

REPETITION OF DOSES

(Especially “Centesimal” potencies)

Part-B

By



Dr. Subrata K. Banerjea

GOLD MEDALIST

B.H.M.S. (Honours in Nine Subjects of Calcutta University)

Fellow: Society of Homoeopaths, U.K

Fellow: Homoeopathic Medical Association of the United Kingdom.

Fellow: Association of Natural Medicine, U.K

Fellow: Akademie Homoeopathischer Deutscher Zentralverein, Germany.

Director: Bengal Allen Medical Institute

Principal: Allen College of Homoeopathy, Essex, England

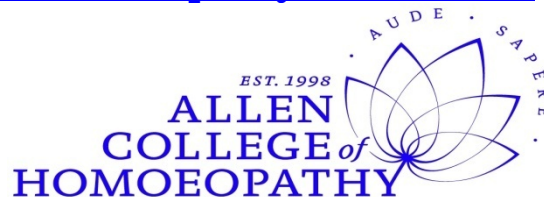
**“SAPIENS”, 382, BADDOW ROAD, GREAT BADDOW,
CHELMSFORD, ESSEX CM2 9RA, ENGLAND**

Tel & Fax No. 44 (0) 1245 505859

allencollege@btconnect.com

www.allencollege.co.uk

www.homoeopathy-course.com



ALLEN COLLEGE OF HOMOEOPATHY

**"Sapiens", 382 Baddow Road,
Great Baddow, Chelmsford CM2 9RA
England**

Continued from last Newsletter (Part-A):

Perceptible and continued progress contraindicates repetition

§245' ...every new dose of any medicine even of the last one that proved to bebeneficial, would disturb the work of amelioration.'

The higher potencies [30C- 50M] are not usually frequently repeated

Duration of the remedy will also influence the rate of repetition

E.g. Calc Carb will be repeated less often than Aconite

The important thing about repetition is the careful observation of the patient and the progress of the disease. *More harm has been done by repeating remedies than by not!*

The careful, patient prescriber will yield more than the anxious, hurried one.

Herbert Roberts says :

Strictly speaking the first prescription is the first one that acts.

The second prescription may be a repetition of the first. On the other hand, it may be that an antidote is required, according to the reaction of the patient. A complement of the first prescription may be demanded. In order to meet the situation intelligently after the remedy has reacted, the case must be thoroughly restudied.

In general, if the first prescription has had a beneficial reaction that remedy should be allowed to complete its work to its fullest extent.a remedy should not be changed without very good reasons, it is probable that the remedy should be repeated at the necessary intervals through a whole range of potencies, securing the full amount of good from each potency before passing on to the next.

The reaction to the correct prescription is that the striking features, the peculiar features, the concomitant symptoms on which the choice of remedy was based, are the first symptoms to be removed. The guiding symptoms of the case have therefore been obliterated. The picture has been erased, and only the trivial symptoms are left. Now if the remedy is repeated at this stage, the cycle of cure is broken; for the guiding symptoms will surely return only when the action of the remedy is exhausted. If there is no interference with the action of the remedy, the indications which give us a clue to the next step will present themselves. One of the hardest things a physician must do is to keep his hands off at this stage. If the remedy is administered at this stage we will find an intermingling of drug symptoms so that no intelligent prescription can be made.

If the first prescription has not acted curatively, or it has not been permitted to act to its fullest extent, it is impossible to get second observations; but suppose the first prescription was correct and it has been given plenty of time to act without interference:

- ◆ If the case has come to standstill, or changes in the symptomatology, that remain do not vary greatly it is time to take a fresh look at the case.
- ◆ If we have given time for the proper reaction and the fuller development of the case, having allowed a natural period of rest, the

time has come to make a minute observation upon the return of the original symptoms which should be our first consideration.

- ◆ They do not return as strong or marked as they appeared before the first prescription but we must look carefully for the return of the original symptoms. It is while the action of the remedy is taking place that the vital principle is re-established in the economy, while this is going on we will not find return of the original symptoms.
- ◆ The length of time varies in individuals and in different remedies, it may be a few weeks or a few months.
- ◆ Without symptoms we cannot prescribe intelligently. Symptoms are the only guide to the remedy.
- ◆ The duty of the physician is plain. Await the return of the symptom picture. In chronic conditions we are sure of the return for it is rare to cure a case with one prescription only. When the symptoms return they may be changed in intensity, sometimes they return in a less intense form, sometimes increased. The return of these symptoms is a good omen. It shows the first prescription was correct. In this case the remedy can be repeated with confidence.
- ◆ Sometimes new symptoms replace old ones. The old symptoms do not return but are replaced by an entirely new symptom group. In these cases, we must re-study the case in the pathogenesis of the remedy already given and find any correlation to the symptoms and the remedy previously given. It may be that a partial proving of the remedy has occurred, or a different cause. This is important we must clarify from the patient whether he has previously experienced these symptoms, indeed if there is a history of these symptoms.
- ◆ If these are old symptoms we chose the prescription correctly but it has eliminated the newest symptoms and uncovered an old layer in the proper order of cure.
- ◆ If there is no previous history of these symptoms and if they are not in the pathogenesis of the remedy we have made a mistake and it has changed the direction of the disease. We must antidote if possible. Then, after the patient has had time to rest we should study the case again.
- ◆ If we do our work carefully, the second prescription will cause the new symptoms to disappear and it will probably remove the old symptoms as well. We may have to repeat the process several times before we can really overcome the difficulty.
- ◆ After the first prescription sometimes, the patient will come to a standstill. The symptoms have changed in an orderly way; new symptoms have come up; but finally, the symptoms have all retired in a reverse order to a former state and are hardly of sufficient importance to be considered. The patient will acknowledge the troublesome symptoms have disappeared and that there is little to report in respect of symptoms but he does not feel well. There is no

general sense of well-being, but he cannot identify why and in which way.

- ◆ In these cases, we should wait until the remedy has ceased to act. These remedies have a 'do nothing' stage in their unfolding. We must be sure, before repeating that the remedy has completed/exhausted its cycle. If we repeat in this stage then we might do more harm. The 'do nothing' stage of the remedy is an expression of the pathogenesis of the remedy as manifesting itself in the curative process. By being patient and waiting the patient will get ready for the next prescription. In these 'do nothing' stages no other remedy can fill in, because there are no strong indications for another remedy and the symptomatology has not altered to any marked degree except by lessening in intensity.
- ◆ We must consider a change of remedy when there is an entire change. If the original symptoms have disappeared and a new group of symptoms have appeared with no relation to the former history of the patient.
- ◆ Suppose in a chronic case a remedy has acted and accordingly, at the appropriate times the potencies increased and acted curatively. Now the patient is at a standstill. After repeating the remedy, we get no reaction. This should be left for as long as possible and allowed to continue to act. Only if there are changes must we consider changes in the prescription.
- ◆ Some patients become accustomed to their symptoms and do not regard them as such. But to the homoeopath they may be an important part of the symptomatology and we must ascertain whether they are a return of old, forgotten symptoms or new.
- ◆ **WHEN IN DOUBT, WAIT**
- ◆ It is quite possible to make the second prescription as a complementary to the first. e.g. Childs cold reacts favourably to Belladonna. This is probably due to an underlying constitutional state of Calc Carb. Pulsatilla may act very well in a Silica constitution.
- ◆ The other reason that some remedies may act favourably in related sequences is the fact that the first prescription may remove all the symptoms from one miasmatic layer, when a condition may subsequently arise which belongs to another miasmatic layer. One miasm may be submerged under the other.
- ◆ **WE CAN ONLY ADMINISTER REMEDIES WITH CONFIDENCE AFTER THOROUGHLY STUDYING THE CASE.**

NOTE

(1) A dozen of medicines may be given to a patient, but if they are unsuitable, they will, not act (having no effect upon the economy). Therefore, until they act they are futile prescription and can it

be called a first prescription whereas when the patient, will react to a certain medicine – then only that will be denoted as first prescription.

(2) Here to evaluate the conditions, which call for a second prescription.

“PLACEBO” as “SECOND BEST REMEDY” : Dr. Stuart close says, no doubt the indicated remedy, is the second best remedy yet the doctrine of placebo (from-Latin PLEASE : to please, PLACEBO,) I shall please be the young homoeopathic doctor’s best friend, the old doctor’s reliance and a very great help in the cases of all patients.

“..... When a remedy has benefited a patient satisfactorily, never in your life, change your remedy, but repeat that remedy so long as you can benefit the patient. Do not regard the symptoms that have come up.....”

Borland, for example, used to give in cases of pneumonia 1M or 10M every 2 hours. It is believed that in acute disease the pace of the disease is such that the effect of the doses is quickly exhausted.

It must however be mentioned that there were masters like Boger who were prescribing single doses even in acute cases. He (Dr. Boger) mentions, for example, that he had never given more than one dose of the remedy in the hundreds of cases of typhoid that he had treated. But such prescribers are exceptional. I may here quote some of my experiences in acute cases.

To be continued in 4 Parts in consecutive months.