

# Prescribing Favourite Medicines

**ABSTRACT:** *How favouritism enters our blood can be explained. Human being is not free of favoritism at any level of work, be it business, job and politics. Even at home, parents support one child and pacify the other when they demand something. In the same way, we cannot get favouritism for medicine when the results are proved working.*



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One of my patients, 48 years, fell down early morning after breakfast and lost consciousness. He regained consciousness within few minutes. His wife took him to a nursing home where he was hospitalized for a day. He was diagnosed to have vertigo. His blood pressure was normal. He was given intravenous glucose, some tonics and released from Hospital. Next day he came to my clinic. He had come to me with a great faith in homoeopathy. It appeared to be a case of *Nux-vomica* that has vertigo with momentary loss of consciousness, vertigo after taking meals and vertigo in the morning. I was sure about the medicine and gave him a dose of *Nux-vomica* 200 with SL. He was told to report after 24 hours. Next day he came holding hands of his wife. His gait was not steady. There was no improvement in his vertigo. Vertigo continued in the morning and after taking breakfast. Without going into details to reinstate a similimum, I gave him a drop of *Conium* 200 on his tongue and told him to wait. It worked wonders. After 15-20 minutes, he walked back to his car, took keys from his wife and drove home. I gave him SL for one week. Next day he reported on phone that he is all right and taking my medicine sincerely. I want to tell here that I had treated many patients with *Conium* without going into details of other symptoms. Vertigo on lying down or turning head sidewise was non-existent and still *Conium* had worked in most of my patients. I want to admit that I developed a biased opinion about *Conium*. It is deep into my memory now. This is an obsession for one medicine basing upon practical

experience.

Homoeopathy has not changed in its paraphernalia of laws and principles. Of course its interpretation has been constantly changing. Everyone treats each medicine differently according to his or her experience with medicine. Call it biased opinion about remedies but the results are mostly surprising.

If I have personally experienced that *Conium* has worked for vertigo in more than seventy percent of my cases in my clinic, no one can prevent me from prescribing *Conium* for all types of vertigo. Call it my favorite medicine.

**THE QUESTION IS WHY DID CONIUM WORK IN 70% OF MY CASES?**

*Conium* is just an example, you must have experienced the peculiar trait of medicines in your practice and those medicines have become your favourite but many of you are shy of admitting it. If some patient comes after treatment in allopathy, many of us like to give a dose of *Nux-vomica* first. If we do not have time to select a remedy or there are more patients in the waiting, we prefer *Nux* than SL. This is favoritism to *Nux*.

**MEDICINES FOR PARTICULAR ORGANS OF THE BODY AND FAVOURITISM**

We know that some medicines have been proved to act on particular organs. For example *Aesculus* is for engorged haemorrhoidal veins, *Ceanothus* for spleen, *Chelidonium* for liver, *Lemna* for nostrils, *Sabina* for uterus and *Berberisvulgaris* for kidneys. Many of us follow it as a rule and include in

our totality of symptoms. Those who are assessing their symptoms on computer can be excluded. How many of us are equipped with computers? Everyone is not fortunate to possess both computer and the program. Let me come back to specific medicines.

I take *Hekla-lava* as an example. *Hekla* has a marked action on the jaws. It also has facial neuralgia from carious teeth, exostosis, nodosities etc. When a patient comes with some problems in jaws, we are instantly reminded of *Hekla* in our mind. 'Marked action on jaws' is what we see in our memory and then prescribe it. This is one aspect. The other aspect is that we may not be satisfied with only marked action on jaws and like to check other symptoms of *Hekla*. In our sub-conscious mind we have already decided to prescribe *Hekla* because of its marked action on jaws. General tendency will be to see that *Hekla* fits the symptoms of patient because we cannot condemn our memory and like to support it. We frame questions in an affirmative method and thus select *Hekla*.

We have imbibed image of specific medicine for particular organ deep into our mind and then fabricated other symptoms of same medicine. This is favouritism for a medicine.

#### OUR INTEREST AND FAVOURITISM

Let me come to another point. We follow and activate only that in which we are interested.

We read in the *Materia Medica* about usefulness of a particular medicine for various parts of the body like mind, head, face etc but inadvertently make one part more important. Someone gives importance to mind symptoms and the other to head symptoms. The point is that out of whatever we read we conceive what we are interested in. In a class if there are fifty students, not every one will conceive the same contents of what he or she has read or heard in lectures. Every one has different brains, different aptitudes, different likings and different memory. Suppose a man is travelling in a boat and carrying a camera, a mobile, a transistor, a bag containing clothes and wearing goggles. Now If I am travelling in the same boat, I

shall observe the mobile and give little attention to other things. I would like to know which brand of mobile he is carrying and keep in mind that this brand appears better. Why? because I like mobiles. The man sitting next to me observes the camera. He gives little attention to other things. He would like to know the brand of camera. This is how people make observations and keep in mind the things they are interested in. The same is the case with students. Their aim is to grasp those points, which can fetch them more marks in the examination. In this process of typical learning method, many avenues of actual theme are left out. If a medicine is specific for spleen, students will like to remember this trait of medicine and will pay negligible attention to other aspects, not while writing in the answer sheet of paper, but when they practice in clinic.

So, favouritism for medicine is an individualist approach of the practitioner.

#### GENDER AND FAVOURITISM

We read medicines that have general comments like "favours, useful or pre-eminently a female remedy or medicine for women, infants, old persons, children, bachelors, maids, widows, tailors, blacksmith or mountaineers etc." I only refer to male and female medicines here. We have it in our brains when we examine a patient and hesitate giving *Sepia* or *Pulsatilla* to males. How many of us give *Pulsatilla* to men?

With the advent of times, we have gathered adequate knowledge of differences between males and females and it is time to distinguish medicines that are useful exclusively for females or males. Recently, it was discovered that there is vital difference between males and females in respect of composition of bone matter, metabolism mechanism, experiencing pain and rate of neurotransmitter synthesis in the brain. According to past studies, we have a clear understanding that body of a woman is almost same as body of man except that woman's body is smaller. Dr Marianne Legato, who has set up the Partnership of Gender Specific Medicine at University of Columbia, says,

"Women and men differ in almost every system of their body and they respond quite differently to drugs". Lasely Doyal, Professor of Health and Social Care, University of Bristol, says, "What is not good science is to treat half the population with a drug you have not tested on them". (Courtesy: 'Gender Bender' by Visa Ravindran in Famina-August, 04 issue). The main emphasis is that men and women react differently to drugs meant for both males and females. If a male takes a pain killer tablet and the pain is eliminated, say in fifteen minutes, the female will get relief within ten to twelve minute. The reason is difference in tolerance and reaction of drug on the part of males and females. In cardio-vascular system, we find that heart beat of women is faster than men. In metabolism, females cannot consume more alcohol because they lack in enzymes in the stomach that break alcohol. The alcohol goes direct to bloodstream and affects females more. If anesthesia is given to females, they come to senses sooner than males. Knowing all these differences, how is it that we do not make a clear syllabus of female and male remedies? In homoeopathy atleast we do have remedies with more predilection to males and females for eg *Nux-vomica* is stated to be male remedy but it works emphatically on females also. *Cimicifuga* is basically for females and still it does act on males. Many such examples can be cited. In the sixth edition of the 'Organon', Hahnemann devotes Aph 120 to 143 for proving of medicines and its procedure but in Aph 127; he clearly states that the medicine must be tested on both males and females in order to reveal the alterations of the health they produce in the sexual sphere. If some medicines were proved exclusively on females, how is that they work on males also? There is a lot of work to be done on this aspect.

Boenninghausen, the man who typically coined and implemented the symptoms with reference to locality, sensations, concomitant, aggravations, amelioration, relationship and sides of body did not think about remedies relating particularly for genders. He said on proving, 'not all the symptoms that a remedy is capable of producing can be

elicited from any one prover. Several or many provers of both sexes are required to bring out the entire range of symptoms of any drug'. He did not think of separate proving for genders due to probably one incident that converted this great botanist to a great homoeopath. He suffered a derangement of health (TB) and one of his botanical friends; A Weihe gave him *Pulsatilla*, which cured him (1827-28). Being a male, he was cured by a female remedy. He might have thought it worthless to invent on gender remedies. Of course these are my views. We have several Materia Medicas in tens of volumes by Allen, Herring and Clarke after Hahnemann but we do not find any difference given for gender. The following can be observed:

Many medicines are essentially for women, children and aged as written in their introductory notes.

Many medicines have symptoms of females and there are no symptoms of males. The examples are *Acetic-acid*, *Aloe*, *Alumen*, *Baptisia*, *Borax*, *Bovista* etc.

Many medicines are there that have only male symptoms and no female symptoms. The examples are *Camphor*, *Calc-fluor*, *Cobaltum*, *Clemitis* etc.

Many medicines have both male and female symptoms.

Many medicines have no male and no female symptoms. These are *Kali*, *Silica*, *Acid-lactic*, *Tarentula-cub*, *Solanum*, *Drosera*, *Condurango* etc.

Many medicines are pre-eminently female remedies but useful for males in specific spheres. The examples are *Pulsatilla* and *Chimaphilla*.

Now all this means that we go on giving female medicines to females and male medicines to males. In this case, we are not obsessed with particular set of medicines but the Materia Medica has made us obsessed. Can we break this obsession? Yes, we can try.

The best is to keep separate registers in our clinics for males/females, infants/children and old/young. The result of success rate of such medicine should be noted.

Weather related medicines and favoritism:

Weather consideration in our prescriptions comes under modalities but many of us resort to weather remedies when assessing with totality of symptoms. I have seen many doctors relying upon weather conditions. With this in view, doctors prescribe *Merc-sol* in autumn, warm days, *Aconite* in open and dry air both winter and summer, *Arsenic* or *Petroleum* in dampness, *Dulca* and *Rhus* in cold dampness, *Calc-phos* during snow falling, *Conium* and *Merc-sol* in snow storms, *Allium-cepa* and *Calc-phos* or *Natrum-mur* in spring, *Rhododendron* in storms, *Aconite*, *Antim-crud* and *Bryonia* in hot weather and so on. There is a long list of medicines.

In most of the cases, the totality of symptoms is kept aside and weather related medicines are prescribed. Please note that I am talking about acute diseases or disorders. In many cases, weather related medicines act and this encourages us to make such medicines our favorite.

**WE HAVE SO FAR DISCUSSED FOLLOWING:**

If the obsessed medicine has worked for more than seventy percent of cases, it is a justified remedy.

We imbibe image of specific medicine for particular organ deep into our mind for action on one organ and then fabricate other symptoms of same medicine. We act due to urge by our sub-conscious mind. Again if it gives fruitful results, we can carry it on. If it is for gaining time to prescribe the befitting medicines upon totality of symptoms, try it with confidence. Who knows it may fit the whole of symptoms.

Favoritism for gender medicines is common. There is a need for research. If we find *Pulsatilla* symptoms in men, there is no harm in giving it. What is

needed is to record this in separate register so that an evaluation can be made later.

Giving weather related medicine also ultimately lands us to get obsessed with concerned medicines. Here also a separate register should be maintained so that all our understanding about medicines is clear.

Last words: Allow me to say that there is no harm in getting obsessed with particular medicines. It is best to adhere to the totality of symptoms in each case but sometimes you may strike a gold mine. Who knows someone may hit a medicine that works for all types of particular diseases? The rules are made to be broken otherwise there would not be any courts or police stations. It is the law of life. No one is perfect. If perfection comes, we are not human beings. A wrong done is not going to cost much but a right done may lead us to a path of greater heights in Homoeopathy. By using favorite medicines, we may face failures. These failures will lead us to success. We should try to be different from others and conduct exclusive experiments.

*Ed : I found the article honest and brutally frank. It is what we all do. But I would like to make a big amendment – I would not like to call this favouritism. It is rather what we have found useful very often as the author says- 70% of the time, is a clinically proved useful remedy and not my favourite out of thin air! I did not conjure a rabbit out of nothing, like a magician, rather it may become my most useful remedy because it served me so faithfully in curing patients! Favouritism smacks of illogic and therefore I would like to desist on using this word.*



Morris, an 82 year-old man, went to the doctor to get a physical.

A few days later, the doctor saw Morris walking down the street with a gorgeous young woman on his arm. A couple of days later, the doctor spoke to Morris and said, 'You're really doing great, aren't you?'

Morris replied, 'Just doing what you said, Doc: 'Get a hot mamma and be cheerful.'

The doctor said, 'I didn't say that. I said, 'You've got a heart murmur; be careful.