



To Study the Importance of Second Prescription in Clinical Practice

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ABSTRACT:

What a beautiful sight to see a bud turn into a rose in bloom within an hour. This assessment occurred to me so often as I patiently waited for symptoms to return after the first prescription had exhausted its healing power.

The picture of the return of symptoms reveals the knowledge by which we know whether the first prescription was specific or palliative, i.e. we can know whether the remedy was deep enough to cure all deranged vital grievances, or whether it was merely a superficial remedy capable of only temporary relief.

Many of the things you learn from the first drug determine the kind of demand placed on the doctor for the second prescription.

KEYWORDS: Second Prescription, Clinical Practice, Homoeopathic Treatment, Homeopathy and Homeopathic Pharmacy.

INTRODUCTION:

Homeopathy is both a science and an art. The artistic aspect of homeopathy is taking cases and prescribing logically based on similarity of symptoms. The sole aim of homeopathic prescription is the healing of the sick individual, which is based on the totality of symptoms and the holistic concept of individualization.

After studying the case and obtaining the correct portrait of the diseases, we will select the medicine according to the evaluation of the symptoms. After the administration of the medicine, the struggle for existence begins in the sick individual immediately, when the primary action of the medicine settles on the vital principle, in which the vital principle plays a passive role, while the secondary action is the reaction of the vital principle in response to the primary action, i.e. the action therefore begins in the sick person individual, after the administration of the first drug, during this action certain changes occur in the sick body, which we called the treatment reaction.

All treatment responses must be carefully monitored by each physician in each individual patient. The entire future of the patient depends on the doctor's observations. If he is not able to understand these treatment reactions, he will do the wrong thing, he will prescribe wrongly, he will change his medicine unnecessarily, and he will do it to the detriment of the patient. Since second prescriptions and drug reactions are not separate entities, it is necessary to understand the drug reactions to the second prescription while achieving a cure.

The second recipe:

The second prescription is the one that is done after the first one that took.

Different options of the second prescription:-

After carefully observing the symptoms that appear after the first prescription and assessing their nature, the doctor has the following points open.

1. Repetition of the first - After a certain improvement, the effect of the drug stops, the case stops even after a longer waiting period.
2. Potency Change – When the potency has exhausted its action and is unable to achieve further improvement. Dr. Kent is of the opinion that the same potency cannot be repeated more than twice.
3. Antidote - The appearance of new symptoms - but not the old ones, not the symptoms of the disease, but belonging to the administered medicine.
4. Change in Remedy – The appearance of a striking new set of symptoms leading to a complete change in the symptom base. Symptoms have changed but patient is improving - no change in medication. Symptoms have changed but patients are not improving - change medication. Do not leave this medication until one or more higher potency doses have been given and tested without effect.

5. Complementary – The first medicine is acute and should be supplemented with a constitutional medicine for further treatment.
6. Relatives – These drugs are so closely related that a drug always tends to one of its relatives.
7. Intercurrent Remedies - Sometimes in a chronic case we find that the action of a well-indicated constitutional remedy is blocked and the patient refuses to make further progress. An analysis from the miasmatic point of view can indicate the type of miasma responsible for this block, and an appropriate antimiasmatic remedy will help to remove it and restore the constitutional remedy.
8. Change of plane of treatment - When the symptoms of another miasma come to the fore with the disappearance of the symptoms of the previous miasma being treated.

REVIEW OF LITERATURE:

Prescribing in homeopathy

The entire system of prescribing was based on original hypotheses, clinical observations, philosophical conclusions and scientific experiments.

Aesculapius and the other father of the healing art dealt with a hypothetical and philosophical conclusion with little clinical observation. How a medical deficiency develops in science, due to the lack of accurate research and the personal opinions of the theorizing doctors at all present. The vagaries of early prescribing were wrong, as was the concept of anatomy, physiology and pathology.

Dr. Hahnemann proved the law of similar by repeated scientific experiments on living people.

In homeopathy, the prescription is based on a single drug, a similar drug and a minimum dose.

Homeopathy is the science of therapies based on the law of similar, the law states that a medicine capable of producing symptoms in a healthy person, a disease state exactly similar to that observed in a sick person; it acts as a curative agent if the disease is in a curative stage.

The successful application of such a law depends entirely on the concept of individualization and a susceptible constitution based on the totality of symptoms.

Homeopathy has naturally developed its own exciting methodology in receiving cases, in preparing medicines, inducing the effects of medicines, selecting the medicine according to the law of likeness, the rules governing its administration, and the detailed observation of the various effects thus produced on the sick individual.

These effects, which are considered under the therapeutic response, enable the homeopathic doctor not only to predict relatively accurately, but also to regulate further treatment. Our endeavor has been to demonstrate that successful prescribing in homeopathic practice is not a magical act, but a perfectly logical process that leads us to the similim with remarkable accuracy, provided we ourselves have vigorous trends in the field of homeopathic philosophy and its practical application.

When a well-chosen medicine has been given in one dose and the improvement is short-lived, the symptoms may either be the same as before, or may change so that the same medicine is no longer indicated, then a second prescription is absolutely necessary.

Long experiment has taught us that the most difficult task for the healer to perform is the correct and timely administration of the second dose, either of the medicine given first or of another medicine.

The need for a second prescription –

The need for a second prescription arises when

1. The first prescription was done well, but further relief is stopped.
2. Once a new set of symptoms unrelated to the old ones appears.
3. There is an acute exacerbation of a chronic disease.
4. Symptoms disappear but there is no relief of symptoms.
5. Symptoms disappear irregularly without following Hering's Law of Healing.
6. Miasma is active either alone or in combination. (6)

The disease has progressed from the functional stage to affecting the vital organs of the body.

SECOND PRESCRIPTION: - Means “the one after the previous remedy which “worked”. According to Kent, there are three options for the second prescription; either repetition, antidote, to replenish.

Views on the second recipe according to different authors:

According to Dr. Kent -

The second prescription presupposes that the first was right, that he acted, and that he was abandoned.

If the first prescription did not have a curative effect or was not allowed to work throughout, it is not possible to obtain a second observation.

A second observation is made when the case is stopped, as changes occur after the first prescription is made; the symptoms come and go, and while these changes take place the case cannot be rationally observed; if a second prescription is filed during this time, it will probably spoil the whole case.

If the patient is not given perfect rest, if the medicines are not kept outside the case, we will not have the opportunity to make a rational second prescription.

The second prescription may be a repetition of the first, or it may be an antidote or supplement; but none of these things can be taken into account unless the record has been fully studied again, unless the first examination and all the things which have arisen since have been carefully studied again, so that the doctor may recall them again.

This is one of the difficulties faced when patients change doctors, and one of the reasons why patients do not do well after such a change.

A strict homeopathic doctor knows how important this is and will try to find out the first recipe.

If the former physician is strictly a homeopath, he is of all others the most competent to execute the second prescription.

The second regulation is therefore, technically speaking, a regulation subsequent to the one that was already in effect.

You can administer a dozen drugs without any impact on the economy, and yet no specific prescription has been administered. You can cheat a lot of time filing remedies that are not related to the case. The result is the same.

Consider the first prescription the one that worked, the one that made the changes, and the next prescription is the second after that.

The second prescription may be a repetition of the first, or it may be an antidote or a supplement or a change of medicine. The second prescription also takes into account a change in the treatment plan. (11)

Different options for the second recipe –

Repetition of the same potency in a higher potency –

The choice of drug is methodical, but when the drug is given and changes the patient's condition, it is a real movement of decision. When to stop, when to repeat, and when to treat are critical decisions we must make to stop, repeat, and treat are actually related to repeating a single term.

According to Dr. Hahnemann –

In 1850, Hahnemann published the article "Medicine of experience", in which he said that the repetition of medicine is regulated by the duration of action of each drug. No medicine is given until the action of early medicine is over. If the results are positive, the drug should be repeated, but it is necessary to make sure that the period of action of the previous drug has already ended.

In 1810, the first edition of the organon was published, and it became clear that the remedy should not be repeated as long as improvements continued. The introduction of any new drug could spoil the case.

The second and third editions of the Organon state that no medicine should be given until the slightest trace of improvement is noticed. The rules of repetition should be different in the treatment of acute and chronic diseases. Accordingly, in acute diseases, the duration of the drug's action is exhausted within a few hours, in chronic diseases it lasts several weeks.

In 1833, the fifth edition of the organon followed the same rule as the fourth edition.

In 1828, writing on chronic diseases, he said that a rapid addition to medicine could be made where improvement had advanced a certain length but stopped further improvement.

Then it would be advantageous to change the effectiveness of the same drug in the case of chronic diseases, i.e. from the 30th dilution through the 18th dilution to the 14th dilution.

In 1921, the sixth edition of the organon was published. It had a foreword by Baenke. He wrote on an easel, which Hahnemann caught the eye of while repeating. Paragraphs 246 – 248 regarding dosages in the treatment of chronic diseases have a loose meaning. It deviates from the single dose and repeat dose advice, but in different potencies. In his Chronic Diseases, Hahnemann advocated changes in potency, but here in the sixth edition he added repetition of doses, of course, with a change in potency.

Aphorism No. 246 (6th Edition Organon) –

The measure of each dose deviates somewhat from the previous and the following, so that the life-principle to be changed into a similar curative disease may not be roused to adverse reactions and rebellion, as is always the case with unadjusted and especially rapidly repeated doses. (9)

Aphorism No. 247 (6th Edition Organon) –

It is impractical to repeat the same unchanged dose of the drug once, let alone repeat it frequently (and at short intervals so that the cure is not delayed). The vital principle does not accept such unaltered doses without resistance, that is, without the symptoms of the remedy appearing other than those similar

to the disease to be cured, because the previous dose has already effected the expected change in the vital principle, and the second dynamically quite similar, unaltered a dose of the same medicine no longer finds the same conditions of vital force. For the patient may become ill in a different way when he receives other such unchanged doses, even sicker than he was, for the time being only those symptoms of the given medicine remain active which were not homeopathic to the original disease, so that no step towards cure can follow. , only actual worsening of the patient's condition. However, if the subsequent dose changes slightly each time, i.e. the potency is slightly higher (§ 269-270), then the life principle can be changed with the same medicine without difficulty (the feeling of natural illness diminishes) and thereby bring the cure closer. (9)

Remedy Reaction Review –

According to Dr. Kenta –

After prescribing the drug, the doctor begins to make observations. The whole future of the patient may depend on the conclusions which the doctor reaches from these observations, for his action depends very much on his observations, and on his action depends the good of the patient.

If he is not acquainted with the import of what he sees, he will undertake to do bad things, make bad prescriptions, change his medicines, and do things to the detriment of the patient.

If the homeopathic physician is not an accurate observer, his observations will be vague; and if his observations are indeterminate, his prescriptions are indeterminate.

After the implementation of the prescription, it is considered self-evident, and it is the exact prescription that he acted. Now, if the drug works, it immediately begins to effect changes in the patient, and these changes manifest in signs and symptoms. The inner nature of the disease appears to the doctor through the symptoms, and it is like watching the hands of a clock. This watching and waiting and observing must be done by the doctor so that he can judge what to do and what not to do according to the changes.

Observations taken after the administration of a particular drug sufficiently related to the case to produce changes in the symptoms are valuable.

The drug is known to work by changing symptoms. Resolution of symptoms, increase of symptoms, improvement of symptoms, order of symptoms are all changes from the drug and these changes need to be studied.

According to Dr. Kenta there are twelve different scenarios for the second and subsequent prescriptions.

1st observation - prolonged deterioration and final decline of the patient.

Conclusion –

1. It was a mistake, the antipsoric was too deep, it set the stage for destruction.
2. The force is too high.
3. Vital reaction is impossible in this state; the case was accurate.
4. The prognosis is unfavorable.

The antidote to the first adverse.

2nd observation - long deterioration, but final and slow improvement.

conclusion –

1. In such a case, there was the beginning of very significant organic changes in some organs.
2. Prognosis favorable.

So that it does not disturb the operation of the first prescription.

3rd observation - Deterioration is rapid, short and severe with rapid improvement of the patient's condition.

conclusion –

1. The remedy is correct.
2. The reaction of the economy is vigorous.
3. There is no tendency for any structural changes in the vital organs.
4. Any structural change that may be present will be found on the surface in non-vital organs; abscesses form, and often in areas that are not important to the patient's life, glands suppurate, which can be dispensed with.
5. Prognosis - very good.

Do not interfere with the effect of the medicine.

4th observation - no worsening of the condition with recovery of the patient.

conclusion –

1. The medicine and potency exactly match the case.
2. There is no organic disease. The disease is not very deep.
3. It belongs to the function of the nerves rather than to the threatened changes in the tissues.
4. The prognosis in an acute case is good, in a chronic case it is doubtful.

Do not interfere with the effect of the medicine.

5th observation - improvement comes first and only after that comes deterioration.

conclusion –

1. Either the drug was only a superficial drug and could only act as a palliative agent.
2. The patient was incurable and the remedy was somewhat appropriate.
3. One of these two conclusions must be arrived at, and this can only be done by re-examining the patient and ascertaining whether the symptoms are related to this remedy.
4. Prognosis – unfavorable.

Take the case again and a similar medicine will be prescribed.

6th observation - too short a relief from symptoms.

conclusion –

Has this patient done anything to impair the effect of this drug? Was he out for a drink? Did he handle chemicals? Was he in ammonia fumes?

If nothing has taken place to infer from this drug its economy, the doctor may suspect the following:

1. In acute cases – too short an improvement in acute cases occurs due to the high inflammatory state of the organs that are threatened by the ongoing process.
2. In chronic cases - if there is too short relief in chronic diseases, it means that there are structural changes and the organs are destroyed or destroyed or in a very precarious state.
3. Prognosis – Poor in chronic cases.

In acute cases, it is necessary to repeat the drug often or choose a similar drug.

In chronic cases, if there is no conclusion about the drug, a similar drug should be chosen.

7th observation - Full-time relief of symptoms but no particular relief for the patient.

conclusion –

1. The presence of a latent condition or latently existing organic conditions in such patients which prevent improvement after a certain stage. For example, a patient with one kidney or with fibrosis of a large part of the lung. The patient is therefore curable up to certain limits.
2. Medicines have a beneficial effect, but the patient is not cured and can never be cured. In this case, the patient is palliated and it is a suitable palliation for homeopathic medicines.
3. It must be thought of after the administration of several remedies, and the improvement of the case has often existed throughout the duration of the remedy, but the patient has not risen above his own pitch during that time.
4. Prognosis – A bad disease or patient is curable only to a certain extent.

Observation 8 - Some patients demonstrate every drug they receive.

conclusion –

1. Patients tend to be hysterical, tense, hypersensitive to everything.
2. The patient is said to have a peculiar way of doing everything, and these hypersensitive patients are often incurable.
3. Many of them are born with this sensibility and die with it; they are unable to rise above this over-irritated and over-stressed state.
4. Prognosis - bad.

Such hypersensitive patients are very useful for the homeopathic doctor to prove.

9. observation - Effects of drugs on examinations. Sound evidence is always beneficial evidence if properly conducted.

10. Observation - new symptoms appearing after correction.

conclusion –

If a large number of new symptoms appear after the administration of the drug, the prescription usually turns out to be unfavorable.

The greater the number of new symptoms that appear after the administration of the drug, the more doubts there are about the prescription. The likelihood is that after these new symptoms subside, the patient will settle down to their original state and there will be no improvement

- If the symptoms are not serious, wait until the new symptoms subside. The next most similar remedy should be selected after using a fresh pod.
- If the symptoms are of a serious nature, it must be an antidote and then another drug that is as similar as possible must be chosen.

11. Observation – when old symptoms are observed to reappear.

conclusion –

1. The medication administered is correct.
2. The disease is treatable precisely in such proportion as the old symptoms that have been returning for a long time return.
3. Symptoms disappear in the reverse order of onset. The patient is on the road to recovery and it is a will to tell the patient that it is encouraging that diseases are treated from top to bottom according to Hering's law of treatment.
4. Prognosis - very good.

Until the old symptoms return and subside, the medicine must be left aside.

If the old symptoms return and remain, then the dose must be repeated.

12th observation - Symptoms are taking a wrong turn.

conclusion –

1. The administered medication is incorrect.

Antidote to medicine. Most similar drugs should be applied. Take the case again. (11)

SUMMARY:

A second prescription is a prescription issued after the first prescription depending on the drug reaction of the first prescription. Although the meaning of the second recipe is simple, its application in practice is very difficult for homeopath beginners.

- The second prescription can be a repetition of the first with the same potency or with an increasing potency, Complementary, Intercurrent, Antidote and a change in the treatment plan depending on the prognosis of the first prescription.
- In acute diseases, it is observed that the second required prescription is only in the form of repetition.
- This study also demonstrated that in chronic diseases, the role of each second prescription option is equally important according to the need and prognosis of the first given prescription. So, in chronic cases, the interpretation of the remedy response is important for the further management of the case, so the study contains a detailed study of the remedy response and its interpretation, which guides the doctor in the management of chronic cases.
- Out of 30 patients, 11 patients (36.66%) showed improvement when repeating the same drug in the same potency. In 5 patients (16.66%), there was an improvement when the same drug was repeated in a higher potency. 8 patients (26.66%) improved with complementary medicine. 6 patients (20%) showed improvement when first prescribed drug followed by placebo. And 0% of patients needed an antidote.
- This study also demonstrated that the relationship to the remedy is also important in obtaining the correct second prescription.
- 30 regular patients of all ages and both genders are considering my study. Out of 30 patients, 10 patients (33.33%) have acute disease and 20 patients (66.66%) have chronic disease.

Detailed case intake and evaluation is necessary to evaluate these cases.

- After the administration of homeopathic medicines, an overall improvement of the condition was noted in these patients.
- In 30 acute and chronic cases, 24 cases (80%) required a second prescription and only 6 cases (20%) required a first prescription followed by a placebo.
- In this study, 18 cases (60%) recovered, 9 cases (30%) improved and 3 cases (10%) did not improve.

CONCLUSION:

The goal of choosing this topic is to understand the importance of the concept of the second recipe and its precise application in everyday practice.

This study is systematically compiled from various homeopathy source books and various homeopathic literature. In this study, the usefulness of the second recipe is shown to show good results in both chronic and acute diseases. This study showed that the utility of the second prescription is good rather in chronic cases for a radical cure.

The study will thus be useful to all homeopathic physicians as a candle light in the initial phase of their practice.

With this goal in mind, the study demonstrated that the second prescription is needed to cure the patient, which is the whole and only mission of the homeopathic physician. So I would like to conclude that the second prescription is important in both acute and chronic cases. But in chronic cases, its effectiveness is higher.

BIBLIOGRASPHY/REFERENCES:

1. Agrawal Y. R.: What Homoeopath Should Know, Vijay Publication, Delhi, 4th edition Revised & Enlarged.
2. Boericke W. M.: A compend of the Principles of Homoeopathy, B. Jain Publishers Pvt. Ltd. New Delhi – 110055.
3. Bogar. C. M.: Studies in the philosophy of Healing, B. Jain Publishers Pvt. Ltd. New Delhi – 110055.
4. Burnet: Best Of Burnet, compiled by Chitkara H. L. B. Jain Publishers Pvt. Ltd. New Delhi – 110055.
5. DEY S. P: Essentials of Principles and Practice of Homoeopathy
6. Dhawale M. L: Principles & Practice of Homoeopathy, B. Jain Publishers, Reprint edition, 2004.
7. Farrington Harvey: Homoeopathy & Homoeopathic Prescribing, B. Jain Publishers Pvt. Ltd. New Delhi – 110055.
8. Gunavate S. M.: Prescribing (Aduē Sapere), B. Jain Publishers Pvt. Ltd. New Delhi – 110055.
9. Hahnemann Samuel: Organon Of Medicine, 6th Edition, translated with preface by William Boericke, M.D., B. Jain Publishers Pvt. Ltd. New Delhi – 110055.
10. Homoeo Times International Journal on Clinical evidence – Issue 2 Feb 2009.
11. Kent J. T: Lectures On homoeopathic Philosophy, B. Jain Publishers, Reprint edition, 2008.
12. Mehta Narendra: Understanding the follow – up in deep sealed diseases, Monisha Publication, Mumbai.
13. Mondal Trupan C.: Sprite of Organon Part II, B. Jain Publishers Pvt. Ltd. New Delhi – 110055.
14. Roberts H. A: The Principles of Art and Cure By Homoeopathy, IBPP, Reprint edition 2008.
15. Sarkar B. K: Hahnemann's Organon Of Medicine, Birla Publications Pvt. Ltd, Reprinted edition 2006-2007.
16. SOFTWARE – RADAR 10.5 TH VERSION
17. Subramanion Raju: Textbook of Homoeopathic Philosophy, B. Jain Publishers Pvt. Ltd. New Delhi – 110055.
18. The Homoeopathic Heritage – Issue Vol. no. – 28, March 2003.
19. The Homoeopathic Heritage – The Pulse of Homoeopathy – 28 Dec 2003.
20. The Homoeopathic Heritage, the Pulse of Homoeopathy, Vol. no. 29, Sept 2004, ISSN 9070 – 6038, B. Jain Publishers Pvt. Ltd. New Delhi – 110055.
21. The Homoeopathic Heritage, Vol. 26, No.4, 2001, B. Jain Publishers Pvt. Ltd. New Delhi – 110055.
22. The Homoeopathic Heritage, Vol. 28, March 2003, ISSN 9070 – 6038, B. Jain Publishers Pvt. Ltd. New Delhi – 110055.
23. The Homoeopathic Prestige – vol. no.17. Issue no. 9, Sept – 2001.
24. The Homoeopathic Prestige (Towards the Hahnemannian Horizons), ISSN 0971 – 1902, A Pratap Publications.
25. The Homoeopathic Update, Vol. 7 No. 1, 1999, ISSN 50971 – 4839.
26. Vithoukas George: The Science of Homoeopathy, B. Jain Publishers Pvt. Ltd. New Delhi – 110055.
27. Web Sites:
<http://www.emedicine.com>
<http://www.google.com>

<http://www.hpathy.com>

<http://www.simillimum.com>