

## THE SCIENTIFICITY OF SNAPSHOT PRESCRIPTION IN HOMOEOPATHY

A quick and correct decision in diagnosing a disease in a patient is necessary when a physician is confronted with a serious case. In cases of cardiac crisis, cerebral accident and post-partum haemorrhagica, the intuitive skill of a physician is the *sine qua non* in diagnosing the disease as well as in its treatment. This is more so for a homoeopathic physician since he is essentially committed to diagnosing the simillimum in an emergency case of an acute disease or a fulminating attack of an acute exacerbation in a chronic patient. The patient's paroxysmal tachycardia, comatic crisis in a diabetic, vascular disease of heart, hypertension, asthmatic attack or epileptic convulsion calls for the supreme therapeutic skills of a Hahnemannian physician. The remedies should, as it were, flash on the mind of the physician. That is why Hahnemann greatly emphasized the judgment at bedside as the supreme one in the life of the medical profession.

Even the time taken to click a camera or fire a pistol seems to be more time-consuming, when a physician is required to select a correct curative remedy in an emergency. Suddenly a doctor is woken up from sleep or siesta to attend a critical case when there is not enough time to record the symptoms of a patient or to leaf through a repertory to prescribe a curative remedy. The selection of a medicine for the patient in such a critical situation is a big mental gymnastic for the doctor which would appear like a snapshot prescription. Many enthusiastic physicians misuse this faculty of mind in a large outpatient clinic or in private practice. Many physicians prescribe a remedy even to a chronic patient without noting the symptoms of the case as to its sensation, location, modality and concomitant or even the name of the medicine and its potency.

In the 1940s when Roosevelt's victory in the U.S. presidential election was announced, Dr. Emanuel Libman said to a patient friend in his clinic, "What value is that as he is not going to live more than six months?" Exactly after six months when Emanuel Libman's friend came for a check-up it was the day of the President's funeral. On enquiry Dr. Emanuel told his friend that he had neither treated Roosevelt nor seen him except what he had seen in the election campaign newsreel of the President on the television. Emanuel Libman observed in the newsreel "the washed out look of the cerebral sclerotic on the face of Roosevelt." What an uncanny power of the diagnostic observation.

There are many such instances in E.L.'s life and many more such intuitive decisions in the lives of many such pundits. Once when Dr. B.C. Roy, the doyen of physicians in Bengal, was traveling in the train, he identified a typhoid patient in the compartment by sniffing the air of the compartment. Similarly, Sir Visweswarayya, while traveling in a train observed a peculiar noise while the train was passing over a bridge. Immediately he pulled the chain to stop the train and advised railway authorities to rectify the construction of one of the pillars of the bridge to avoid an accident. When Hardy told

Ramanujan, the great mathematician, the number of the taxi he had hired, Ramanujan said in a flash that the number was the square of such and such a number.

Once Dr. Lippe (elder) requested Dr. Kent to visit his daughter who was suffering from severe cancer pains of the liver. Dr. Lippe had exhausted all the remedies for treatment and cancerous pain. After a quick but thorough observation Kent prescribed *Tarentula hispanica* and the patient slept several hours comfortably. Once Dunham prescribed, for a patient of stone deafness, *Mezereum* on the indication of “honey like discharge under the crusts of the eruption of the scalp”, which the patient suffered from nearly fifteen years ago. The patient after the medication could hear the sermons in the church. Of course many more valuable indications of *Mezereum* in the patient flashed on the mind of Dunham.

Such amazing skills of the human mind lead to extraordinary prescriptions in the hour of emergency. This author compiled contra- indications to some of the polychrest remedies in homoeopathy on the advice of Dr. Pierre Schmidt. One can quickly decide the seemingly indicated simillimum with the knowledge of contra-indications to the remedies, which are comparatively less than the list of indications. Such knowledge is more needed in arriving at the curative remedy in acute cases where the manifestation of symptoms is more complete than in chronic cases or what is known in homoeopathic parlance as one-sided cases.

There is another interesting artistic aspect to quick prescription in emergencies. This author compiled a list of professional remedies in the homoeopathic *Materia Medica*. Any profession or vocation will condition the human personality to a particular line of thinking and feeling. A financial adviser, a chartered accountant, a banker, a dancer or an actor is professionally conditioned to a set pattern of thinking and feeling. Kent too classified professional remedies.

This author prescribed *Phosphorus* to a patient of two weeks’ old diabetic coma, because the patient in question had been a successful drama-actor for forty long years. Of course a few more objective indications in the patient for *Phosphorus* flashed on this author’s mind. Surprisingly in a couple of hours the patient gained consciousness.

There is another fascinating piece of literature in homoeopathy to aid a practitioner in cases of emergencies. Single-remedy rubrics in Kent’s Repertory are extremely useful for curative and successful prescriptions. This author compiled all such rubrics from Kent’s Repertory and this compilation will be published shortly for the benefit of the profession. M.L. Tyler, the student of Kent, emphasized the importance of single rubrics in Kent’s Repertory. Unfortunately many authors of the card repertory left out such valuable rubrics in their compilations on the plea that such rubrics were listed only with one remedy or a couple of remedies. A future compiler of card repertory should include

such rubrics. But the bone of contention is whether single remedies of any grade in such rubrics are of greater value. Certainly they will provide quick information on that condition up to that date. Therefore, cursory reference to such rubrics now and then will enlarge the scope of quick prescription in an emergency.

Elizabeth Wright Hubbard told this author that a nosode figuring in the repertorial analysis of the patient even in one rubric of the analysis was extremely useful in deciding miasmatic prescription for a patient. That valuable information was published in her *Brief Study Course in Homoeopathy*. Sometimes a physician can use a nosode of the repertorial analysis for a patient long under his treatment in an emergency situation. Careful preservation of the case histories of the patients is very useful and sometimes life-saving in emergencies.

Once this author was called to see a patient of post-partum haemorrhage. The doctors had been battling to stop the bleeding but with no success. Twenty years earlier this author had treated the same patient for gastric ulcer with the successful prescription of *Natrum carb*. She had been for years a habitual eater of baking soda for relief from the agonizing pains. She was cured of her ulcer completely with no recurrence. Surprisingly now even for her post partum haemorrhagia after twenty long years, *Natrum carbonicum* helped her in minutes to the amazement of the attending physicians and obstetricians. Hahnemann's discovery of drug disease is enormously fascinating and it is more so now when the patients are being buried under the iatrogenic diseases from the so-called modern wonder drugs. A compartmental approach to the disease in a patient without concern for the patient as a whole leads to acquired immune deficiency which is now the scourge of the population in the U.S.A.; homoeopathy can offer a successful solution to AIDS.

A physician having good knowledge of homoeopathic *Materia Medica* can prescribe with certainty for the patient in an emergency. This author was called to visit a middle aged patient with an acute crisis of paroxysmal tachycardia. The patient was insisting that the doctors and the attendants should leave her alone and she was feeling too much disturbed at the noise of footsteps and closing of doors. She was unable to lie on her left side. She wanted something to eat just to have a little relief from the palpitation. Although she was feeling chill to the bone she was asking for cold water. After looking into the case history it was found that she was a chronic dyspeptic with the habit of taking baking soda for relief for many years. A single dose of *Natrum carbonicum* in thousand potency solved her problem of violent episodes of tachycardia to the amazement of all and there was no need for implanting a pacemaker to her chest wall.

In a case of scrotal cellulitis with enormous swelling with hyperpyrexia in an octogenarian, with muttering delirium, *Natrum carbonicum* saved him from the fatality on the history of chronic dyspepsia with the habit of taking baking soda for a long time.

It is appropriate here to cite Kent in support of snapshot prescription. “A great deal is presented that can be seen by looking at the patient so that we say: this looks like a *Natr. mur.* patient. Experienced physicians learn to classify patients by appearance.”

“In the *Aethusa* patient there is much in the face and aspect to indicate a remedy: so much can be seen and comes within the observation and so little questioning is necessary, that a sort of snapshot prescribing can be done, but it is not to be recommended. A busy physician, one who really and truly studies his *Materia Medica* and has learned the principles, will in time do a great deal of what seems to be snapshot prescribing, but he really does not do so, because he puts together many things that outsiders would not think of.”