symptoms do not disappear wholly but continue in a mild form or reappear in a mild form after a temporary period of lull. Such cases require a more deep-acting remedy complementary to the first for a cure. It has been noted that during the period of dentition of children, some of them get fever and convulsion which, even after being remedied by Belladonna, reappear in some cases needing Calcarea carb, the deep-acting remedy complementary to Belladonna for a cure.

### *Cognate Remedy*

Cognate remedies are remedies related in such a way that in the development of a disease when one category of symptoms is removed by the administration of a remedy,

symptoms of its related remedy appear calling for its adoption. In complementary remedies, the character of symptoms remains the same, the difference is only in intensity; while in cognate remedies, a new category of symptoms, viz., that of the next related remedy, follows necessitating its prescription. It is not that in every case a cognate remedy is called for. In a case of cough ameliorated by cold drinks, Causticum alone will cure. But it might be that in some cases new symptoms such as sciatic pain of the left leg may appear requiring the help of its cognate Colocynth for a cure.

This cognate relationship is not restricted to two remedies only but extends to more than two. An example in point is the famous trio of Hahnemann-Sulphur, Calcarea carb, Lycopodium a very important combination, so helpful in treating chronic cold or in changing a constitution prone to cold. Another deep and long acting trio is Sulphur-Sepia-Sarsaparilla when it is sought to strengthen a weak and disease-prone constitution. It should be noted that there may be more than one cognate to a remedy as in complementary remedies, but the selection of the exact remedy will entirely depend on the symptom syndrome, after the first remedy had spent its force, allowing new symptoms to crop up. Cognate remedies are mostly used in treating chronic cases.

### *Antidote*

"Antidote" is a very important and useful tool in the hands of a physician which can be used effectively both for defensive and offensive purposes - defensive, generally as a measure of countering the effect of wrong prescription and offensive, to cure the disease by fresh case-taking and seeking the correct remedy. Besides, there are many occasions when the effect of an acting remedy has to be antidoted in the interest of the patient. An antidote may take the form of prescribing the same remedy in a lower or a higher potency or it may be selected from the group of remedies already proved as such to the remedy in action. In all these cases, the decision has to be taken after carefully weighing the case under consideration, keeping in view the symptoms to be antidoted, the susceptibility of the patient and the condition of the vital force at the moment. While the remedy will depend on the symptoms, the potency will be determined by the susceptibility and the condition of the vital force. A case has to be antidoted:

- (a) Where there is a severe aggravation of symptoms on continuing basis and the patient's life is in danger.
- (b) Where the age and the condition of vital force cannot withstand the aggravation, though the remedy is the similimum.
- (c) Where the structural change has advanced to a point of irreversibility.
- (d) Where a completely new set of vexatious and distressing symptoms appears.
- (e) Where the symptoms disappear but no relief is felt.
- (f) Where the symptoms disappear against Hering's law.

### *New Remedy*

Mere change of symptoms does not invite a new remedy. The more important consideration is the direction of cure, as pointed out by Dr. Kent. When a true remedy is administered, it brings change in symptoms - even old symptoms reappear, but the point to remember is whether the changes follow the Hering's law. So long as it does, the same remedy should be allowed to act as it will bring about the cure. No new remedy is needed. But where the new symptoms show progressive aggravation of the disease and the patient feels worse, the case needs a new remedy based on the existing totality after a fresh case-taking with due regard to the past history and causation of the disease. If, however, the first remedy fails to act, even though it is the similimum or if after partial recovery new symptoms not accountable by the acting remedy appear, the presumption is that a latent miasm may have become active requiring the adoption of a suitable anti-miasmatic remedy which will remove the bottleneck and lead the case on the road of recovery. Very often, in a chronic case, new symptoms appear after the administration of a constitutional remedy but there is no apparent deterioration of condition of the patient. In such cases no new remedy need be given. The case has to be watched. The new symptoms are expected to vanish after a short period.

When a mixed miasmatic case has to be treated, the second prescription must, of necessity, be a new remedy. The first remedy is usually an anti-psoric remedy in such cases, as psora is the fundamental cause for any chronic disease. However, the rule, as pointed out in another connection, is to treat the active miasms first and, when its symptoms subside, treat the second which becomes active by then. When Psora is subdued with anti-psoric remedy and symptoms of sycosis come, e.g., crops of warts on face and hand, the next remedy to follow is anti-sycotic which is a new remedy involving also change in the plan of treatment from anti-psoric to antisycotic.

### *Low Potency Remedies*

Low potency remedies are used as second prescription in incurable cases as and when the incurability of the case is confirmed by the first prescription.

A case is deemed incurable when the first prescription in spite of its being the similimum:

- (a) does not evoke response from the patient and his condition continues to deteriorate;
- (b) acts amelioratively only for a short time and then produces continuous aggravation of symptoms;
- (c) acts adversely for a long period with aggravation of symptoms and continued deterioration of patient's health, and
- (d) acts favourably with total disappearance of symptoms but this disappearance has not followed the Hering's law.

In all these cases, the true remedy fails to cure either because the vitality of the patient is too low or because there is an organic change and the change is such that its reversion to normalcy is impossible or because the structural change has progressed too far to retrace its step or because the body lacks some vital organ such as a lung or a

kidney to make it not sufficiently responsive to the curative efforts of the medicine. The only way to treat such cases is to adopt palliative measures in the second prescription by prescribing remedies in the low potency on the basis of existing symptoms, taking every precaution that the case is not complicated by unimaginative repetition. Even then one has to be careful to see that Ars., Apis., Kali-c., Sulph., Bacill., Calc., Med., Phos., Sil., Tub. or constitutional remedies are not prescribed as they are likely to hasten the end. If, however, the existing symptoms do not allow selection of low potency remedies the case has to be given up as incurable under the homoeopathic system with such advice as is needed in each case.