Single Remedy vs. Multiple Prescribing

System of Homoeopathy is both science and art. From the time of Samuel Hahnemann the practitioners of this system were experimenting different modes of prescribing while treating patients. As the time went ahead many new methods of prescription also came into existence.

The purpose of this article is to address a very basic fundamental issue of Homoeopathy, as to know to which stream of practice does the reader belong to. The following excerpts are quoted from the Classical writings of stalwarts in the field of Homoeopathy. After going through them please send us your valuable remarks so that a dialogue on it can be a great help to the whole Homoeopathic fraternity.

Quotations

“As the true physician finds in simple medicines, administered singly and uncombined, .................. of injecting medicated gysters and of rubbing in this or the other ointment.”

*VI*th Edition of Organon; Aphorism No. 274

“He says if Hepar Sulph and Natrum Sulph medicines are together in one medicine and proved in that togetherness is one medicine only like Ars iod etc. He gives examples of alkaloids in plants and other ingredients but the plants extract is used like Nux Vomica – Cinchona – they are single substances, whereas allopathically used medicines are simple substances because they are crude; the side effects will be toxic in nature.”

*VI*th Edition of Organon; Footnote of Aphorism No. 159

“Then let us .. agree to give but one single, simple remedy at a time, for every single disease…”

Hahnemann’s Lesser Writings, Page 320

“Dare I confess, that for many years I have never prescribed anything but a single medicines at once, and have never repeated the dose until the action of the former one had ceased … and always a simple, never a compound remedy…”

Hahnemann’s Lesser Writings, Page 321-322

“I have no hesitation in asserting that whatever two medicines are mingled together,........the expression from chemical language”

Hahnemann’s Lesser Writings, Page 320

“Something for the tendency to vomit, something else for the diarrhea,...........and there were one single drug that could meet all these symptoms ?

Hahnemann’s Lesser Writings, Page 348

“A single simple remedy is always calculated to produce the most beneficial effects,...........It is never requisite to mix two of them together.”

Hahnemann’s Lesser Writings, Page 469

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Single Remedy vs. Multiple Prescribing

“Hahnemann says two substances, opposite to each to other, united into neutral natrum and middle salts by chemical affinity in unchangeable proportions, as well as sulphurated metals found in the earth and those produced by technical art in constant…………… in their natural states (Peruvian Bark, Nux Vomica, Opium) every quality necessary for healing. Moreover, the alkaloids are not the only constituents of the plants.

VIth Edition of Organon; Aphorism No. 274

The fundamental principle of Homoeopathic practice is selection of a remedy according to the Law of Similars. It is obvious that at a given point of observation out of a number of similar remedies only one remedy can be exactly similar to the case.

Principles & Practice of Homoeopathy – Dr. M.L. Dhwale; Page 274

“Medicines selected upon this plan are administered single (i.e., without admixture), and in doses too small to excite aggravation or collateral disturbances”

The Principles and Practice of Homoeopathy by Richard Hughes; Page 3

“In no case under treatment is it necessary and therefore not permissible to administer to a patient more than one single, simple medicinal substance at one time……….. It is absolutely not allowed in Homoeopathy, the one true, simple and natural art of healing, to give the patient at one time two different medicinal substances.”

Applied Organon – Dr. P.S. Krishnamurty; Page 384

“The assumption that the properties of a mixture can be predicted from the known properties of its constituents is wrong on fundamental considerations. A mixture can never act as a homogeneous substance. Its constituents will act individually on the subject and produce their own effects varying according to the different susceptibilities they meet”.

Principles & Practice of Homoeopathy – Dr. M.L. Dhwale; Page 274-275

“Alteration of remedies could be considered as sound Homoeopathic practice only when the symptom groups tend to alternate, e.g. Bryonia and Rhus toxicodendron in Enteric fever. But, in a chronic case, alternation of symptoms itself becomes a characteristic feature which should be covered by a single remedy”.

Principles & Practice of Homoeopathy – Dr. M.L. Dhwale; Page 274-275

“At the suggestion of Dr. Aegidi, Hahnemann was induced to try the effect in diseases, especially chronic ones, of mixing two highly diluted medicines and them in one dose. He was at first greatly pleased with the results obtained, and intended to recommend this plan in the 5th edition of the Organon, but was dissuaded from this by some of the most influential of his disciples. Instead of doing so, he merely alludes to the proposal, mildly denouncing it in the note to 272.”

Appendix of the 5th edition of Organon – Dr. R.E. Dudgeon

’I have no hesitation in asserting that whenever two medicines are mingled together, they almost never produce each its own action on the system, but one almost always different from the action of both separately – an intermediate action, a neutral action, - if I may be allowed to borrow the expression from chemical language.'

Hahnemann’s Lesser Writings, Page 320

“The introduction of Homoeopathic mixtures in our day to day practice is certainly an added advantage to all those who are practicing Homoeopathy all over the world. Many honest Homoeopaths following true Hahnemannian principles find it too difficult for their reputation, and ultimately leave the profession to take up other jobs for their living. Only a very few with a phenomenal memory can boast of true Hahnemannian prescriptions and work miracles. But these very few can never popularize a science and bring it to the masses.”

“The Homoeopathic practice of using a single drug and nothing its effects rather than multiple prescriptions whose ultimate effects may only be surmised is so logical both from a scientific and practical point of view that modern medicine tends to this direction. Poly-pharmacy has had its day, and a colorful one it was. We have in the Homoeopathic prescription no use for directives, correctives, or adjuvants, as such.”

_A compend of the principles of homoeopathy for students in medicine,
Garth Boericke, m.d. – Page 77_

In a chronic case it is more likely that many groups of cells are affected and a wider range of frequencies is required to supply the resonant frequency to all the individual cells which are affected. This is certainly not possible by giving one medicine only. Even those who advocate single medicine have found that when treating a chronic case they require to change the medicine very frequently to cover separate groups of symptoms. In such a case all the medicines indicated may be mixed together and given in one dose, so that a wider range of frequencies may be broadcast by the powerful transmitter.

_Septenate Mixtures in Homoeopathy – A.K. Bhattacharyya – introduction – Page 4 & 5_

Administration of a single medicine at a time is required by the operative law of similars because the symptom totality of only one “medicine” from the material medica can be most similar to the “disease portrait” of the patient at any one time

_Biophysics of The Micro Dose – R.R. Sharma – Page 101_

**A sample proforma for sending your suggestions:**

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Method of Prescribing</th>
<th>Reasoning</th>
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<td>2</td>
<td>Single Remedy with Biochemics</td>
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<td>3</td>
<td>Single Remedy with Patents</td>
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<td>4</td>
<td>Multiple Prescription of Potencies</td>
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<td>6</td>
<td>Multiple Prescription of Potencies and Patents</td>
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INSTRUCTIONS TO AUTHORS

The Council invites articles for publication in its Journal, Indian Journal of Research in Homoeopathy. These articles should be original and not published elsewhere. All contributions will be subjected to peer review by subject experts and the decision of the Editorial Board concerning publication is final. All materials submitted for publication must include a covering letter, personally signed by all authors, stating their consent and authenticity of the article.

Manuscript should be sent to The Director, Central Council for Research in Homoeopathy, JLN Anusandhan Bhawan, 61-65, Institutional Area, Janakpuri, New Delhi-110058, E-mail: ccrh@del3.vsnl.net.in

Requirements for submission of manuscripts:

(a) Manuscripts should be submitted with the undertaking that they are not under consideration elsewhere and have not been reported earlier partly/totally. Submission of a manuscript indicates tacit acknowledgement that all authors have made significant contributions to the study and have read and approved the contents.

(b) Acceptance of manuscripts for publication is based on 1. Originality of contribution; 2. Proper analysis of scientific data; 3. Clarity of presentation; 4. Ethical feasibility of the manuscripts.

1. General

Manuscripts must be typewritten, double-spaced with wide margin on A-4 size good quality bond paper. Each of these segments of the manuscripts should begin on a new page: Title; abstract; introduction; material and methods; discussion; acknowledgement; references; legends; figures and tables.

2. Title

Title of the articles should be short, continuous (broken or hyphenated title are not accepted) and yet sufficiently descriptive and informative so as to be useful in indexing and information retrieval.

3. Author

Below the title, the name of Author/Authors (excluding designations viz. Dr., Mr., Mrs. etc) may be placed with superscript digits 1, 2, 3... etc., (e.g. Suman1 Y.Ram2* Smith3...) which should explain the designation and qualifications of the author in the subsequent line. The name of author who will entertain correspondence related to the article also have an asterix (*) sign as superscript (e.g. Y. Ram2*) the details of which (the correspondence address and e-mail of the Author) should appear as footer in the introductory page of the article. Articles on multi-centric research study can include names of all the investigators under the principal Author. In this case the authors will name a person who will entertain correspondence related to the article. Also the names, designations, and qualifications of authors are to be italicized

4. Abstract

Abstract should be brief and indicate the scope and significant results of the paper. It should only highlight the principal findings and conclusions so that abstracting services without modification can use it. Conclusion and recommendations not found in the text of the articles should not be inserted in the abstract (of about 250 words). It should be written for the readership of both clinicians and investigators and should state the hypothesis or central question of the study or investigation, the study subjects or experimental animals, observational and analytical methods, the findings, and a final statement of the principal conclusions.
5. **Keywords**
   A set of suitable keywords may be provided. The terms should be based on significance of the text.

6. **Introduction**
   Introduction should be brief and state precisely the scope of the paper. Review of the literature should be restricted to reasons for undertaking the present study and provide only the most essential background.

7. **Material and Methods**
   The material (Patients, experimental animals etc.) used for making observations must be described along with all other relevant information. The methods used in the study should be described, giving sufficient information to permit the work to be repeated. If a generally accepted technique has been used, only reference to that is enough. If, however, such a technique has been modified by the workers, the manner in which this has been done should be clearly stated. The drugs and chemicals used should be precisely identified, including generic name(s), dosage(s), and route(s) of the administration. If statistical analysis of the data has been done, the methods used for analysis should be specified.

8. **Results**
   Only such data as are essential for understanding the discussion and main conclusions emerging from the study should be included. The data should be arranged in unified and coherent sequence so that the report develops clearly and logically. Data presented in tables and figures should not be repeated in the text. Only important observations need to be emphasized or summarized.

9. **Discussion & Conclusion**
   This should be limited to significance of results obtained and what can and what cannot be concluded and why. It should not be a repetition of the findings already given in the Results.

10. **Acknowledgement**
    Acknowledgements should be brief and made for specific scientific and technical assistance only and not for providing routine departmental facilities and encouragement or for help in the preparation of the manuscripts.

11. **References**
    References should be numbered consecutively in the order in which they are first mentioned in the text. References should be typed on separate page. Examples of correct form of references are given below:

    **Journal** :

    **Book** :

    **Chapter in Book** :
12. Figures & Tables

Glossy print photographs (in triplicate) are required (usually 10 cm x 8 cm); good black and white contrast is essential for good reproduction. All illustrations must be numbered and cited in the text. Legends should be provided for each illustration, listed on a separate page.

Each table should be typed double spaced on a separate sheet. They should have underlined title followed by a legend, if any. Explanatory mater should be in a footnote, not in the title.

13. Abbreviations

Only standard abbreviations are to be used. The title of article should not contain abbreviations. The full term for which the abbreviation stands should be given after its first use in the text.

14. A Clinical case histories

Cases should be well presented and concise (maximum of 1500 words per case). Cases should address a specified therapeutic and/or management issue or point of doctrine. Discussion should be critical and reflective rather than doctrinaire. Case analysis (symptom selection, prescribing strategy, etc.) should be transparent and well justified. Case histories should discuss the materia medica involved and the rationale of any differential diagnosis. Case analysis and materia medica should be illustrated with tables and figures where appropriated. Case histories should include adequate follow-up to demonstrate sustained improvement. Documentation and independent evidence greatly strengthen case reports, and as much such evidence as possible should be presented. This includes results of pathology and other investigations, images (including photographs), physical examination, ability to work and fulfill social roles, school performance, assessments by other health professionals and agencies. (Refer Annexure-1 for Case Format.)

15. Submission of disk

If possible please supply articles on Compact disk. Articles supplied on disk must meet the following criteria:

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8. The files are not to be compressed.
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10. Double-line spaces should not be used between items in the list or references.