

Polypharmacy

References for these notes are from *A Guide to Methodologies of Homoeopathy (GMH)* by Ian Watson

Definition: Ian describes Polypharmacy as a method that encompasses any prescribing technique in which two or more remedies are prescribed *simultaneously*, either in alternation with each other or as a combined formula. (GMH p.71)

Polypharmacy prescriptions can be either individualised according to the patients' symptom picture or the prescription can be disease based without regard to individual peculiarities. In the case of the later these are usually combination remedies often known as complexes.

Individualised Polypharmacy: In this case the prescriber tailors the prescription according to the symptoms. In many cases this would be following the Layers methodology based on the belief that individuals have distinct levels of dis-ease that require separate remedies to be given in appropriate sequence to bring about a lasting return to health. As an example when I prescribe Chamomilla for acute symptoms in a small child I will often include a weekly dose of a remedy such as Calc carb to work on a deeper level and reduce the incidence of acute Chamomilla episodes. I may also include a monthly or fortnightly dose of a remedy such as Tuberculinum for the deeper layer based on inherited predisposition.

Old homoeopaths such as Ellis Baker were masters of this technique and obtained very impressive results. His books include *New Lives For Old* and *Miracles of Curing and how they are done* and are a very good read for home prescribers if you are able to find it as a physical or eBook. Jacques Jouanny, a French homoeopath, also used a similar multiple remedy prescribing system using a remedy for the disorder plus a constitutional and a miasmatic remedy.

Despite a general belief to the contrary Hahnemann was also known to prescribe several remedies simultaneously or in alternation.

Non-individualised Polypharmacy: This usually involves prescribing combinations of remedies based on a degree of 'similarity' to a disease process. The method is particularly attractive to many health care practitioners as it minimises time taken for case taking and individualisation of a prescription. A problem with this approach is that it can often palliate symptoms due to a degree of similarity but there can be a potential to relapse. Or you can be lucky and one of the remedies in the complex is the simillimum and the others do nothing including no harm.

In my experience the lower the potencies used in a complex the better the action. It doesn't seem logical and runs the risk of aggravating to use high potencies in combination especially in frequent repetition. Some of the most well known complexes consist of low potencies, mostly within the range ϕ – 6c or 6x. One combination remedy widely used is: *Sulphur 6x*, *Silica 6x* and *Carbo veg 6x*. This remedy is known by its abbreviation S.S.C. and is indicated for adolescent acne and as a general 'cleanser of the blood'. (GMH p. 73). The bio-chemic tissue salts are ideally suited to this method and complexes are readily available.

At Owen we prefer that you use individual remedies however for beginners or those who do not have access to a homoeopath the availability and simplicity of complexes can be a very good way to make a start with homoeopathy. Imagine for example someone coming into a health food store and listing to the staff a series of vague hayfever symptoms – we would always prefer that they receive our hay fever complex plus educational information rather than go away with a pack of antihistamines. Or nausea complex for vaguely described tummy symptoms.

According to Watson there are two main arguments against Polypharmacy. The first is that the remedies were proven singly and therefore should only be given singly as no-one can predict what will happen if they are combined. However the worst that seems to happen is nothing. The second argument is that you won't know what remedy worked. When home prescribers use complexes I always suggest that they read up on each remedy in the complex to better understand what was effective as it is likely that this remedy will be needed again at some time in the future. For example I used our nausea complex at times when my children were young and would wake with a vague array of tummy symptoms. Rather than pore over my books instead of making lunches I would give a dose or two of nausea complex and then consider the case and individual remedy needed later when I had time.

Next month we will explore remedies with **Animal Like Behaviour**.