

The Second Prescription - from *Lectures on Homeopathic Philosophy* by James Tyler Kent

The second prescription may be a repetition of the first, or it may be an antidote or a complement; but none of these things can be considered unless the record has been again fully studied, unless the first examination, and all the things that have since arisen, have been carefully restudied that they may be brought again to the mind of the physician.

This is one of the difficulties to contend with when patients change doctors, and one of the reasons why patients do not do well after such a change.

The strict homoeopathic physician knows the importance of this and will try to ascertain the first prescription.

If the former physician is strictly a homoeopathic physician, he is most competent of all others to make the second prescription.

It is often a hardship for a patient to fall into the hands of a second doctor, no matter how much *Materia Medica* he may know.

The medicine that has partly cured the case can often finish it, and that medicine should not be changed until there are good reasons for changing it.

It is a very common thing for patients to come to me from the hands of good prescribers.

I tell them to stay with their own doctor, I do not want them.

Such changing is often a detriment to the patient, unless he brings a full record, and this is especially true in relation to a case that has been partially cured, where the remedy has acted properly.

If the patient has no reasonable excuse to leave the doctor, it is really a matter of detriment to the patient for a physician to take another's patients at such a moment.

It is not so much a question of ethics, it is not so much a question of the relation of one doctor, to another, because friends can stand all that, but it is only after a tedious inspection of all the symptoms that an intelligent physician is capable of making a second prescription.

As a general thing, if the first prescription has been beneficial it ought not to be left until it has done all that it can do.

How is the second physician to know that?

Then the duty of the physician is first to the patient, and to persuade the patient to return to his first doctor.

The rule is, after the first correct and homoeopathic prescription, the striking features for which that remedy was administered have been removed, a change has come, and the guiding symptoms of the case have been taken out, and only the common and trivial symptoms remain.

It is true if the physician would wait long enough he would see the return of those symptoms, but usually when a patient walks into a doctor's office the doctor is in a hurry to make a prescription and does not wait until the proper time.

He at once prescribes on the symptoms that are left, and this is one of the dangers to be avoided, a hurried second prescription.

The patients are to be pitied that fall into the hands of such homoeopaths.

Many patients are wonderfully benefited by the first prescription; they have said to me "Dr. So-and-So benefited me wonderfully for a while, and then he did not seem to be able to do me any good."

The fact was that the first prescription was a correct one, having been properly chosen, and after that first prescription the doctor administered his medicines so hastily and so indiscriminately that nothing more was accomplished in the case.

The trouble was that he did not wait long enough.

It makes no difference whether the physician is so extremely conscientious that he does not want to give Sac. lac., or whether he is so ignorant that he does not know to give it, the result is the same.

The early repetition of the medicine and the continued giving of the same medicine, will prevent anything like an opportunity for the making of a second prescription.

If the doctor administers a well-chosen remedy, and repeats it too soon, he never gives the symptoms a chance to come back and call for a second prescription; but they become intermingled with drug symptoms, so that the rational second prescription cannot be made. The second prescription pre-supposes that the first one has been a correct one, that it has acted, and that it has been let alone.

If the first prescription has not acted curatively, or has not been permitted to act the full time, it is impossible to get a second observation.

The second observation is made when the case comes to a standstill, for after the first prescription has been made changes occur; there is a coming and going of symptoms, and while these changes are occurring no rational observation can be made of the case; if a second prescription be made during this time, it will be likely to spoil the whole case.

If the patient is not given a perfect rest, if medicines are not kept out of the case, we will have no opportunity to make a rational second prescription.

But if these precautions are observed, then we can really make an observation upon the return of the original symptoms, which is the first thing to be considered.

Perhaps they are not so marked, but that is always the first thing to be looked for, the return of the original symptoms.

While the confusion is going on after the administration of the remedy, while internal order is being established in the economy, we do not have the return of the original symptoms.

This may be a matter of days, or weeks, or months, but if the return of symptoms is not observed what is there to be done?

Without symptoms what can the homoeopathic physician do?

No matter what state the patient is in, what can the physician do without symptoms?

There is no earthly guide to the remedy except by signs and symptoms.

So that it is the duty of the physician to wait for the return of the original symptoms.

If the symptoms return somewhat as they were, differing slightly in their intensity, increased or decreased, it is good.

If the patient has not had these present symptoms for some time, if there has been a relief caused by the first prescription, and then the symptoms return somewhat as in the original, this is one of the reasons for believing that the first prescription was a good one.

If, after an interval of two or more months, the original symptoms return, we need very little information beyond this to know that the first prescription was a good one.

In such a case when the symptoms return, when the patient has the same generals and particulars as formerly, it means that the first prescription was a good one, that the case is curable, and that the second prescription must be a repetition of the former.

Another reason for making a second prescription is the appearance of a lot of new symptoms taking the place of the old symptoms; the old symptoms do not return, but new symptoms come in their place.

The patient says, "Well, doctor, you have cured me of those symptoms I had, but now I have these."

The doctor after examining carefully these new symptoms, immediately looks up the pathogenesis, and it is possible that he will find these symptoms in the drug that he has administered and then it looks like a proving.

He asks the patient if he ever had these symptoms before; "Never to my recollection, doctor." Cross-examine him carefully to see if he is not mistaken, until it seem that they are really new symptoms.

If so, the remedy has not acted properly.

It was not homoeopathic to the case; and yet it was an unfortunate prescription, because it has caused the disease to progress in another direction, developing another group of symptoms.

This coming up of new symptoms means that they must be antidoted, if it is possible.

The new symptoms combining with the old ones must be again studied and the second remedy must correspond more particularly to the new than to the old.

It may cause the new symptoms to disappear and possibly have an effect upon the old ones.

Any subsequent prescription takes into account all the things that have preceded it, all the conditions that have arisen, and the third, fourth, fifth or sixth prescriptions have the same difficulties to surmount that are to be surmounted in the second.

If the first prescription was an unfortunate one, then all the others are made with difficulty and fear.

It is rarely the case that a new prescription becomes necessary when the case merely comes to a standstill.

The first prescription has been made and the symptoms commence to change in an orderly way; they change and interchange and new symptoms come up, but finally the symptoms go back to their original state, not marked enough to be of any importance, without any special suffering to the patient, and the patient has arrived at a state of standstill.

The patient says, "I have no symptoms, yet I am not improving; I seemed to have come to a standstill position."

He says this as to himself, not as to the symptoms.

He has come to a standstill.

It is the duty of the physician then to wait, and wait a long time; but if after many months no outward symptoms have appeared, no external tendency of the disease, it is true that another dose of the medicine will not do harm and the same remedy is the only one that can be considered.

A new one cannot be entertained, because there is no guide to it; but another dose of the same medicine can cause the patient to be jogged along the way of feeling better, but there should never be any haste about it.

Wait a long time when patients come to a standstill; but when, as in the first instance, the return of the original symptoms is observed, then you have guide to the administration of the medicine.

The second prescription, then, technically speaking, is the prescription after the one that has acted.

You may administer a dozen remedies without having any effect upon the economy, and yet no

prescription has been administered that has been specific.

You may fool away much time in administering remedies that are not related to the case.

The result is the same.

Consider the first prescription the one that has acted, that one that has effected changes, and subsequent to that the next prescription is the second.

The next thing we have to consider is the change of the remedy in a second prescription.

Under what circumstances must we change the remedy?

One instance I have mentioned, when striking new symptoms appear, and there is an entire change of base in the symptoms, so that the headache, perhaps, which has lasted a long time, disappears.

After the administration of the medicine, when a new group of symptoms appears somewhere in the body relative to the patient, such as the patient has never had, this new group of symptoms means that a new remedy must be considered, and under such circumstances the change of the remedy will be the second prescription, and the second prescription in this case calls for a change of remedy.

We will suppose another instance where the remedy must be changed.

A patient has been for years under treatment for a constitutional chronic disorder, and you have gone through the potencies ranging from the lowest to the highest, and they have acted curatively.

You have administered the different potencies, repeating the same potency until it would not act any longer, and then going higher, until you have gone through the whole range of potencies. You can repeat that remedy many times on a paucity of symptoms, when you cannot give another remedy, simply because it has demonstrated itself to be the patient's constitutional remedy.

This remedy should not be changed so long as the curative action can be maintained.

Even if the symptoms have been changed do not change the remedy, provided the patient has continuously improved.

If the patient says he has improved continuously, and though it would be impossible for you, at this date, from the present symptoms, to select that remedy, hold on to that remedy, so long as you can secure improvement and good from it, though the symptoms have changed.

Many physicians say: "If the symptoms change, I change the remedy."

That is one of the most detrimental things that can be done.

Change the remedy if the symptoms have changed, providing the patient has not improved; but if the patient has improved, though the symptoms have changed, continue that remedy so long as the patient improves.

Very often the patients are giving forth symptoms long forgotten.

The patient has not heard them, or has not felt them, because he has become accustomed to them, like the ticking or the striking of the clock on the wall.

Many of the symptoms that appear, and the slightest changes that occur, are old symptoms coming back.

The patient is not always able to say that they are old symptoms returning, but finally the daughter or somebody in the house will delight you by saying that her mother had these things

years ago and she has forgotten them.

This is likely to be the case whenever a patient is improving.
So long as curative action can be obtained, and even though the symptoms have changes,
provided the patient is improving, hands off;
Whenever in doubt, wait.

It is a rule after you have gone through a series of potencies, never to leave that remedy until one more dose of a higher potency has been given and tested.
But when this dose of a higher potency has been given and tested, without effect, that is the only means you have of knowing that this remedy has done all the good it can for this patient and that a change is necessary.

There is another instance to be spoken of, and that is when the second prescription becomes a complementary one.
A second prescription is sometimes necessary to complement the former and this is always a change of remedy.

Suppose a little four or five year old child, a large-headed, bright blue-eyed boy, is subject to taking cold, and every cold settles in the head with flushed face and throbbing carotids, etc., you say give him Belladonna and Bell. relieves, but it does not act as a constitutional remedy.

He continues to have these headaches, which are due to a psoric constitution, and the time comes when Bell., will not relieve them; but upon a thorough study of the case, you find that when his symptoms are not acute, when he does not have this cold and fever, he does not have the headache and you see an entirely different remedy indicated.

You study over the flabby muscles, and you find his glands are enlarged; that he takes cold with every change in the weather, like enough he craves eggs, and you decide that the case calls for Calcarea.

The fact that Bell. was so closely related to him and only acted as a palliative further emphasizes it.

It is a loss of time to treat more than the first or second acute paroxysm.
Do not give Calcarea during the paroxysm, but after the wire edge has been rubbed off by Bell. give him that constitutional remedy that is complementary to Bell., which is Calcarea.

Many remedies associate with each other and become cognates after this fashion.
Then there are series of remedies, as, for instance, Sulphur, Calcarea and Lycopodium.
A medicine always leads to one of its own cognates, and we find that the cognates are closely related to each other, like Sepia and Nux vomica.

A bilious fever in a Sepia constitution is likely to call for Nux, and as soon as that bilious fever or remittent fever has subsided the symptoms of Sepia come out immediately, showing the complementary relation of Nux and Sepia.

If the patient has been under the influence of Sepia some time, and comes down with some acute inflammatory attack, he is very likely to run towards Nux or another of its cognates.
The whole Materia Medica abounds with these complementary and cognate relationships.

The second prescription also takes into consideration the change of plan of treatment. The plan of treatment consists in assuming that the case is a psoric one, if looming up before the eyes, all the symptoms in the case and its history indicate psora. The treatment has probably consisted of Sulphur, Graphites and such medicines as are well known to be antipsorics.

The symptoms have run to these remedies; but, behold, after you have made the patient wonderfully well, and you have effected marked changes in his system, so that the psoric symptoms have disappeared, he comes into your office with an ulcerated sore throat, with dreadful head pains and with the constitutional state and appearance that will lead you to say, "My dear sir, did you ever have syphilis?" "Yes, twenty or thirty years ago, and it was cured with Mercury."

Now, the psoric condition has been subdued and this old syphilitic condition has come up. This, then indicates a second prescription.

You have to adjust your remedies to an entirely new state of things.

So it is also with regard to sycosis; these states may alternate with each other.

When one is uppermost, the other is quiet, so you have to change your plan of treatment according to the state of the patient.

No prescription can be made for any patient except after a careful and prolonged study of the case, to know what it promises in the symptoms, and everything that has existed previously. That is the important thing.

Always restudy your cases.

Do not administer a medicine without knowing the constitution of the patient, because it is a hazardous and dangerous thing to do.