
MODERN CLASSICAL PRESCRIBING

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MODERN CLASSICAL-PRACTICAL PRESCRIBING: METHODOLOGY

INTRODUCTION:

This practical approach for the present drug dependant world is aimed to give you and your patient the confidence that homoeopathy is working within 1st or 2nd follow-up. Also through gradual reduction of the conventional medication, patient becomes free from the side effects of the chemicals and develops trust upon you and your prescribing.

The "Modern Classical Prescribing" has been specifically designed to use homoeopathic medicines (homeopathic medicine) in drug dependant cases and wean off gradually the conventional chemicals without any complications or side effects. Dr. Banerjea has extensively used either deep acting anti-miasmatic medicines or lesser known organopathic medicines to open such cases and when the totality is clearer, prescribe a polychrest or constitutional medicine.

In aphorism §91 of Organon, Hahnemann clearly mentions about prescribing for natural disease and not for conjoint disease (where the drug induced artificial chronic disease is super-imposed on natural disease and patient cannot give us a clear picture e.g. modalities, sensation or characters of pain etc.). For example, in a pain-killer dependant migraine case, you ask the patient about the character of the pain (e.g. whether it is stitching, tearing, throbbing, dull aching, bursting, numbness, fullness etc) or you ask the modalities (e.g. if the pain is better by cold or warm application/flannel; how about the open air, warm room etc.) and the patient replies, whenever I have the pain, I take the pain killer; so I don't know! Therefore, you cannot frame an uncontaminated picture of the disease, as you are unable to complete the symptoms with sensations, modalities etc. to prescribe your powerful polychrest.

In such situation, which is very common in the present drug dependant world, on the basis of the few available symptoms, prescribe an organopathic medicine (as discussed here under Approach B) and start gradual weaning off the conventional medicine. You may think that, it can be risky, but have the confidence that the patient has come to you because s/he is tired of the ever increasing dosage of the conventional medication or its side effects. So, as soon as you have given the control of reducing the dosage in the hand of the patient; their will power also helps them in a positive way. They also get the confidence that (a) yes, I can control the dosage and may take fewer chemicals; (b) there are alternatives to manage my problem and (c) homoeopathy is working for me! The weaning off will be very gradual, e.g. for a pain killer dependant migraine case, say the patient is taking pain killer every 8 hourly; select an Organopathic homoeopathic medicine and ask the patient that whenever s/he have the pain, can take homoeopathic medicine, which is selected by you in accordance with the few available symptoms and tries to defer (even 1 or 2 hours) the conventional medicine as much as s/he can. When he can't anymore, take the pain killer; as homoeopathy will take some time and our **main motto** is to reduce the medication and get the uncontaminated picture of the natural disease. In this way, the pain-killer dependent patient who used to take the medication 8 hourly can, with the help of homoeopathic medicine now defer the pain-killer to 10 or 12 hourly, then 24 hourly and so on. In this way the conventional medication/inhaler can be gradually reduced or weaned off, if the patient wants (with the consent of the patient &/or GP).

So **p**lease **p**repare the **p**atient for receiving the **p**olycrest (PPPP)!

"My years of clinical experience in busy Indian Clinics and in my Clinics in England, where I see extensively drug dependant patients; and also understanding and reading of Homoeopathic literatures, have brought me to the conclusion that the totality of the following six methodologies will enable the prescriber to reach the "Similimum" efficiently and quickly:

- I) Emphasis on Aetiologies (search for physical and emotional aetiologies, past history of disease, conventional medication and/or vaccination: **Never Been Well Since**).
- II) Totality of Physical Symptoms (with special emphasis on generals, modalities and sensations).
- III) Emotional Symptoms (with emphasis on personality profile and the nature of the person).
- IV) Behaviour, Gesture, Posture, Hobbies (how the person speaks, behaves during the consultation, his nature, inquisitiveness, repetitiveness, abusive tendencies etc.).
- V) Miasmatic Totality (diagnosing the surface miasm, please refer to my book "Miasmatic Prescribing" for quick miasmatic diagnosis).

- VI) Homoeopathic Generalities: (a) Thermal reactions, (b) Food preferences and appetite, (c) Thirst, (d) Sleep and dream, (e) General eliminations, (f) Diathesis or tendencies & (g) Allergies."

In my experience, the ***Totality or a combination of any three of the above methodologies can get you to the Similimum.***

This is a time tested, repeatedly verified, scientific, classical and practical approach which has been practiced for centuries by Master Homoeopaths including Drs. Kent, Hering, Lippe, Tyler, Nash, etc.

PRESCRIBING APPROACH- A

NON-SUPPRESSED CASES: CASES WITH CLARITY OF SYMPTOMS:

MTEK is an useful memory aid to arriving at a correct prescription.

M = Miasmatic Totality

T = Totality of Symptoms

E = Essence (should include gestures, postures, behaviours etc)

K = Keynotes (which should encompass PQRS symptoms, refer §153 and §209 of Hahnemann's Organon)

When the above criteria are considered and the steps below followed, a correct prescription can be made.

The beauty of this methodology of M-TEK:

(Miasm (50% emphasis) + [Totality, Essence+ Keynotes] (50% emphasis), which is the classical and practical prescribing approach in this drug dependant world, is shown by the benefits which are as follows:-

- 1) Time tested;**
- 2) Scientific;**
- 3) Methodical and logical;**
- 4) Founded on solid principles; and**
- 5) Not confusing.**

Step-I: Make the miasmatic diagnosis of the case i.e. ascertain the surface miasm.

Step-II: Assess the Totality of Symptoms + Essence + Keynotes and PQRS (if any) of the case and formulate the indicated remedy.

Step-III: Ensure that the indicated remedy covers the surface miasm, as diagnosed in Step I.

Step-IV: Administer the remedy, which encompasses the miasm as well as the Totality of Symptoms.

Step-I- Illustration:

First, make the miasmatic diagnosis of your each and every case i.e. ascertain the surface miasm, this can be done by:

(a) **Head to foot assessment of symptoms** (please refer Miasmatic Prescribing by Subrata K. Banerjea);

(b) **Through clinical manifestation of disease**, e.g. hypo/scanty/less are psora (e.g. hypotension, atrophy, anaemia etc); hypers are sycotic (e.g. hypertension, hypertrophy, hyperplasia etc.); dyses are syphilitic (e.g. dystrophy, dysplasia etc.) and allergies and haemorrhages are tubercular (e.g. hay fever, menorrhagia etc).

(c) **Through psychic essence, nature and character of the individual case** (e.g. suspicious, jealous and exploiting in nature represents sycosis; destructive and cruel to animals represents syphilis; stubborn, changeable and impatient natures are tubercular etc.)

(d) We can diagnose the miasm from other, different aspects, e.g. reference to **hair falling**: alopecia with dry lustreless hair and bran-like dandruff is psora; circular or spotty baldness is sycotic; diffused hair falling is syphilitic, and thick yellow crusts in the hair are tubercular; in reference to **taste**: burnt is psoric; fishy is sycotic; metallic is syphilitic and taste of pus is tubercular; in reference to **pulse**: bradycardia is psoric; tachycardia is sycotic and irregular pulse is syphilitic; in reference to **bowels**: constipation is psoric; diarrhoea is sycotic; dysentery is syphilitic and malaena is tubercular; in reference to **pains**: neuralgic pains are psoric; joint pains are sycotic; bone pains are syphilitic and pains with exhaustion are tubercular.

(e) **Diathesis** (tendencies/pre-disposition) can also hint the miasm: eruptive diathesis is psoric; rheumatic-gouty, lithic-uric acid or proliferative diathesis is sycotic; suppurative-ulcerative is syphilitic and haemorrhagic diathesis is tubercular.

(f) **Psoric secretions** are watery, mucousy, and serous; sycotics are purulent, yellowish; sticky, acrid, putrid and offensive are syphilitic and haemorrhagic secretions/discharges are tubercular.

(g) if you ask your patient what his **hobbies** are: 'hunting' reflects syphilitic taint; 'travelling' is tubercular, whereas 'gambling' is sycotic!

(h) Ask your patient: **'If you could take a week off and money would be no object, what would you do?'** Mr. Psora is lazy and will do nothing; Mr.

Tubercular will go on a round the world trip! Thereby you understand the innate dyscrasia and miasmatic nature of your patient.

(i) Miasmatic diagnosis can be made from **nail appearance**; e.g. dry harsh nails are psoric; thick, wavy, ribbed, corrugated, convex nails are syctic; thin, spoon shaped concave nails are syphilitic and glossy and spotted nails are tubercular.

(j) Miasmatic **observation of children**: nervous, anxious, constipated children are psoric; restless, hyperactive (ADHD), colicky, diarrhoeic children are syctic; withdrawn, dull, extremely forgetful, convulsive, dysenteric children are syphilitic and allergic, haemorrhagic, stubborn, impatient children are tubercular.

(k) **LOOK AND DIAGNOSE THE MIASM:**

(1) **PSORA**: (i) Hair: Dry, harsh, dandruff++. (ii) Face: Bluish appearance. (iii) Facial expression: Anxious, nervous, apprehensive, and fearful. (iv) Lips: Dry, features of cyanosis. (v) Skin: Dry, harsh. (vi) Nails: Dry, harsh. (vii) Dress: Wears light colours. (viii) Personality: Affectionate, amiable, caring, cautious, collector, compassionate, conservative, considerate, dutiful (over the top Syctosis joins), easy-going, emotional, forsaken, kind, naïve, peace-maker, perceptive, private, reserved, sensitive, thoughtful, worrier. (ix) Hobbies: Watching TV, video, films (cinema), reading, board games, playing cards. (x) Occupation: Carer, clerical, nurse, nursery-nurse.

(2) **SYCOSIS**: (i) Hair: Fishy smell, alopecia in circular spots. (ii) Face: Yellowish colour, puffy, oedematous congenital/acquired overgrowth. (iii) Facial expression: Greedy, cunning, exploitative, jealous, suspicious, mischievous. (iv) Lips: Thickened. (v) Skin: Thickened, fish-scale, vesicular. (vi) Nails: Thick, ridged, ribbed corrugated, convex. (vii) Dress: Wears yellow/bright colours (ostentatious and fatuous). (viii) Personality: Aggressive, ambitious, arrogant, assertive, bossy, charismatic, enthusiastic, fanatic (if destructive Syphilis joins), faultfinding, friendly, gregarious, humorous, intense, list maker, manipulative, outgoing (if changeable Tubercular joins), perfectionist, planner, possessive, ritualistic serious, sincere, sociable (Tubercular joins). (ix) Hobbies: Gambling, casinos, bingo, fast dancing (rock and roll), shopping (excess due to greed). (x) Occupation: Accountant, chief executive officer, dictator (successful), doctor (Psora also present), lawyer, pimp, policeman, politician, receptionist, stockbroker (Syphilis joins), under-cover agent

(3) **SYPHILIS**: (i) Hair: Falling from all over the body. (ii) Face: Reddish appearance, cleft palate and allied congenital abnormalities. (iii) Facial expression: Cruel, brutal, vindictive, spiteful, dull, and depressed. (iv) Lips: Cracked. (v) Skin: Cracks and fissures, ulcerative. (vi) Nails: Thin, break easily, channelled, pitted, concave (spoon shaped). (vii) Dress: Wears non-matching colours (lack of conception and realisation), dark colours, and

black. (viii) Personality: Abusive, closed, depressed, dogmatic, pessimistic, revengeful, and rude. (ix) Hobbies: Hunting, wrestling, boxing, martial arts, archery, ten-pin bowling, speedway, coarse fishing (sea fishing). (x) Occupation: Butcher, manual labourer, publican

(4) **TUBERCULAR:** (i) Hair: Breaks, splits and sticks together. (ii) Face: Purple colour, flushed cheeks. (iii) Facial expression: Indifferent, discontented, independent, stubborn, changeable. (iv) Lips: Bright red, flushing. (v) Skin: Flushing, bleeding. (vi) Nails: Glossy, white spots, flush easily. (vii) Dress: Wears red, purple and pinkish colours. (viii) Personality: Adventurous, artistic, bubbly, changeable, creative, fearless, fun loving, independent, rebellious. (ix) Hobbies: Creative hobbies (cooking, knitting, drawing, acting), traveling, horse riding, motor racing, golf, skiing, music, gardening, lake fishing, swimming, shopping (likes changes). (x) Occupation: Actor, air hostess, artist, craftsman/artisan, detective, driver, gardener, kindergarten nurse (Psora joins), postman, salesman, teacher.

For details, please refer my book, "Miasmatic Prescribing". Details: <http://www.homoeopathy-course.com/index.php/homoeopathy-resources-media/homoeopathy-books/dr-banerjea-book-on-miasm>

By such a prescription, which covers the miasmatic dyscrasia of the person, the chances of recurrence are eradicated and the axiom of 'rapid, gentle and permanent recovery' (Hahnemann's Organon §3) is encompassed. In cases of one-sided disease with a scarcity of symptoms, the action of the anti-miasmatic remedy is centrifugal, and by bringing the suppressed symptoms to the surface, allows a proper totality to be framed.

The miasmatic consideration is therefore of great importance as demonstrated in the following example:-

A person is suffering from features of gastric ulcer, which has been confirmed by radiography. As ulceration is syphilitic, the surface miasm is therefore syphilitic also. Let us say that the totality of symptoms (physical, emotional and essence) of the person reflects towards Kali Bichromicum, an anti-syphilitic remedy. The choice of remedy is therefore simple, as Kali Bich covers both the totality of symptoms and the surface miasm of this gastric ulcer case. Kali Bich will peel away the outer layer and reveal a second layer underneath. This second layer may perhaps manifest through the appearance of warts or moles on the face, an indication of suppressed sycosis and the next assessment of the case should include this new surface totality. Following Kentian ideology we now know that there needs to be a change in the plan of treatment, that is, the previous syphilitic plan needs to change to a current sycotic plan, and a new anti-sycotic medicine needs to be selected based on the presenting totality.

Step II- Illustration:

Assess the Totality of Symptoms + Essence + Keynotes and PQRS (if any) of the case and formulate the indicated remedy.

Totality of symptoms:

- (1) Each of the symptoms must be complete with regard to its location, sensation, and modality and concomitant (Subrata's addition: Cause and onset, duration of the suffering and treatments he/she had in the past.)
- (2) The symptoms should have a chronological order of development and progression.
- (3) Environmental, occupational and other exogenous influences on the case must be evaluated.
- (4) Then the background of the case from (a) the past history (with special reference to various forms of suppressions) and (b) the family history (inherited miasmatic influences), must be in the purview.
- (5) The qualitative totality of all the symptoms (outwardly reflected picture of the internal essence of the disease) is the sole indication for the choice of the remedy.

For details, please refer my book, "Classical Homoeopathy for an Impatient World". Details: <http://www.bjain.com/index.php/store/viewdetail/1666>

Illustration of the Essence and Behavioural aspect of the patient:

i) Acquaintance with the psychic essences and personification of 'Drug Pictures' [e.g. Mr. Lycopodiums are teachers, doctors, successful dictators, and politicians; and their personality characteristics reflect they are careful; cautious; conscientious; conservative; courteous; contained; avoid risk and commitments - Mr. Safe; Mr. Nux Vomicae are CEO, share brokers, salesman, and their personality characteristics reflect they are ambitious, impatient, arrogant, charismatic, aggressive, independent, confident, courteous, workaholics, perfectionists; Mrs. Pulsatillae are nursery nurses teachers, carers. and their personality characteristics reflect they are emotional-tearful, moody, changeable, pleasing, perceptive, affectionate, caring, forsaken, worriers; and Miss Phosphorus' can be artists, actors, receptionists, maitre d'hotel, politicians, and their personality characteristics reflect they are expressive, emotional, social, artistic, impressionable, gregarious, sympathetic and sensitive] with modern interpretations of old proving symptoms;

ii) To ascertain a clearer picture for the constitutional medicine e.g. ask about the **innate nature** of the person, for example 'Give ten words to describe you'. and when patient says I am **COMPASSIONATE**: - e.g. Arg-nit, Bell, Calc, Calc.Phos, Carcin, Caust, Coccul, Graph., Ign, Lach, Nat-c.

Nat-m, Nit-ac, Nux-v, Phos, Puls., Sulph; **DUTIFUL** :- Calc, Calc-I, Carcin.,Cocculus, Ignatia, Kali-ars., Kali-c, Kali iod., Lyco, Nat-m, Puls; **EASY GOING** :- Ars, Calc, Carc, Lil.Tig., Lyco, Mag Mur., Nat-m, Nux-v, Phos-ac, Phos, Puls, Rhus Tox, Sepia, Sil., Sulph, Thuja; **FAMILY ORIENTED** :- Acet-ac, Anac., Ars, Baryta C., Calc, Calc-I, Calc-sil, Carc., Graph., Hep, Ign., Iod., Kali Br., Kali Nit., Kali Phos., Lyco.,Mag Carb., Nat Carb.,Nat Mur., Petr, Phos, Phos.Ac., Puls, Psor., Rhus-t, Sulph. etc.

Picturised representation of Behavioural Materia Medica:

<http://www.homoeopathy-course.com/index.php/homoeopathy-resources-media/materia-medica-lectures>

These are modern extensions/ interpretations of old proving symptoms and not found in the Repertory books and Subrata has developed an extensive Repertory of Personality Characters.

Step III & IV - Illustration:

Ensure that the indicated remedy covers the surface miasm, as diagnosed in Step I. Subrata has developed a "Miasmatic Weightage" of medicines, which can be found in his book, "Miasmatic Prescribing".

<http://www.homoeopathy-course.com/index.php/homoeopathy-resources-media/homoeopathy-books/dr-banerjea-book-on-miasm/2-uncategorised/133-part-vi-miasmatic-weightage-of-medicines>

Administer the remedy, which encompasses the miasm as well as the Totality of Symptoms (M-TEK).

PRESCRIBING APPROACH- B

CONTAMINATED DRUG DEPENDENT CASES: CASES WITHOUT CLARITY OF SYMPTOMS:

i) In drug dependent cases placing emphasis on Lesser Known Medicines (e.g. Franciscea, Ginseng, Pimpenella, Stellaria, Viola etc. to open the steroid dependant arthritic cases with few uncontaminated symptoms and absence of clear modalities can prove beneficial; such lesser known organopathic medicines have capability to alleviate symptoms to certain extent, thereby giving the chance to wean off the conventional medication, and experience shows that after 40-50% weaning off; uncontaminated symptoms of the natural disease surface and give scope for constitutional prescribing) can succeed when well selected remedies fail;

ii) In **drug dependent dependant Arthritic cases** where medicines like Actaea Spicata, Angustura Vera, Benzoic Acid, Caulophyllum, Cobaltum Nitricum, Cyclamen Europaeum, Eupatorium Perfoliatum, Formica Ruffa, Franciscea Uniflora, Gettysburg Water, Ginseng (Panax), Gnaphalium, Guaiacum, Hedeoma Pulegioides, Helonias, Kali Iodatium, Lacticum

Acidum, Lithium Carbonica, Macrotin, Manganum Aceticum, Natrum Salicylicum, Oleum Jecoris Aselli, Pimpenella Saxifraga, Radium Bromatum, Rhamnus Californica, Rhododendron, Stellaria Media, Viola Odorata, X-Ray etc can successfully wean-off the conventional medication. In this way, we can open the steroid dependant arthritic cases with few uncontaminated symptoms and absence of clear modalities; such lesser known organopathic medicines have capability to alleviate symptoms to certain extent, thereby giving the chance to wean off the conventional medication, and experience shows that after 40-50% weaning off; uncontaminated symptoms of the natural disease surface and give scope for constitutional prescribing) can succeed when well selected remedies fail.

iii) In the same way, for conventional **pain killer dependent Migraine cases**, the artificial chronic disease is superimposed on the original natural disease, therefore symptoms are contaminated or suppressed and the patient cannot give a clear picture for a constitutional medicine as well as the modalities of the pain are masked. In such cases, the following medicines can be selected on the basis of few available symptoms, e.g., Acetanilidum, Anagyris, Bromium, Chionanthus Virginica, Epiphegus, Ferrum Pyro-Phosphoricum, Indium, Iris Versicolor, Kalmia Latifolia, Lac Defloratum, Melilotus, Menispermum, Menyanthes, Oleum Animale, Onosmodium, Saponin, Usnea Barbata, Yucca Filamentosa etc. Accordingly the conventional allopathic pain killer is gradually withdrawn and after approximately 50% weaning off of the conventional medicine, suppressed symptoms surfaces and now the patient can give much clearer modalities.

iv) Similar example for **drug dependent Hypertensive cases** where the following medicines Allium Sativa, Crataegus Oxyacantha, Eel Serum, Ergotinum, Lycopus Virginicus, Rauwolfia Serpentina, Spartium Scoparium, Strophanthus Hispidus etc. or for drug dependant Hypercholesterolaemia cases use of Adrenalin, Crataegus Oxycantha, Ergotin, Polygonum Aviculare, Spartium Scoparium, Sumbul are capable of gradually weaning off the conventional medication.

v) Similar example for **drug dependent Hayfever cases** where the following medicines Ambrosia, Arundo, Linum usitatissimum, Phleum pratense, Rosa damascena, Skookum Chuck, Wyethia are capable of gradually weaning off the conventional medication.

vi) In **drug dependent asthma cases**, when the patient is on an inhaler and/or steroids; in such cases it is very difficult to get a clear picture of the case. The artificial chronic disease is superimposed on the original natural disease (Aphorsim 91, Organon), therefore symptoms are contaminated or suppressed and the patient cannot give a clear picture e.g., modalities, etc. In such cases, homoeopathic bronchodilators e.g., Aralia Racemosa, Blatta Orientalis, Aspidosperma, Cassia Sophera, Eriodictyon, Pothos Foetidus etc., can be prescribed on the basis of few available symptoms (according to

§173--§178, Ref. Organon of Medicine) and gradually the conventional allopathic bronchodilator is withdrawn [Subrata asks the patient to sip the homoeopathic bronchodilator medicine prescribed on the basis of few available symptoms in those drug-dependant asthma cases, therefore considering the partial symptomatic similarity in accordance with §173--§178. So when the patient is out of breath and in need of conventional bronchodilator, patient takes the homoeopathic medicine and tries to defer the conventional medicine as much as s/he can. In this way, a steroid dependent patient who used to take steroid/inhaler 8 hourly; can, with the help of homoeopathic medicine now defer the steroids to 12 hourly, then 24 hourly and so on. In this way the conventional medication/inhaler etc is gradually weaned off].

EIGHT HOMOEOPATHIC BRONCHO-DIALATORS: TO GRADUAL WEAN-OFF THE CONVENTIONAL MEDICATION:

1) AMYL. NITROSUM:

- (i) Asthmatic dyspnoea with angina.
 - (ii) Chest:- (a) Oppression, (b) Fullness, (c) Suffocation.
 - (iii) Anxiety : must have fresh air.
 - (iv) Cough:-(a) Spasmodic, (b) Suffocative, (c) Paroxysmal.
 - (v) Constriction:- (a) Throat, (b) Chest, (c) Larynx.
 - (vi) Manifestation:- (a) Pulsation, (b) Oppression, (c) Constriction.
- Miasmatics: Psora (++), Sycotic(+), Syphilis (+), Tubercular (+)
Potency of Choice: 1x, 6 C.
DOSE : Adult : 2 drops x 6 hourly SOS

2) ARALIA RACEMOSA:

- A = Asthma with wheezing.
 - R = Right lung : affected
 - A = Agg. at 2 A.M.
 - L = Lying agg.
 - I = Inspiration is difficult
 - A = A f.b. (foreign-body) sensation.
 - (i) Wheezing in throat. Constriction in chest and throat with a sensation of foreign body in the throat. (ii) Inspiration is difficult than expiration. (iii) Cough < after lying, < 2 A.M. (iv) Expecto-ration is salty and hot.
- Miasmatics: Psora (++), Sycotic(++), Syphilis (+), Tubercular (++)
Potency of Choice: Q, 6 C.
DOSE : Children : 2-4 drops x 6 hourly SOS. Adult : 8-10 drops x 6 hourly SOS

3) ASPIDOSPERMA:

- (i) Want of breath during exertion is the guiding symptom. (ii) Useful in Cardiac asthma. (iii) It is the Digitalis of the lungs : broncho-dilatation.

Miasmatics: Psoric (++) , Syco(++) , Tubercular (+).

Potency of Choice: Q, 30 C ; 1M.

DOSE : Children : 2-4 drops x 6 hourly SOS. Adult : 8-10 drops x 6 hourly SOS

4) **BLATTA ORIENTALIS:**

(i) Doctrine of Signature: Cockroach lives in cracks and crevices; in damp shady places, therefore it is a wonderful medicine for Asthma for people who lives or works in damp basements, cellars, etc. damp dwelling.

Aggravation from damp and rainy weather. Agg. from change of weather. (ii) Asthma with bronchitis, especially indicated after Arsenic when this is insufficient. (iii) Acts best, in stout, or corpulent persons. Seem to act on patients who have a tendency to obesity. (iv) Much pus like mucus. (v) After the spasm. for the remaining cough use higher, stop with improvement.

Miasmatics: Psora (++)-Sycotic(+++).

Potency of Choice: Q, 30 C ; 1M.

DOSE : Children : 2-4 drops x 6 hourly SOS. Adult : 8-10 drops x 6 hourly SOS

5) **CASSIA SOPHERA:**

(i) Skin diseases (like dandruff, eczema, itching, ringworm etc.) are associated with bronchial troubles. (ii) More the cough (in asthmatic patients) and more it is a painful and distressing cough, better it is indicated. (iii) Asthmatic symptoms with rattling of mucus in the throat but not much expulsion. (iv) Aggravates during rainy and winter season, (v) < later part of the evening and past mid-night, towards early morning, better by sitting up. Note:- Cassia sophera is antidoted by smoking or chewing tobacco, so patients, should avoid them during medication.

Miasmatics: Psora (++) , Syco(+++) , Syphilitic (+).

Potency of Choice: Q, 30 C ; 1M.

DOSE : Children : 2-4 drops x 6 hourly SOS. Adult : 8-10 drops x 6 hourly SOS

6) **ERIODICTYON GLUTINOSUM:**

(i) Bronchitis followed by tubercular cough. Past history of recurrent bronchitis, pneumonia when the lung vitality is really low and patient coughs and coughs to bring the expectoration; finally when the expectoration comes, s/he feels so much better. (ii) Profuse nocturnal sweat and spasm > by expectoration. (iii) Cough after influenza.

Miasmatics: Psora (++) , Sycotic(++) , Syphilis (+) , Tubercular (+++)

Potency of Choice: Q, 30 C.

DOSE : Children : 2-4 drops x 6 hourly SOS. Adult : 8-10 drops x 6 hourly SOS

7) **POTHOS FOETIDUS:**

(i) For asthmatic complaints, which is caused and are made worse from inhaling any dust. Allergic broncho-spasm. (ii) Difficult, troublesome respiration; oppression with perspiration. Anguish with oppression. (iii) Asthmatic symptoms are better by passing stool. (iv) Deep acting Sycotic remedy
Miasmatics: Psora (++), Sycotic(++), Tubercular (++)
Potency of Choice: Q, 30 C ; 1M (For Allergic Broncho-spasm).
DOSE : Children : 3-5 drops x 6 hourly SOS. Adult : 10-12 drops x 6 hourly SOS

8) **SOLIDAGO VIRGA:**

(i) Periodical asthma with nightly dysuria. (ii) 15 drops doses promote expectoration in bronchitis and bronchial asthma, in old people. (iii) Expectoration:- (a) Profuse, (b) Blood stinged.
Miasmatics: Psora (++), Sycotic(++), Syphilis (+), Tubercular (+++).
Potency of Choice: Q, 30 C.
DOSE : Children : 3-5 drops x 6 hourly SOS. Adult : 12-15 drops x 6 hourly SOS

Dispensing of the dose of Homoeopathic broncho-dialators:

When the patient is out of breath and in need of a conventional broncho-dilator, patient can take any of the above homoeopathic medicine (or any other homoeopathic organo-pathic medicine, in accordance with the few symptomatic similarity) and tries to defer the conventional medicine as much as s/he can. In this way, a steroid dependent patient who used to take steroid/inhaler 8 hourly can, with the help of homoeopathic medicine now defer the steroids to 12 hourly, then 24 hourly and so on. In this way the conventional medication/inhaler is gradually weaned off.

In the same way, for pain killer dependent migraine cases, the artificial chronic disease is superimposed on the original natural disease, therefore symptoms are contaminated or suppressed and the patient cannot give a clear picture for a constitutional medicine as well as the modalities of the pain are masked. Therefore, the following medicines can be selected on the basis of few available symptoms, e.g., Acetanilidum, Anagyris, Bromium, Chionanthus Virginica, Epiphegus, Ferrum Pyro-Phosphoricum, Indium, Iris Versicolor, Kalmia Latifolia, Lac Defloratum, Melilotus, Menispermum, Menyanthes, Oleum Animale, Onosmodium, Saponin, Usnea Barbata, Yucca Filamentosa. Accordingly the conventional allopathic painkiller is gradually withdrawn and after approximately 50% weaning off of the conventional medicine, suppressed symptoms surface and now the patient can give much clearer modalities. This will lead to making a change in the plan of treatment and on the basis of 'MTEK' a constitutional prescription can now be made.

Similar example for Drug Dependent Hypertensive cases where the following medicines (Allium Sativa, Crataegus Oxyacantha, Eel Serum, Ergotinum, Lycopus Virginicus, Rauwolfia Serpentina, Spartium Scoparium, Strophanthus Hispidus) are capable of gradually weaning off the conventional medication.

In my experience after the patient has weaned off approximately 50% of the conventional medicine, suppressed symptoms surface and the patient can give much clearer modalities. This will lead to making a change in the plan of treatment and on the basis of 'MTEK' a constitutional prescription can be made. *Through this approach, not only does the patient gain immediate confidence that homoeopathy is acting, but has also weaned off the conventional medication to a certain extent.*

The patient is often aware of the side effects of the chemicals of the conventional medicine and may want to stop or reduce the dose. This has to be done if the patient wants (with the consent of the patient &/or GP).

Using this method the conventional medicine is gradually reduced. I give full control to the patient who often consults with the conventional medicine doctor. By reducing the conventional drugs in this way empowers the patient and gives confidence to the process. The involvement in this process assists in raising the patient's energy level. I do not advise exactly how much to wean-off because that should be guided by the G.P/ Doctor. As I give the control in the hand of the patient, and you can have disclaimer signed by the patient.

DISPENSING & REPETITION

I would just like give you a summary about my Classical & Practical approach:

DR. BANERJEA'S REMEDY SELECTION & DISPENSING THE DOSE:

Obviously if the case has a clear picture with clear modalities and sensations, I will take Prescribing Approach- A, as detailed above.

The constitutional prescribing which has the qualitative totality, not only a mere quantitative addition of symptoms, the essence, temperament and behaviour of the patient with the miasmatic totality should be present in the final remedy selection.

I prescribe a single medicine, mostly in centesimal potency which I always dispense in water. Ref. Organon §288 5th Edition. By dispensing in water I have observed that aggravation can be avoided and it permits a strong dynamic penetrating action. Ref. Organon §272 6th edition, §288.

I give one single poppy seed Ref. Foot Note §285 5th edition, globule No.X sized globule. Ref. Organon Foot Note §246 5th edition and §275 6th edition in some sugar of milk Ref. § 272 6th edition, to make a medicated sachet. You may note that this dispensing method is heavily referenced from the Organon of Medicine which is the source of the classical method. I instruct the patient to dissolve that powder in half a litre of water which should be shaken and sipped throughout the day, a little should be saved and topped up with fresh water the next morning and shaken and sipped throughout the next day. This process should be continued for 5 to 7 days. So one single globule of medicine, without adding any further dose is to be plussed and sipped for 5 – 7 days, then no medication for 1 or 2 weeks.

A second dose may not be required if improvement has commenced however if by chance the recovery has not begun a second dose of the same medicine may be taken in the same way, in water, over a series of days, diluting as the days proceed.

Each dose of medicine to sip for 7 days

- When there is a very good similimum with the totality and characteristic symptoms in a clear case
- When there are more mental symptoms and a good match with personality type
- When the patient is quick to act and react
- Intellectually keen patients
- People with great muscular strength
- Lack of reaction to well indicated medicine
- Lack of vital reaction lost all susceptibility
- Hypersensitive people on allopathic drugs for a long time
- In sensitive patients who react unfavourably the medicine can be diluted in further, in 3 separate glasses of water and using 50ml from the final glass of dilution in the bottle which will be sipped as described above

Each dose medicine to sip for 3--5 days

- Sluggish people who are slow to react
- Drug dependent cases, on regular allopathic drugs
- Terminally ill with gross pathological changes
- Rapid fatal diseases
- Heavy pathology
- Homoeo Prophylaxis
- Acute diseases with clear picture
- Prescription based on NBWS, to clear up the suppression

Each dose medicine to sip for 1--3 days

- Low vitality with high susceptibility those who react powerfully
- Acute

- Gross structural change, when prescribing 6C for example

By dispensing and instructing the patient as above you are following the “Doctrine of Minimum Dose”, “Doctrine of Divisibility” and “Doctrine of Plussing” and in my long experience, I have found the centesimal scale has excellent penetrating dynamic power and is capable of uprooting deep seated suppressions of the contemporary world.

LM prescriptions

I do occasionally use the LM scale and was in fact encouraged to do so by a very famous LM potency prescriber in Calcutta who prescribed only LM scale for over 40 years, whom I observed in practice for several months after my graduation. Unfortunately, even in this experienced hand I observed aggravation which is meant to be avoided by using the LM scale. I almost exclusively use the centesimal scale and I am confident in this scale of potency. Being a strict classical prescriber, I like to remind you that although Hahnemann mentioned that LM scale is his ‘most perfected’ method I am of the opinion that if Hahnemann had lived 10 more years, he might have changed his Organon for five more times, Hahnemann was constantly developing and trying make Homoeopathy perfect.

I earnestly encourage my readers to try the above method of water dispensing, diluting, plussing and succussing the single dose of centesimal scale and watch your success with patients grow and flourish.

Advantages of Diluting, Plussing & Dividing the Dose

- The medicine gently stimulates the Vital Force and smoothly overpowers the symptoms Ref. Hahnemann’s Chronic Disease, P.156 – 157
- Avoids aggravation in hypersensitive patients
- Diminution of the strong power of medicine Ref.§285 thereby avoiding aggravation

For best results- Plus and Succuss

- By modification of every plussed dose, which is given in several different forms, it can best extract the morbid disorder Ref. Foot Note §247

Aggravation from Unchanged, Unmodified Dose

By giving an unchanged dose, the vital force revolts §246

Divisibility of Dose is not addition of the Dose but gradual proportionate liberation of energy

Divided dose is the same quantity which is proportionately divided §287 this leads to a gradual release of energy.

In dosing, think of a pizza, you can finish the whole pizza in one go or you might cut the same pizza into 20 small pieces and eat 2 in the morning, 2 in the afternoon each day, thereby dividing your dose of pizza and at the end of the say 5th day you have finally finished that pizza. Accordingly the patient is having ONE single medicated globule or pizza, fragmented into smaller doses or slices which gives gentle stimulation, without appreciable aggravation of the vital force.

If the case is contaminated through drug dependency I will follow Prescribing Approach-- B as detailed above and gradually wean off the conventional medicine. Here again I follow §91 of Organon. Generally I have seen after weaning off 40% - 50% of conventional medication, the natural disease surfaces. You will see clear modalities, sensations, character of symptoms and at that stage you follow Approach 1. Do not fire your polychrest until and unless you prepare the case and match with the totality. MTEK. Respect your polychrest and do not prescribe a polychrest when there is scarcity of symptoms such as commonly found in drug dependent cases. By weaning off, when more symptoms come in the surface, then and only then, fire your polychrest and that will overpower the disease. So prepare the patient to receive the polychrest.

My Repetition of the Medicine:

I do not repeat the medicine very often. As mentioned above, generally I give a single medicated globule in water, which the patient sips for few days. I might repeat another dose, if there is no change from the very first dose. The reasoning for giving the second dose is

- Many medicines have primary and secondary action, which Hahnemann mentioned in *Materia Medica Pura* in the Bryonia chapter.
- In this polluted, hectic environment, smoke, fumes, chemicals, the second dose will penetrate the vital force, if, per chance the first dose has been antidoted, lost or spoilt.

Generally after the first prescription, I do a follow-up in 6 – 8 weeks to assess the reaction to the medicine. I may wait at least 3 – 4 months in chronic cases before repeating the dose however if there has been even a 2% positive change on any of the following areas, I will wait and watch with wisdom. WWW. You will never, I repeat never, gain anything by premature repetition; on the contrary you will always lose. This is the most difficult part for any homoeopath to learn. I have found over the years practitioners are enthusiastic and excited, if the patient is 10% better it is too tempting to repeat the medicine to get a 'faster' result this usually means the reverse, the patient's improvement will be slower and might even spoil the case.

In order to be exact, during both the initial consultation and follow-up evaluation, I always ask my patients to evaluate and then grade the main complaints, they might be one or many. e.g. if the patient is complaining of headache, I will ask to put a grade about the intensity and severity of the pain out of 10 or a percentage. Similarly I always ask to put a value out of 10 or a percentage relevant to the following areas

- a. General sense of well being
- b. Physical Energy, vigour, strength co ordination
- c. Mental Energy, power of focus, motivation, concentration and memory
- d. Appetite,
- e. Sleep, quantity and quality, feels refreshed
- f. Temperament, emotional tranquility and sense of harmony in the patient

In some cases it is useful for the patient to keep a diary of the changes to their symptoms and at their appointment can summarise these details.

By adopting this method, during the follow-up consultation when a patient says 'I am not feeling any change' it is possible to compare with the previous report and can include scrutinizing head to foot symptoms, with the scores of suffering, intensity and frequency, this will be clear to both the practitioner and patient the exact condition and you may find in many aspects, patient is 5 to 10% better.

After a successful first prescription, in many cases, I have waited, not prescribed, for over two years. Of course I do the follow-ups in every 8 weeks or so and I carefully consider how the patient is responding. In some cases it is beneficial for the patient to have a prescription of non-medicated globules which is confirmed by many master Homoeopaths and the medical fraternity alike, including Hahnemann, Organon §91, §281 6th Edition. As I said above, even if there is 2% positive change

YOU WAIT & WATCH WITH WISDOM -WWW

Please do not repeat the medicine when there is a positive report, when you will become proficient at this this you will find yourself amongst the class very successful prescribers.

The last and final deciding factor is the patient's sense of well being and emotional harmony, from the onset of your homoeopathic treatment up until now. This can be represented in a graph, an ascending curve represents improvement, a straight line represents stand still status and declining curve represents going down hill.

You should WAIT if the curve is either straight line or ascending. You repeat when the curve is declining.

Sometimes my students in different parts of Europe and the United States doubt this long waiting in the haste and hurry of life. I respectfully invite them to any of my teaching clinics both the Allen Teaching Clinic and the Bengal Allen Teaching Clinic where you can see how the methodologies detailed above are successfully implemented in the drug dependent population.

The web site is mentioned elsewhere.

When I might change the Medicine:

I will change in the following situations:

- a. No improvement even after reasonable time of waiting (it is difficult to say what is this reasonable time; as many times it's a feeling that the last medicine is not working but generally I will take time to make my first prescription and will wait at least for 3 to 5 months, before I change. In some acute situations, of course it will be different.
- b. The health graph as stated above is in straight line for at least for two consecutive follow-ups meaning there has been no change for a while which represents stand still status or declining curve which represents going downhill only then will I change the medicine if the symptoms show a different picture.
- c. There is severe aggravation of some symptoms and needs urgent intervention, may be an acute or acute exacerbation of chronic symptom.
- d. Miasmatic or Aetiological block or cessation of improvement, needs an intercurrent to remove the block.
- e. The symptoms picture has changed. So to evaluate the new miasmatic totality and totality of symptoms and prescribe accordingly.
- f. Your last medicine has exhausted all that it could have done, may be you even ascended to CM potency however, sometimes if I still feel it's the same medicine, according to Kent, I will repeat the series again, so you need to change the plan of treatment either according to the presenting totality or a complementary or related or chain of medicine that follows well.

Some interesting notes from the Organon of Medicine:

- a. **Single Globule to be used:** Foot Note §246 5th Ed.; §275 6th Ed.
- b. **Size of the globule is of Poppy-Seed:** Foot Note §285 5th Ed.
- c. **Medicine must be dispensed in Liquid Vehicle water:** §288 5th Ed.; §272 6th Ed.; §246 6th Ed.
 - Even Centesimal Scale Potencies to be dispensed in water : Appendix. P. 263.
 - Feeble action if given dry : Chronic Disease P. 159.
 - Even 30th potency to be dissolved in water : §128.

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- d. **Every Dose should be deviated from the former:** §246 6th Ed., §247 6th Ed., §280 6th Ed.
 - e. **Doctrine of Divisibility:** Appendix. P. 266. Even in dilution, the power of the medicine remains the same : §287, §286, §285.
 - f. **Application of Placebo:** §91, §281 6th Ed..
 - g. **Do not Repeat when the Patient is Improving:** §245.
 - h. **Against Polypharmacy:** § F.N. 272.
 - i. **Homoeopathician treats the Miasm, upon which the Malady depends:** §205.
 - j. **No Food restriction in Acute Diseases:** §262, 263.
 - k. **Smallness of Dose:** §277, 278, 284, 285.
 - l. **Divided Dose:**
 - Diminution of strong power of medicine for sensitive patients §285 & F.N.
 - Effect is increased but actual amount remains same §286.
 - Every portion of plussing. Smallest portion of diluting fluid receives same quantity of medicine in proportion as all the rest §287 and the last selected homoeopathic remedy could best extract the morbid disorder only if applied in several different forms § F.N. 247.
 - m. **Do not prescribe on undefined, non-characteristic, vague symptoms:** §165
 - n. **If two medicines are indicated:** Prescribe the most indicated one, after that's action is over, do not automatically prescribe the second one but re-examine the case: §169.
 - o. **Olfaction of medicines:** § F.N. 288, FN § 247.
 - p. **How long the medicine can last:** Medicinal power stay, upto 20 years § F.N. 288
 - q. **Deviation of Dose:** Every potency should be deviated from former or later §246, 247, 280.
 - r. **No requirement of Antidote:** Next selected medicine antidotes: § F.N. 249
 - s. **Scope of Intercurrent medicine:** Sulph – Hepar Sulph § F.N. 246.
 - t. **Succussion:** Every dose to be raised by succussion §280.
 - u. **Even after discovery of LM potency, Hahnemann did not discarded the centesimal scale:** Mentioning of 30th potency even in 6th edition §128.
 - v. **Do not repeat when patient is improving:** §245.
 - w. **Minutest employment of dose:** §246.
 - x. **Single globule to be administered not 6-7 globules:** § F.N. 246, 275.