

# Anurag Deshmukh

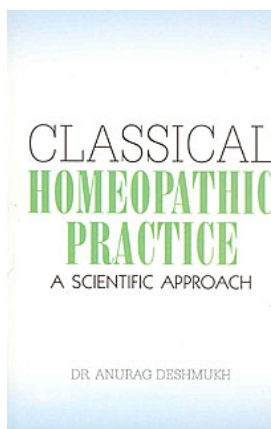
## Classical Homeopathic Practice

Extrait du livre

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de [Anurag Deshmukh](#)

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## CHAPTER I

# INTRODUCTION TO HOMEOPATHIC PRACTICE

### HOMEOPATHIC PRACTICE: AN OVERVIEW

Medicine today covers a vast field. It has varied specialized branches. It is split into different disciplines in order to learn and teach it. Homeopathy can also be regarded as a specialized branch of medicine. The medical field in general has undergone remarkable changes in the last 50 years. There has been a steady rise in the cost of treatment and medicines.

The rising drug costs, the side effects of medicines (allopathie) plus the inability to get permanent cure have all contributed in bringing to fore the disadvantages of the modern medicine. All this has led to recognition of homeopathy as a good alternative. In many of the Asian countries, homeopathy is being more and more appreciated. There has been a gradual realization of the fact that homeopathy has multiple benefits. All this has led to the fact that homeopathy is no more viewed as just an 'alternative therapy.' It is beginning to be regarded as a specialized branch of medical science.

difficult even for an experienced homeopath. The solution lies in the knowledge of criteria and logic of remedy selection. Remedy selection is theoretically simple to understand but difficult to implement hence the logic and techniques of remedy selection are dealt with in detail in this book.

## 8. POTENCY SELECTION

Similarity at the level of potency is equally essential otherwise the results are unsatisfactory and may be delayed. The question of potency is the most debated one as different sections of homeopaths have different opinions and views regarding potency selection. The methods of potency selection are also as varied as the views and opinions. Homeopathic literature since long seems to be deficient in guidance about potency problem. Keeping this in mind the fundamentals of potency selection are taken for discussion in this book. The discussion has been kept limited to potencies in centesimal scale, as they are the most widely used potencies.

## 9. PLANNING AND PROGRAMMING OF TREATMENT

Potency selection and decision regarding repetition schedule form an integral part of planning and programming of treatment. Selection of a suitable remedy is just the first step in treating a patient. *Besides the remedy selection, the physician has to assess the probable acute remedies and intercurrent remedy that might be required in future during the treatment.* A thorough study of case record would reveal all these things to a rational homeopath. A physician has to judge in advance the type of response and the type of symptom changes to expect, after the first prescription is made. All this requires application of logic and philosophy.



### (c) TIME OF REMEDY ADMINISTRATION

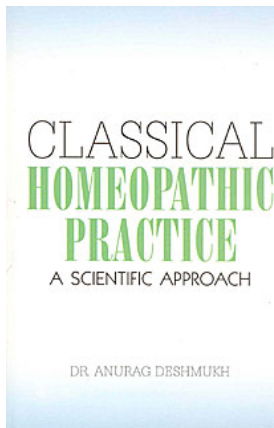
Apart from method of administration the time of remedy administration is also equally important for good case management. A dose at (especially of constitutional remedy) bedtime is best in chronic cases as during sleep, there is repose of mind and body, which creates right kind of conditions for the action of homeopathic remedy. When the remedy is to be prescribed in repeated doses throughout the day, the morning dose should be taken before breakfast and before brushing the teeth to avoid presence of strong odours in mouth at the time of taking the remedy. Especially Sulphur is best given on an empty stomach in the morning as it may produce insomnia if given at night to a patient not having insomnia.

According to Clarke the reverse is true for Arsenic iod. It should be given preferably after meals to avoid distressing stomach symptoms.

Another precaution with regards to time of administration of remedies is to avoid administering either before or during the time of aggravation of the remedy. It is better to give a remedy after the period of aggravation is over. For example, Arsenicum album should not be administered at midday or midnight, whereas it is advisable to avoid administering Colocynth, Lycopodium, and Helleborus in evening especially between 4 to 8 pm and Natrium mur. should not be given in morning and likewise others depending on their time of aggravation.

In chronic cases, worst time to administer a constitutional remedy is during acute exacerbation of the chronic disease. The acute exacerbation should be controlled by a related acute or short acting remedy which prepares the ground for constitutional remedy to be followed afterwards. While prescribing for menstrual troubles of long standing, it is better to administer the constitutional remedy after menses rather than during menses. Similarly, in asthma cases

lead to erroneous second prescription. It is a mistake to assume that whatever the patient informs might have actually occurred to the patient after the first prescription. But it is important to analyse patient's responses before putting them on paper. While trusting the patient it is also necessary to scrutinize the information provided by the patient. This is because two patients may not respond to first prescription in the same manner although the degree of amelioration due to first prescription in both the cases may be the same. There must always be variation in the manner in which two patients report after first prescription. The response that a physician receives after first prescription is not entirely dependent upon the accuracy of the first prescription or the remedy given but greatly on the individual patient who is responding. Keen observation of the patient's body language and the manner in which he describes the effect of first prescription, often reveal to the physician the difference between, 'what it appears to be' and 'what it actually is.' A patient who is not sure of the physician's ability to treat and cure him or who is a non-believer in homeopathy may give a report which would lead the physician to think that the remedy has failed to act. Such patients usually ignore to report precise or trivial changes or slight improvement in their condition due to their personal prejudices about the physician and the science or due to the belief that any positive report may divert physician's attention to their treatment. Whereas an overzealous patient, who is a firm believer in homeopathy with unfathomable faith in physician's ability, may give an exaggerated version of improvement of his condition. Whereas an oversensitive patient with fear of so called 'Homeopathic aggravations' may report an aggravation of his complaints even when the first prescription he received was a placebo. Major obstacle in accurate recording of response is created when the patient sends any of his family members to report and to 'bring the medicine.' Whatever may be the reason for it but in such a case, physician does not find himself in a position to take stock of the actual situation. The representative of the patient often



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