

# Homœopathy's 200th Year-

## Need of the time: Hard-Core Prescribing

### Background

Over a period of 200 years homœopathic science has witnessed and withstood numerous ups and downs, criticism, growth and failures due to socio-economic, political, and many other external, as well as sometimes internal, factors. As a result, it has emerged as a time-tested faculty in the real sense of the phrase. The first half of homœopathic history, that is, the period from the late nineteenth and early twentieth century has the predominant influence of the American homœopaths (notably, Hering, Kent and Allen), while the latter part of the twentieth century saw a dramatic rise of classical homœopathy with the influence of George Vithoulkas, Tyler, Weir, Shepherd in the West and Bose, Sarkar, Dhawale in the East. India always played a substantial role by absorbing influences from all over the world, and helping the people en-masse.

### Changing Trend

With the wave of rejuvenation in classical homœopathy in Europe (post Vithoulkas), a number of young homœopaths entered the profession, with or without basic medical background. Similarly in India due to the wide acceptance of homœopathy by the population at large, a new homœopathic generation evolved with young blood, zeal and enthusiasm. One of the most favourable conditions for any new science to grow and thrive is the involvement of the youth, and precisely for this reason the youth force deserves the credit for creating an upsurge amongst the laity at the end of two hundred years of homœopathy.

### Youth, Ambition, Haste...

The dominance of a young generation in the development of homœopathic science brought into it several novel methods, approaches and ideas, over last decade or two. Personal ambition is always a part and parcel of young workers. In the homœopathic world, this class of practitioners did an excellent job of replenishing fresh confidence in the neo-physicians by introducing some new approaches in case-analysis which were well appreciated in some parts of the world. Encouraged by the positive response from their even younger colleagues, the element of ambition led some teachers to introduce newer techniques, under the banner of 'innovative' ideas, in a hurried manner. I use the word 'hurried' because, for any new concept to be made universally acceptable, it needs long term nurturing and polishing and can not be put to people in an 'immature' form, as that could lead to disaster. This is true with every new theory in any scientific faculty, never mind if it be nuclear physics, astronomy or medicine. If the theories have deep roots they cannot spring up every one or two years.

### From Innovation to Speculation

Unfortunately, some of the newly conceptualized ideas by young thinkers under the pretext of 'innovation' led to a great amount of confusion amongst the practising homœopaths. This is realised more by many sharp prescribers who fail miserably by applying these so-called 'innovative' methods of

understanding the patient. For example, one such method relates the case-evaluation to the dream-analysis. As per this concept, the patient's dreams have to be evaluated to get the 'feel' of the patient and selecting the similimum. It is also suggested that the remedy which has been listed under a particular dream (say, dream of falling from height), are of no importance. What is important is, as per the new theory, understanding the significance of the dream, which may indicate a remedy other than one listed under the above specific rubric.

The above stated instance is one of the many examples of such novel ideas. If you think rationally, is it justified to select a remedy which has not produced 'dream of falling from height', ignoring those which have proved so? Please think over this example and you will soon realise what has been happening in the name of new theories.

This is a clear evidence of on-going speculative theories in homœopathy. This kind of practice involving individual interpretation of various situations leads to absolute confusion, as a particular dream, delusion, symbol could be interpreted in ten different ways, indicating ten remedies by ten different prescribers.

Speculation has entered the homœopathic science. If you examine closely the case-reports prescribed by some over-enthusiastic homœopath in a homœopathic journal, with due respect to their sincerity, I must say that these imaginary prescribing methods are corroding away the scientific temperament of the system.

Most principles originate initially from speculative thinking, which is normal. However, subsequently the ideas are converted into proven scientific principles. This is common to all sciences. In homœopathy, however, the scientific principles have been given to us right from the start and are well developed and well proven. Unfortunately our science is turning speculative. This is sad.

### Time to come back

The basis of prescribing, as Hahnemann has propounded, should be nothing but the drug-proving, the simple matching of what is happening in the patient with what was recorded in the drug-provers. There is no need to be imaginative beyond the point of being realistic.

### Hard-Core Prescribing: What is it?

Prescribe on the basis of a 'hard-core'. It is not a new theory! If you examine closely the case-studies described at some seminars or in journals, you will observe that the prescribing is often based on 'interpretation totality', that is, the totality is made up of abstract interpretations such as symbols, dreams, illusion, etc. It has been often observed that the main theme in the case remains abstract and the prescribing is not on the basis of solid symptomatic elements. It may be described as an artistic prescription, which may sound amazing, but is often not reproducible. The so-called 'core' of the case is in such cases flexible and soft, not strong and solid.

Hard-core prescribing means basing a prescription on



hard data. The 'core' of the case should be in form of a solid, hard and concrete totality, consisting of well-defined mentals, dreams, sensations, modalities, concomitants, generalities, likes and dislikes, thermal state, sleep pattern, pathology, etc. The symptomatology of the patient should match the drug-proving data. No important aspect of the case-analysis should be vaguely interpreted as per the whim and fancies of the prescriber. The core of the case should indeed be hard-core and not subject to the individual's imaginative capacity.

### Some Case Illustrations of Hard-Core Prescribing

#### CASE 1

Mrs. K.S., 75 year old lady was seen at her residence, where she was bed-ridden for five months, with an open wound (six inches long, two and a half inches wide and two to three inches deep) on left gluteal region following hip-joint surgery for fracture of the head of femur. The wound refused to heal, despite surgical intervention twice, the patient being an old diabetic. The patient lived for five months on a water-bed, with inability to move from side to side. She had chronic suppuration of the wound with profuse pustular discharge, requiring daily cleaning and dressing under supervision of an orthopedic surgeon. She had febrile episodes almost every week, more at night along with frequent urinary tract infection with urine showing more than 400 pus cells in each report.

The failure of the higher generation antibiotics made the patient opt for homoeopathy. The patient's case was studied and evaluated in an adverse situation where most of the family members were sceptical about the role of small globules when the antibiotics did no good. The entire case was studied, recorded and pictured on video.

**Life-Space:** The old lady was a second wife to a rich industrialist, who died about 10 years back, leaving behind four sons in a well established family business. A very strong-willed lady who had seen many ups and downs in both family and business, had now to see another family set back. Her sons gambled and lost the giant business, a classical story of rags to riches. From her status of being the queen of the royal family, she had to move in with one of the step-daughters, in a lower middle class family.

**Hard-Core totality:** The core totality was found as under:

- 1) Abscess, non-healing
- 2) Suppuration-chronic infection
- 3) Diabetes-Disposition
- 4) Fever-night
- 5) Frequent urinary tract infection
- 6) Sweat, offensive, staining hard
- 7) Dream of robbers, falling, fire, anger
- 8) Strong-will, obstinacy, despair
- 9) Thermal: sensitive to heat and cold
- 10) Desire: milk, sweets, bread, salt
- 11) Weeping, mild, anxious.

If you carefully check the above totality, it clearly comprises of solid indications. This is what I mean by solid indications. *It is those symptoms of the patient which could be perceived and appreciated by any prescriber, without any controversy.*

**Treatment and response:** The remedy selected for the patient was *Mercurius solubilis*, which was prescribed to her in 200c potency, twice daily for about 6 weeks, then in 1m potency twice daily for another 6 weeks. The response within the first

6 weeks was encouraging. The purulent discharge reduced considerably and the frequency of febrile episodes reduced to twice in 6 weeks. She had acute urinary tract infection with dysuria, which required some doses of *Cantharis* 30c and the subsequent urine report was clear.

At the end of 4 months, the wound healed up almost completely and the patient was mobile, to the surprise of the family members and the attending orthopedic surgeon.

#### CASE 2

Thirteen years old Monti Rati, a Punjabi child from a lower middle class family was brought on 24/10/94 for the treatment of malabsorption syndrome since the age of 5-6 years. Extensive investigations had not detected any particular aetiology. The boy had frequent (10 to 15) semi-solid to watery stools daily, which were offensive, with flatus, painless, without mucus, and without blood or worms. He would defecate after every meal and slightest drink, and also at other times of the day. He failed to put on weight, weighing 33 kg. constantly for 2-3 years.

**Other Symptoms:** Increased appetite and thirst with no marked likes and dislikes of food. Ambithermal, warm palms. Profuse sweat, non-staining. Sleeps well, on back. No significant dreams. Mind: Poor at studies. Shy. Irritated at trifles. Very timid, fearful, obstinate, self willed and hot tempered. Mischievous. When angry, beats his brother and sister; gets beaten by young children outside, weeps easily, if being scolded by mother or teacher. Cannot answer in the class. Fond of spending money on kites, ball, bat, etc.

**Totality:**

- Anger, beating
- Timidity, cowardice
- Weeping, shy
- Poor at studies, memory, concentration
- Increased appetite, thirst, sweat
- Malabsorption – bowel disorder
- Lean, thin, ill-nourished
- Stool: frequent, semi-solid, <eating & drinking.

**Treatment and follow-up:**

Above hard data suggested his constitutional remedy to be *Lycopodium*, which was administered in 200c potency, a single dose on 27/10/94.

A month later: His bowel frequency gradually reduced from 10-15 to 2 times per day and well formed. Excessive appetite reduced to normal. His frequent headaches stopped. He put on 1 kg in weight.

After 10 months: Reports to have had no gastro-intestinal ailment for last 6 months. Maintained good health, his body weight being 37 kg. Treatment terminated.

#### SUMMARY

Hard-core prescribing is the need of the time in order to :

- i) expect consistent results
- ii) instill confidence in the young homoeopathic generation
- iii) prove and maintain scientificity of the fundamental principle
- iv) make it practicable by every average practitioner
- v) generate mass public acceptance.

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