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HARDCORE PRESCRIBING IN CLASSICAL HOMOEOPATHY

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INTRODUCTION

In the last 200 years, the science of homœopathy has witnessed and withstood numerous ups and downs, criticism and growth, failures and successes. It has withstood change due to socioeconomic factors, political factors, external factors, as well as change due to internal factors (within the homoeopathic fraternity). It has withstood the ultimate test of time. The period from the late nineteenth century to the early twentieth century has seen the influence of American homoeopaths—notably Hering, Kent, and Allen. The latter part of the twentieth century has seen the resurgence of classical homoeopathy with the dominating influence of Vithoulkas, Tyler, Weir, and Shepherd in the west and Bose, Sarkar, and Dhawale in the east. India has always played a substantial role by absorbing developments from all over the world and passing the benefits to the masses.

Changing Trend:

With the rejuvenation of classical homoeopathy in Europe (post-Vithoulkas era) a large number of young homoeopaths took to active practice. Similarly India also saw an influx of young practitioners in the profession. (As proof, most practitioners are in their mid-thirties in India.) A requirement for the growth of any science is the infusion of young blood. It is for this reason that the youth deserve the credit for the upsurge of homoeopathy among the laity.

Youth, Ambition, Haste . . .

The last two decades have seen the dominance of youth in homoeopathy the world over. A characteristic of the youth is that they boldly pursue new ideas and are not hampered by convention. In homoeopathy, too, the young practitioners have advocated

several new or even radical approaches. Some of these approaches, particularly those related to case analysis, have been widely accepted by the fraternity. This acceptance has spurred some homoeopaths into adopting new, untried (inadequately experimented on) techniques, in a hasty manner.

From Innovation to Speculation:

Some of the radical approaches that have been too hastily adopted, have created confusion in the fraternity. This is because these techniques are not as successful as their propagators claim. For example, dream analysis. According to this new approach the patients' dreams have to be evaluated to get a feel of the patient, and thereby to select a remedy that will fit the *simillimum*. The traditional approach is to select the remedy under a particular dream or to select a remedy which causes the dream. The new approach rejects the traditional approach and says that each dream has to be evaluated for its significance and, based on this, a remedy should be proposed. Now, a dream is highly subjective, and each dream can be interpreted in ten different ways by ten different practitioners. This dream analysis approach has crossed the boundary from innovation to speculation. An examination of any scientific journal will show that a lot of homoeopathic case studies involve speculation. The scientific foundations of homoeopathy are in danger of being corroded by speculation.

Any real science is founded on bedrock theories. All theories start as speculation. The speculation is then subjected to experimentation, criticism, alteration, and even outright rejection. It is only when the speculation has stood the test of time, that it is accepted as a theory.

Time to come back:

The end of the second century of homeopathy requires that the homoeopathic community be alert and go back to its roots. The basis of prescription, as Hahnemann propounded, should be *only drug proving*—the simple matching of the patient's history and symptoms, to the drug proving data. Innovation and imagination are very much needed for progress, but they should not result in the scrapping of reality.

Hard-Core Prescription

What is Hard-core prescription? It is nothing but prescription based on hard facts. This is not a new theory. An examination of case studies in journals will show that, in many case studies, the prescription is based on a totality interpretation. The "totality" is often based on an abstract interpretation of the patient's dreams, symbols, illusions, *etc.* The case prescription is based on interpretation which makes for a very soft and flexible core. This is because different practitioners can interpret the case in different ways and thereby propose different prescriptions.

In hard-core prescribing, the core of the case is hard and rigid. Most importantly, the core of the case is not subject to loose interpretation. The core consists of well-defined facts such as patient's dreams, thermal states, mental state, modalities, concomitants, dislikes, pathology, sleep pattern, *etc.* These are hard data and are not subject to misinterpretation. The patient's symptomatology should match with the drug proving data. The advantage with the hard core approach is that no part of the case handling is subject to the practitioner's subjective interpretation or imagination. Whoever the practitioner may be, the hard core of the case will allow all practitioners to reach the same prescription.

Here are some case illustrations of hard-core prescriptions:

CASE ONE

Mrs. K.S., a 75-year-old lady, was bedridden for 5 months. She had an open wound (6 inches long, 2-1/2 inches wide, and 2 to 3 inches deep) on the left gluteal region. This wound was a result of hip-joint surgery (for fracture of the head of the femur. Since the lady was a diabetic, the wound refused to heal in spite of two surgeries. The patient had chronic suppuration of the wound and profuse pustular discharge requiring daily cleaning and dressing, under the supervision of an orthopedic physician. She had febrile episodes every week (more at night) along with frequent urinary tract infection. Her urine samples showed more than 400 pus cells in each report.

The failure of higher generation drugs had made the patient turn to homoeopathy even though her family and the orthopedic practitioner were skeptical of the chances of recovery. The homoeopath carefully studied the patient and made video record-

ings.

Life-Study:

The old lady was the second wife of a rich industrialist who had expired about ten years back. He had four sons and a well-established family business. The lady was strong-willed and had seen many ups and downs. Now she was seeing the sons gamble away all their father's riches. From living like a queen, the lady was forced to live with a stepdaughter in a lower middle class house.

TOTALITY

- 1) Non-healing abscess
- 2) Suppuration, chronic infection
- 3) Diabetes, disposition
- 4) Nightly fever
- 5) Frequent urinary tract infection
- 6) Sweat, offensive and staining
- 7) Dreams of robbers, falling, fire, anger
- 8) Strong will, obstinacy, despair
- 9) Thermal factors: sensitive to heat and cold
- 10) Desire: milk, sweets, bread, salt
- 11) Weeping, mild, anxious

These hard core facts are solid indicators. Solid indicators are those that will be accepted by any homoeopath without any controversy.

TREATMENT & RESPONSE

The lady was prescribed *Mercurius solubilis* in 200C potency, to be taken twice a day for 6 weeks and then in 1M potency, twice a day for another 6 weeks.

In the first 6 weeks, the purulent discharge reduced considerably and the febrile episodes reduced to twice in 6 weeks. She had an acute urinary infection, for which she was prescribed some doses of *Cantharis* 30. The subsequent urinary reports were clear.

At the end of 4 months, the patient had fully recovered and was mobile. For the skeptical doctor and family, this was a revelation.

CASE TWO

13-year-old Monti R., from a lower middle class Punjabi family, was brought on October 24, 1994, for the treatment of malabsorption syndrome. He had had this since he was 5 or 6 years old. Extensive investigation could not reveal any particular aetiology. The boy had frequent stools (10 to 15 per day), semi-solid to watery, which were offensive with flatus, painless, and without mucus, blood, or worms. He would defecate after every meal or drink, however small. He failed to put on weight and was a constant 33 kilograms for two years.

Other symptoms: Increased appetite and thirst, with no marked likes and dislikes for food. Ambithermal, with warm palms. Profuse sweating, non-staining. Slept well on his back, with no significant dreams.

Mental state:

Poor at studies, irritated at trifles, very timid, fearful, obstinate, self-willed, and hot-tempered. Mischievous. When angry, he would beat his brother and sister. Got beaten by young children while playing. Wept easily when scolded by mother or teacher. Could not answer in class. Fond of spending money on kites balls, 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, after eating and drinking.

TREATMENT & FOLLOW-UP

The hard data suggested his constitutional remedy to be *Lycopodium*, which was administered in 200 potency, a single dose on October 27, 1994.

A month later:

His bowel frequency gradually reduced from 10 to 15 times per day to twice a day, and the stool was well-formed. His excessive appetite was reduced to normal. His frequent headaches stopped. He put on one kilogram of weight.

Follow-up after 10 months:

He was reported to be having no gastro-intestinal ailment for the last 6 months. He maintained good health, and his body weight was 37 kilograms. His treatment was terminated.

SUMMARY

Hard Core prescription is the need of the hour, in order to :

- i) Expect consistent results
- ii) Instill confidence in the young homoeopathic generation
- iii) Prove and maintain the scientific integrity of the fundamental principle of homeopathy
- iv) Make homeopathy practicable by every average practitioner
- v) Generate mass public acceptance of homeopathy

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