

Essentials of making correct homoeopathic prescription.

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(in continuance of my previous article)

These we may call particular symptoms. Now in selecting a remedy out of a number of symptoms we must start from generals to particulars and not vice versa. Before we can make any suitable homoeopathic prescription we should take our case properly and Hahnemann in his Organon gives us a clear and definite instruction for the taking of the case. We must note down all the mental symptoms and conditions pertaining to the patient himself. Then we have to individualise the case by using the particular symptoms relating to the organ. In this way we have a totality of symptoms which represent the patient with all the modalities and concomitant. Now we are ready for remedy study. But we should bear in mind that homoeopathic symptomology does not mean a mere array of the signs of sickness as expressed by the patient nor is it merely the sum total of the subjective and objective expressions of disease. The totality of symptoms means the completed symptoms in its entirety with all its integral parts.

To find out a remedy it is not enough for a physician to compare the recorded symptoms of the patient with those of the Materia Medica item by item. This process will very often mislead us. In simple cases we may perhaps attain some degree of success but in more complicated cases we are sure to meet with failure. A successful prescription mainly depends upon the power of our grasping the case in its entirety and of recognising and classifying its essential qualities and characteristic features. An intelligent physician corrects and records all the symptoms

both subjective and objective, then compares, classifies, arranges the phenomena and reflects upon them until he finds out the genus of the remedy. The symptoms of a disease have really no meaning unless and until we have grasped the case in its entirety.

Again some are of opinion that keynote is the only guide to the selection of a remedy. This is also a faulty view. Some physicians understand it as a more important action of the remedy. It is this and much more. Keynote is a peculiarity and an important symptom. What is peculiarity and Keynote in one case may be a very common and unworthy symptom in another case. It cannot therefore be the sole basis of prescriptions. It must not only be present in the symptom picture of the case but must forcibly be present and show its peculiarity by its relative association in the symptom complex. The patient must be examined in order to find out the individual peculiarities and then the remedy adjusted to the symptom picture as a whole.

Lastly we must know the way of administering the medicine. In this connection I would like to point out that a physician must have a full confidence in his art of healing and this is only possible when he has attained a complete mastery of the science he is practising. Owing to the lack of confidence in his part he will constantly change his medicine or use 2 or 3 remedies alternately. Before an impression to our medicine is produced, a different medicine is given at the expense of the first. This will only strike discordant notes and hence cannot lead to recovery. Then he must fully understand the significance of the changes that follow after the administration of the medicine. If the order of cure runs on in right direction he must not repeat the dose and thus interfere with the action of the remedy. If no impression is

produced he must be able to judge whether the medicine or the potency is wrong or whether he should wait further for the action of the medicine, which is perhaps delayed owing to the lack of vitality of the patient. If after employment of the medicine aggravation follows he must judge whether it is a medicinal aggravation due to its similarity of action or whether a wrong remedy has been administered. Aggravation continuing for a long time resulting in final decline shows either incurability of the disease or the potency is too high for the feeble reaction of the patient. Short aggravation followed by rapid improvement indicates favourable prognosis and the medicine should be stopped. Amelioration followed by aggravation is a bad indication. If new symptoms appear after the employment of the medicine, the prescription has been incorrectly made. When old symptoms reappear, disease is curable in proportion to their appearance. When the symptoms take a wrong direction prognosis is bad, some antidote must be given.

Aconite : In its Less Common Aspects*

BY SPENCER CARLETON, M. D., NEW YORK.

It falls to the lot of us all to make happy hits between malady and medicine. So, while I have met a number of cases cured or markedly relieved by aconite, in conditions where at first glance we should scarcely expect aconite to be the homœopathic similar, I make no pretense of claiming a knowledge of unusual indications for its administration. Rather the contrary. If one has an intimate knowledge of the genius of a remedy and is willing

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