

## INTERPRETING THE SECOND PRESCRIPTION

By

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According to Dr. Kent second prescription is the prescription which is made after the previous prescription has acted completely.

This is the most tedious task for the physician because after a first prescription was constitutionally prescribed, then the second prescription is a decision which must be made very carefully. A hurried, wrong second prescription can spoil the whole case, no matter how well it was taken and how well the similitum was selected for the case.

### **Why is it so important ?**

James Tyler Kent says:

What is more beautiful to look upon than the bud during its hourly changes to the rose in its bloom?

The reversal of symptoms unfolds the knowledge, by which we know whether the first prescription was the specific or the palliative, i.e., we may know whether the remedy was deep enough to cure all the deranged vital wrong or simply a superficially acting remedy, capable of only a temporary effect.

Dr Kent further says - I presume that most good prescribers will say: "We have often acted too soon, but never waited too long." Many physicians fail because of not waiting. This waiting is governed by knowledge.

But where can this Knowledge be obtained? This is the most frequently asked question by the physician to himself, but seldom answered. Other questions which come to a physicians mind are...

- How long shall I wait and watch?
- Is the remedy still acting?
- Is the vital reaction still affected by the impulse of the remedy?
- If the symptoms are returning, how long shall they be watched before it is necessary to act or give medicine?
- Is the disease acute or chronic?
- Why is the second prescription so much more difficult than the first?
- Why is it that so many patients are benefited after first prescription and thereafter derive no benefit?

## **We shall try to answer these questions**

The physician should be keen enough to observe the action of the first remedy, and this determines the type of second prescription the physician should adopt. It's too easy to assume that another remedy is needed when there is a change in health after a first remedy, when in actual fact the first remedy is still working and a second prescription can potentially undo all the good work of the first remedy.

Remember that our body is changing at a pace and direction that it is comfortable with. So we have to be sure not to be impatient in second prescription. Maybe the process is moving at its own speed towards cure. If the first remedy was well chosen and if there have been unequivocal changes in the health of the patient, then it's very important not to change the remedy. However if there is no change at all in health after a month then no matter how confident the prescriber is, the case must be reassessed with a view to finding a new prescription.

From the study of the Organon and the Chronic Diseases, we learn that there are certain other things that we may expect after the prescription has been made.

The answer to all the above questions lies in the Kents 12 observations which we must understand thoroughly to know what is happening after we give the homoeopathic medicine. These observations shall guide us to understand as to where the case is progressing.

### **1<sup>st</sup> Observation : - " A prolonged aggravation, and final decline of the patient".**

Meaning : The medicine may or may not have been a correct one; but surely the potency was very high, and the medicine was deep-acting antipsoric. Therefore, instead of helping, it has established destruction; since there have been enough irreversible tissue changes.

Duty of the Physician : It necessitates immediate antidoting. After re-case-taking, a more similar medicine in low potency is to be prescribed. High potency should never be used in chronic and doubtful cases.

Prognosis : Very bad.

### **2<sup>nd</sup> Observation : - " Prolonged aggravation, then very slow improvement".**

Meaning : Had the case come a bit later, it would also have fared the same fate as in 1<sup>st</sup> Observation. The medicine was right. The potency was very high. There have been enough tissue changes. The dose would act for a very long period.

Duty of the Physician : The action of the medicine is not to be disturbed till the dose has worn off.

Prognosis : Favourable.

**3<sup>rd</sup> Observation : - " The aggravation is quick, short and strong with rapid improvement of the patient".**

Meaning : The reaction of the economy is vigorous. There is no much tissue changes, or very superficial, if any. The potency was a bit higher.

Duty of the Physician : An aggravation of this kind is very much reassuring. Medicinal action is not to be disturbed.

Prognosis : Very good.

**4<sup>th</sup> Observation : - " recovery without any aggravation whatsoever".**

Meaning : It was the most similar medicine. The potency exactly fitted the case. There was no tissue change. There was only a functional disorder.

Duty of the Physician : This is the highest ideal of cure in the acute disease condition.

Prognosis : Very good (in acute disease).

**5<sup>th</sup> Observation : - " the amelioration comes first, then comes the aggravation".**

Meaning : The medicine was antipathic in nature, or it was only partially or superficially similar.

Duty of the Physician : A more similar medicine is to be given after re-case-taking.

Prognosis : Bad.

**6<sup>th</sup> Observation : - " too short relief of the symptoms".**

Meaning : In Acute disease, the medicine has to be repeated much oftener. The infection being violent or virulent in nature. In Chronic disease, the medicine was partially similar. There is a condition which interferes with the action of the remedy. Structural changes have occurred or organs are destroyed.

Duty of the Physician : In Acute disease, a more similar medicine is to be found out and given. In Chronic disease, there is a very precarious condition.

Prognosis : Very bad (in chronic disease).

**7<sup>th</sup> Observation : - " a full time amelioration of the symptoms, yet no special relief of the patient".**

Meaning : There are latent conditions (existing organic conditions) in such patients that prevent improvement beyond the certain limit. E.g. a patient with one kidney or bigger part of the lungs having been fibrosed or calcified; and can only be relieved to a certain limit.

Duty of the Physician : Patient is curable to a certain degree. If there is some deterioration of the important viscus, complete CURE is not possible.

Prognosis : Bad.

**8<sup>th</sup> Observation : - " SOME patient PROVES every remedy they get".**

Meaning : He is inclined to be hypersensitive to all things. He has an idiosyncrasy to be affected by everything. He is often incurable.

Duty of the Physician : He is to be given lowest, rather crude, potencies of the indicated drug - both in acute & chronic diseases. He is useful to proving. Never the less such constitutions are improved by some drugs such as Nitric acid, etc.

Prognosis : Bad.

**9<sup>th</sup> Observation : - " action of the medicines upon provers".**

Meaning : Healthy prover is always benefited by proving, if they are properly conducted. It is well to observe carefully the constitutional states of an individual above to become a prover; and to write these down and substract them from proving.

Prognosis : Favorable.

**10<sup>th</sup> Observation : - " new symptoms appear after the remedy".**

Meaning : The medicine was wrong; and greater the number of such symptoms is, more wrong the medicine has been.

Duty of the Physician : If the symptoms are of light nature we should wait till the new symptoms pass off; and after re-case-taking a more similar medicine is to be given. If the symptoms are of serious nature & threaten, it has to be antidoted.

Prognosis : Bad.

**11<sup>th</sup> Observation : - " old symptoms are observed to reappear".**

Meaning : The medicine has been very right. More such old symptoms reappear; more the chronic disease is curable.

Duty of the Physician : The action of the medicine should not be disturbed. Only, if the re-established symptoms / discharge / eruption stay for pretty long time, the medicine may be repeated. Here, the old symptoms / diseases may come and go in reverse order of their appearance.

Prognosis : Very good.

### **12<sup>th</sup> Observation : - " symptoms take the wrong direction".**

Meaning : The medicine has been a wrong one. E.g. the Rheumatism of extremities disappears and the Heart becomes involved.

Duty of the Physician : Medicine is to be antidoted at once. A more similar remedy is to be found out after re-case-taking and administered.

Prognosis : Unfavourable.

### **A further review of the case is required, and a new remedy is to be chosen only when:**

(1) The mental state shows an embarrassed, helpless state instead of the tranquility of improvement.

(2) When no change of any kind follows the first prescription, after waiting long enough for reaction,

(3) When new and important symptoms and old modalities, especially aggravations that persist, characterize the case, proving that the remedy was not homoeopathic to the case, and acted only as a pathogenetic agent in producing new symptoms. This is the danger of selecting a remedy only remotely similar instead of the similimum. The second remedy will often be found a complementary drug of the first.

### **Three Precautionary Rules of Hahnemann**

In his work on "The Chronic Diseases", Dr.Hahnemann has instructed three precautionary rules, which no homoeopathic physician can violate. They are the following:

1. To suppose that the doses which he had recommended for every anti-psoric remedy, and which experience had taught him to be the proper doses, are too small.
2. The improper selection of a drug.

3. The too great haste in administering a new dose.

**Other things to be answered before giving a second prescription:-**

Diet and Regimen during Homoeopathic Treatment: Hahnemann and the early homoeopaths laid great stress on a strict diet. But this is a field that has been greatly neglected in modern times.

Nevertheless, a return to Hahnemann's careful restrictions may be advisable in many cases. "The minuteness of the dose required in homoeopathic practice, makes it necessary that every other kind of medicinal influence that might cause a disturbance should be avoided in the diet and regimen of patients, in order that the highly rarified dose may not be counteracted, overpowered, or disturbed by extraneous, medicinal influences.

Any new events occurred in patient's life between first and second consultation. When the first prescription has been made and the remedy has been similar enough to change the existing image, we have but to wait for results. The manner of change taking place in the totality of symptoms signifies everything, yet the manner of the return of the image, provided it has disappeared, signifies more.

Find out if the potency given is appropriate. I have observed in cases where a low potency had been administered frequently in repeated doses that some time must elapse before a perfect action will follow the higher potency; but where the dose had not been repeated after its action was first observed, the new and higher potency will act promptly.

When the symptoms come back - after prudent waiting - unchanged, the selection was correct, and if the same potency fail to act a higher one will generally do so quite promptly, as did the lower one first. When the picture comes back unaltered except by the absence of some one or more symptoms, the remedy should never be changed until a still higher potency has been fully tested, as no harm can come to the case from giving a single dose of a medicine that has exhausted its curative powers. It is even negligence not to do such a thing.

Margaret Tyler cautions hasty prescription. She says "you have fouled the clear waters with a wrong and hasty prescription and how are you going to peer into the depths?"

In advocating the above method I assume the physician may become a good second prescriber and ultimately a master of the art of individualization.

**Their fore to summarize all the above**

**The second prescription demands**

- More knowledge
- More sensitivity

- More judgement

### **Points to be remembered before making a second prescription**

- Should not be done before studying the record fully.
- Should consider the changes that occurred after the first prescription.
- Should not be done in haste which leads to an indiscriminate second prescription
- Should give enough time for the first medicine to act.
- The early repetition of the medicine or the continued giving of the same medicine will not give a chance for symptoms to come back and thereby prevents the opportunity of making a rational second prescription.

### **The second prescription can be**

- Wait and watch (or prescribe placebo)
- Repetition of the first prescription.
- Change of potency
- Change of remedy.
  - a. Antidote to the first prescription
  - b. Complementary to the first prescription.
  - c. Cognate to the first prescription.
  - d. Change of plan of treatment or Selecting a new remedy

### **During second prescription we must enquire about**

- How does the patient feel in general?
- Has the degree of energy been affected?
- Has there been any change in the physical chief complaints?
- What about mental and emotional plane?
- Is there any appearance of new or old symptoms?

### **Conclusion**

Finally second prescription should not be made hastily without careful and prolonged study of the case and sequence of symptoms.