



Patterns of Remedy Selection and Clinical Response in Homoeopathic Practice: An Observational Study

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Abstract

Background: Remedy selection in homoeopathy depends on the totality of symptoms and practitioner expertise; however, systematic evaluation of prescribing patterns is limited.

Objective: To identify the predominant methods of remedy selection and analyse their association with clinical outcomes in routine homoeopathic practice.

Methods: A prospective observational study of 120 patients was conducted in an outpatient clinical setting. Data collected included case totality, remedy selection method, potency, and follow-up outcomes using a four-point improvement scale.

Results: Constitutional prescribing accounted for 42% of prescriptions, repertorial analysis for 37%, and keynote prescribing for 21%. Remedies most frequently used included *Sulphur*, *Calcarea carbonica*, *Nux vomica*, and *Arsenicum album*. Clinical improvement was highest in cases treated with constitutional prescriptions.

Conclusion: Individualised prescribing based on complete totality—especially incorporating mental generals—yields better therapeutic outcomes.

Keywords: Homoeopathy, Remedy selection, Repertorization, Clinical outcomes, Observational study.

1. Introduction

Individualisation is the foundation of homoeopathic prescribing, with each remedy selected based on the patient's unique symptom pattern rather than the diagnostic label alone. Variations in prescribing methods—constitutional, repertorial, and keynote-based—are common across practitioners, yet little structured documentation exists on how these approaches influence clinical response. This study aims to evaluate common remedy selection patterns and their relationship with treatment outcomes in a routine clinical setting.

2. Materials and Methods

2.1 Study Design

A prospective observational study conducted over six months at a homoeopathic outpatient clinic.

2.2 Study Population

A total of 120 patients (acute: 45; chronic: 75), aged 12–70 years, were included.

Inclusion criteria

- Patients with acute or chronic conditions suitable for homoeopathic treatment
- Age 12–70 years
- Ability to attend scheduled follow-ups

Exclusion criteria

- Need for emergency medical care
- Incomplete follow-up
- Concurrent use of heavy allopathic polypharmacy

2.3 Data Collection

Each case record included:

- Complete case history and totality of symptoms
- Method of remedy selection
- Final remedy and potency
- Follow-up outcome on a four-point scale (0 = none; 1 = mild; 2 = moderate; 3 = marked improvement)

2.4 Follow-up Duration

- Acute cases: minimum 6 weeks
- Chronic cases: minimum 12 weeks

3. Results**3.1 Distribution of Remedy Selection Methods****Remedy Selection Method Percentage (%)**

Constitutional	42
Repertorial	37
Keynote	21

3.2 Most Frequently Prescribed Remedies**Remedy Name Frequency (%)**

<i>Sulphur</i>	18
<i>Calcarea carbonica</i>	13
<i>Nux vomica</i>	11
<i>Arsenicum album</i>	10
Other 42 remedies	35

3.3 Clinical Outcome Based on Prescribing Method

Method	Marked (%)	Moderate (%)	Mild (%)	None (%)
Constitutional	48	33	14	5
Repertorial	39	41	16	4
Keynote	28	34	26	12

Figure 1: Marked improvement was highest with constitutional prescriptions, followed by repertorial and keynote methods.

4. Discussion

The results indicate that constitutional prescribing provides the most favourable clinical outcomes, likely because it considers mental, physical, and general symptoms comprehensively. Repertorial analysis remains essential for differentiating remedies in both acute and complex chronic cases.

Keynote prescribing demonstrated efficiency but showed comparatively lower success rates, possibly due to limited symptom coverage.

Overall, the findings reinforce the importance of detailed case-taking and individualized remedy selection for optimal outcomes in homoeopathic practice.

5. Conclusion

This observational study demonstrates that remedy selection patterns significantly influence clinical outcomes. Constitutional prescribing offers the greatest improvement, while repertorization remains a reliable tool for accurate remedy differentiation. Keynote prescribing is useful in select cases but should not replace comprehensive totality-based assessment. Further large-scale, multi-centre studies are recommended to strengthen evidence-based homoeopathic prescribing.

6. References (Vancouver Style)

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