

SUCCESS OF HOMOEOPATHY

# AUTHENTIC CURES<sup>WITH</sup> MEDICAL REPORTS Before & After Treatment



Dr. Subrata K. Banerjea

Success of Homoeopathy

# Authentic Cures with Medical Reports before & After Treatment

BY

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**Authentic Cures**  
**with**  
**Medical Reports before & After Treatment**

Dr. Subrata Kumar Banerjee was born in Calcutta, India in 1957, the fourth generation of a distinguished and widely respected homoeopathic family. He graduated in Homoeopathy from the University of Calcutta with a record number of honours passes in nine medical subjects and with five gold medals to his name, setting himself on a path to become an internationally acclaimed homoeopathic clinician, lecturer and author. He is now acknowledged to be the world's leading authority on miasmatic prescribing.

Dr. Banerjee is an Honoured Fellow of several academies; Director and Principal Lecturer of the Bengal Allen Medical Institute, Calcutta; Principal and Chief Lecturer of Materia Medica and Clinical Therapeutics at the Allen College of Homoeopathy, Essex, England. When he is not lecturing, he divides his time between his clinical practices in England and in India where he also acts as Clinical Consultant in various rural and slum clinics.

Despite this hectic international scheduling, Dr. Banerjee together with his brother Joy and wife Janet, plays an active role in the Kamala Banerjee Fund, a charity which distributes milk to the poor children of Calcutta.

Students of Dr. Banerjee will testify to the remarkable knowledge and enthusiasm which he generously imparts to all who share his passion for this most rational of healing arts. His dedication to the truth of homoeopathy is regarded as inspiring and unsurpassed.

# Preface

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I am satisfied that this book can be published in the year 2012 as it will mark the celebration of my son, Saptarshi graduating in homoeopathy and continuing the work of this long serving homoeopathic family.

This is also a special year, as my wife and I are planning to enjoy some more time away from clinics and enjoy the peaceful countryside of England.

This book is a tribute to the fraternity of homoeopathy. We can celebrate all the good work homoeopaths throughout the world maintain, despite some adversity and opposition. No science could have survived 200+ years without solid foundation and truth. By publishing success from my consulting room, it is intended to acknowledge the glory of Hahnemann and his beautiful art & science of Homoeopathy.

This book is also a homage to Mahatma Gandhi, who had a message of ahimsa (non-violence). Mahatma Gandhi, was a great supporter of homoeopathy, as it endorses the same philosophy of respecting human life and offering non-violent treatment to the system.

This book is also dedicated to Ramakrishna Paramhansa, who taught that all religions are the same. He said water may be pani in Hindi, Jol in Bengali, water in English but it is all the same. Ramakrishna only used homoeopathy and was treated with Lycopodium by Dr. Mahendra Lal Sircar for his throat cancer.

The credit of the cured cases mentioned in this book does not go to me but to my homoeopathic blood and to Hahnemann who has given us this marvelous rational art of healing for the suffering humanity.

Having published this book of success, I do not like to claim that most of my cases are cured but like everybody else, I do have failures too. I am a humble student of homoeopathy, still collecting pebbles in the shore and always trying to achieve the perfection of prescribing a single dose. I aspire to say to my students "I never repeat".

I love homoeopathy, the homoeopathy which is purely classical, based on solid principles and philosophy. I always prescribe one single medicine, try to give a single dose and wait. In my lectures I do always say, wait and watch with wisdom-www.

Kent mentions perfection of not having to repeat the medicine and curing the patient with a single dose as an aspiration for us all.

As a child, I was brought up with stories of “Magical Cures” in homoeopathy from my ancestors and I always appreciate the wonderful intuition that a Master Prescriber has. I love giving a single dose and watching the flower blossom without interfering.

Most of the long cases are from my Consulting Rooms in India. Due to confidentiality, some of my cases from my consulting rooms in the United Kingdom have to be omitted; however I mentioned many cases in the chapter of short case stories.

Most of the long cases have medical investigations, which you can view in detail in the CD supplied with the book, as well as in my website. The medical evidence of cure is difficult to refute and I have included reports so the authenticity of homoeopathy is beyond doubt.

In some cases, due to culture and lack of education, the patient cannot confirm the exact age, therefore I had to guess. In India, many patients have a habit of doing repeated pathological or radiological investigations therefore they self refer, so my name as the referring doctor might not appear in all the reports.

I am privileged to have a constant source of inspiration, praise and love of my wife, Janet, whom I adore; she gives my mind the deserved peace and tranquility.

I like to say thank you to my graduate Donna Fox, who has painstakingly gone through the manuscripts in order to avoid repetition and confusion of my thoughts, to Debasish Mukherjee for his patience in typing the manuscripts and case notes and to Kuldeep Jain of Jain Publishers who is always there to publish my work.

I also like to acknowledge the support given by my two nice children, Sreyoshee, my daughter and Saptarshi, my son.

I welcome any constructive suggestions towards the improvement of future editions. All the case histories mentioned in this book are directly from the case notes and I did not edit the patient's words, to not only follow Hahnemann's guide 'to listen particularly to the patient's description of his sufferings and sensations' but also to give you the flavour of an unadulterated version of patient's story.

I passionately hope that this book will be of immense benefit to the students, as well as practitioners, to carry forward the torch of Homoeopathy in a successful and glorious way.

This book is a celebration of what Homoeopathy can do!

**Subrata Kumar Banerjea**

Essex, England, 10th April, 2012,

Desk of the Principal,

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# Introduction

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I was inspired to write this book by students who have successful practices and encouraged by students who have told me that the fundamentals of good practice lie in the ability to follow a structured approach to homoeopathy. A structured approach that has been verified by many years of understanding and practice by professionals, who follow the intent of Hahnemann, Kent and other such classical masters who practiced in the centuries before us.

I have outlined the structure I follow, below and have referenced the information where relevant. I have the privilege of practicing both in Calcutta, India for many years and also in Essex, Great Britain and use the same method wherever I am. In my experience, patients, whatever their background, culture, ethnicity, gender or age will respond to careful enquiry. It is this that will ensure the most correct prescription. For authenticity I have used the patient's own unadulterated language, in the cases cited throughout the book.

## **My Case Taking**

The phrase "*A case well taken is half cured*" is an example of the wisdom passed from the classical authors. A gem statement.

I always give emphasis on thorough case taking and a classical prescriber should never compromise in that.

All my patients complete a case taking questionnaire prior to their consultation with me. Patients then have the opportunity to think and reflect about their symptoms including the onset and development of symptoms, the chronology, the modalities, character, the emotional features, their temperament and even their hobbies and what is important to them.

By having the case taking form in advance, the patient has ample time to ascertain facts and obtain information from parents or others about their past history and clarify temperament or reactions. I feel in that way the case becomes thoroughly complete in presentation for homoeopathic analysis and evaluation.



In India, where the use of homoeopathy is commonplace, I see an enormous number of patients a day and in order to run an efficient clinic, my assistant discusses the case with the patient before I see them. The clinicians ask more questions and clarify the answers on the form, so when the patient enters my consulting room, the case is well taken before I begin the consultation and assessment.

I give lot of emphasis on cause and aetiology of symptoms. This is an important starting place from which evaluation and understanding of the developmental history of the patient can begin, this includes any physical or emotional aetiology. Examples of considerations are below:

- Physical injury, exposure to damp, cold, any incidences from which you have never been well since
- Emotional grief, disappointment, stress which can be attributed to the onset of the current symptoms
- Disease any major illness and you have never been well since
- Medicinal use or abuse of conventional and recreational drugs

For ease and accuracy these questions are divided into 10 years life span, from birth to age 10 years, then 10 years to 20 years and so on.

## My Approach

**MTEK** is an useful memory aid to arriving at a correct prescription and in all cases I ensure the following is included:

M = Miasmatic Totality

T = Totality of Symptoms

E = Essence which includes temperament, posture and behaviour.

K = Keynotes which should encompass peculiar, rare symptoms (PQRS)- refer §153 and §209 of Hahnemann's Organon of Medicine.

## Approach-1 - Cases with clarity of symptoms

These cases are usually those which are free from medicinal dependency. These cases present with clear sensations, modalities and aetiology.

When the above criteria are considered and the steps below followed, a correct prescription can be made.

**Step-I** Make the miasmatic diagnosis of the case i.e. ascertain the surface miasm.

**Step-II** Assess the Totality of Symptoms, Essence, Keynotes and if any, Peculiar symptoms of the case and decide the indicated remedy.

**Step-III** Ensure that the indicated remedy covers the surface miasm, as diagnosed in Step I.

**Step-IV** Administer the remedy, which encompasses the miasm as well as the Totality of Symptoms.

## Step-I

Make the miasmatic diagnosis of the case, ascertain the surface miasm by

### **Head to foot miasmatic assessment of symptoms -**

**Through emotional essence, clinical manifestations, nature and character of the individual case** we can diagnose the miasm from different aspects of the patient. e.g.

- **Hair loss** with dry lustreless hair and bran-like dandruff is psora, circular or spotty baldness is sycotic, diffused hair falling is syphilitic, and thick yellow crusts in the hair are tubercular.
- **Taste:** burnt is psoric, fishy is sycotic, metallic is syphilitic and taste of pus is tubercular, **Pulse:** bradycardia is psoric, tachycardia is sycotic and irregular pulse is syphilitic.
- **Bowels:** constipation is psoric, diarrhoea is sycotic, dysentery is syphilitic and malaena is tubercular.
- **Pain:** neuralgic pains are psoric, joint pains are sycotic, bone pains are syphilitic and pains with exhaustion are tubercular.
- *Please refer Miasmatic Prescribing by Subrata K. Banerjee*

### **Diathesis (tendencies/pre-disposition)**

- **Eruptive** diathesis is psoric
- **Rheumatic-gouty**, lithic-uric acid or proliferative diathesis is sycotic,
- **Suppurative-ulcerative** is syphilitic
- **Haemorrhagic, scrofulous** (glandular) diathesis is tubercular.

## Secretions

- Psoric secretions are watery, with mucus;
- Sycotic secretions are purulent, thick and yellowish;
- Syphilitic secretions are offensive sticky, acrid, putrid;
- Tubercular discharges are haemorrhagic.

## Hobbies

Hobbies can help in the miasmatic diagnosis

Hunting, boxing, wrestling reflects syphilitic taint

Travelling and creative hobbies, cooking, drawing, knitting and acting are tubercular. Gambling is sycotic.

Ask your patient what they would do if they had a week off work and

money would be no object. Psora is lazy and will do nothing. Sycosis will go to a casino or the races and Tubercular will go on a round the world trip! All these enquiries assist in enabling you to understand the innate dyscrasia and miasmatic nature of your patient.

## **Nails**

Miasmatic diagnosis can also be made from nail appearance.

- Dry harsh nails are psoric
- Thick, wavy, ribbed, corrugated, convex nails are sycotic.
- Thin, concave nails are syphilitic.
- Glossy and spotted nails are tubercular.

## **Miasmatic observation of children**

- Nervous, anxious, constipated children are psoric
- Restless, hyperactive, colicky, diarrhoeic children are sycotic.
- Withdrawn, dull, extremely forgetful, convulsive, dysenteric children are syphilitic.
- Allergic, haemorrhagic, stubborn, impatient children are tubercular.

By including the miasmatic dyscrasia of the person, the axiom of 'rapid, gentle and permanent recovery' (Hahnemann's *Organon* §3) is encompassed and the chances of recurrence are eradicated. In cases of one-sided disease with a scarcity of symptoms, the action of the anti-miasmatic remedy is centrifugal, and by bringing the suppressed symptoms to the surface it enables a proper totality to be framed.

The miasmatic consideration is therefore of great importance as demonstrated in the following example:-

A person is suffering from features of gastric ulcer, which has been confirmed by radiography. As ulceration is syphilitic, the surface miasm is therefore syphilitic also. Let us say that the totality of symptoms (physical, emotional and essence) of the person reflects towards Kali Bichromicum, an anti-syphilitic remedy. The choice of remedy is therefore simple, as Kali Bich covers both the totality of symptoms and the surface miasm of this gastric ulcer case. Kali Bich will peel away the outer layer and reveal a second layer underneath. This second layer may perhaps manifest through the appearance of warts or moles on the face, an indication of suppressed sycosis and the next assessment of the case should include this new surface totality. Following Kentian ideology we now know that there needs to be a change in the plan of treatment, that is, the previous syphilitic plan needs to change to a current sycotic plan, and a new anti-sycotic medicine needs to be selected based on the presenting totality.

## Step II

**Assess the Totality of Symptoms + Essence + Keynotes and PQRS, if any, of the case and formulate the indicated remedy.**

### Totality of symptoms

- Each of the symptoms must be complete with regard to its location, sensation, modality and concomitant
- The symptoms should have a chronological order of development and progression.
- Environmental, occupational and other exogenous influences on the case must be evaluated.
- Then the background of the case from the past history including any suppression and family history which gives any inherited miasmatic influences.
- The qualitative totality of all the symptoms, 'outwardly reflected picture of the internal essence of the disease' is the sole indication for the choice of the remedy.

### Essence

Acquaintance with the psychological essences and personification of drug pictures will assist in the correct choice. As broad examples:

*Lycopodium* become teachers, doctors and politicians and their personality traits include being careful, cautious, conscientious, conservative, courteous, contained, avoids risk and commitments in other words, safe.

*Nux Vomica* can become stock brokers, salesmen, and their personality shows they are ambitious, impatient, arrogant, charismatic, aggressive, independent, confident, perfectionists.

*Pulsatilla* may choose to become nursery nurses, teachers or carers and their personality is emotional, tearful, moody, changeable, pleasing, perceptive, affectionate, caring, forsaken, worriers.

*Phosphorus* can be an artist, an actor, receptionist or politician and their characteristics demonstrate they are expressive, emotional, social, artistic, impressionable, gregarious, sympathetic and sensitive.

To ascertain a clearer picture for the constitutional medicine ask about the **innate nature** of the person, for example ask the patient to give ten words to describe themselves. Then if patient says I am

**Compassionate:** medicine such as Argentum Nitricum, Belladonna, Calcarea Carbonicum, Calcarea Phosphorus, Carcinosis, Causticum, Cocculus, Graphites, Ignatia, Lachesis, Natrum carbonicum, Natrum Muriaticum., Nitric Acid, Nux Vomica., Phosphorus, Pulsatilla, and Sulphur come to mind. Likewise:

**Dutiful:** Calc. Carb., Calc. Iod., Carcinosis, Cocculus, Ignatia, Kali Ars., Kali Carb., Kali Iod., Lycopodium, Natrum mur., Pulsatilla

**Easy Going:** Arsenicum, Calc., Carcinosis, Lil.Tig., Lycopodium, Mag. Mur., Natrum mur, Nux vomica, Phos. acid., Phosphorus, Pulsatilla, Rhus tox., Sepia, Silicea, Sulphur, Thuja

**Family Oriented:** Acetic acid, Anacardium, Arsenicum, Baryta carb., Calc., Calc. Iod., Calc. Sil., Carcinosis, Graphites, Hepar Sulph., Ignatia, Iodum, Kali Brom., Kali Nit., Kali Phos., Lycopodium, Mag Carb., Natrum Carb., Natrum Mur., Petroleum, Phosphorus, Phos. Acid, Pulsatilla, Psorinum, Rhus tox., Sulphur

These of course are all modern interpretations of old proving symptoms, details can be found in "Classical Homoeopathy for an Impatient World" by Dr. Subrata K. Banerjee.

### **Approach-2 - Cases without clarity of symptoms those which may be on medicinal drugs**

It is necessary to perceive the uncontaminated picture of the natural disease according to aphorism §91 of Hahnemann's Organon. However in this drug dependent world the expression of the natural disease may not be visible. By gradual weaning of conventional chemical based drugs it will be possible to unveil the original picture. This can be achieved with homoeopathic organopathic medicines.

In these drug dependent cases, it is very difficult to get a clear picture of the case. The artificial, medicinally induced chronic disease is superimposed on the original natural disease, (ref. §91, Organon) therefore symptoms are contaminated or suppressed and the patient cannot give clear modalities, sensations or concomitants. In such cases, a medicine which has predominant action on the main vital organ that is affected can be prescribed on the basis of few available symptoms (according to §173–§178, Ref. Organon of Medicine) and in this way the conventional pharmaceutical drug is gradually withdrawn. A small organopathic medicine may be suitable for this purpose.

In my experience after the patient has weaned off approximately 50% of the conventional medicine, suppressed or previously vague symptoms surface and the patient can be more specific about modalities and sensations. This will lead to making a change in the plan of treatment and using MTEK as discussed in the Approach 1, a constitutional prescription can be made. Through this approach, the patient gains immediate confidence that homoeopathy is acting but has no or little requirement for the conventional pharmaceutical medication.

### **My experience has shown**

In **drug dependent Arthritic cases** medicines such as Actaea Spicata, Angustera Vera, Benzoic Acid, Caulophyllum, Cobaltum Nitricum, Cyclamen Europaeum, Eupatorium Perfoliatum, Formica Ruffa, Franciscea Uniflora, Gettysburg Water, Ginseng (Panax), Gnaphalium, Guaiacum, Hedeoma Pulegioides, Helonias, Kali Iodatum, Lacticum Acidum, Lithium Carbonica, Macrotin, Manganum Aceticum, Natrum Salicylicum, Oleum Jecoris Aselli, Pimpenella Saxifraga, Radium Bromatum, Rhamnus Californica, Rhododendron, Stellaria Media, Viola Odorata and X-Ray can successfully wean the patient off the conventional medication. By using medicine such as that listed above we can start the treatment of steroid dependent arthritic cases which have an absence of clear modalities. Such lesser known organopathic medicines have the capability to alleviate symptoms to a certain extent, thereby the patient is managing the symptoms with homoeopathy as a step to removing the conventional medication. Experience shows that after 40-50% withdrawal of the pharmaceutical drug the uncontaminated, clear symptoms of the natural disease surface and give scope for constitutional prescribing.

In the same way, for **conventional pain killer dependent Migraine cases**, the artificial chronic disease is superimposed on the original natural disease, therefore symptoms are contaminated or suppressed and the patient cannot give a clear picture for a constitutional medicine. In such cases, the following medicines can be selected on the basis of few available symptoms, e.g., Acetanilidum, Anagyris, Bromium, Chionanthus Virginica, Epiphegus, Ferrum Pyro-Phosphoricum, Indium, Iris Versicolor, Kalmia Latifolia, Lac Defloratum, Melilotus, Menispermum, Menyanthes, Oleum Animale, Onosmodium, Saponin, Usnea Barbata, Yucca Filamentosa. Accordingly the conventional allopathic pain killer is gradually withdrawn and after approximately 50% weaning off of the conventional medicine, suppressed symptoms surface and now the patient can give much clearer modalities.

Similarly for **drug dependent Hypertensive cases** where the following medicines Allium Sativa, Crataegus Oxyacantha, Eel Serum, Ergotinum, Lycopus Virginicus, Rauwolfia Serpentina, Spartium Scoparium, Strophanthus Hispidus.

For **drug dependant Hyper-cholesterolaemia cases use of** Adrenalin, Crataegus Oxyacantha, Ergotin, Polygonum Aviculare, Spartium Scoparium, Sumbul are capable of gradually weaning off the conventional medication.

For **drug dependent Hayfever cases** where the following medicines Ambrosia, Arundo, Linum usitatissimum, Phleum pratense, Rosa damascena, Skookum Chuck, Wyethia are useful in gradually weaning off the conventional medication.

In **drug dependent Asthma cases**, when the patient is on an inhaler and/or steroids. In such cases it is very difficult to get a clear picture of the case. Medicine such as Aralia Racemosa, Blatta Orientalis, Aspidosperma, Cassia Sophora, Eriodictyon, Pothos Foetidus can be prescribed on the basis of few available symptoms.

### **Dispensing of the dose of Homoeopathic broncho-dialators**

The method that I have found to be most effective is as follows: When the patient requires the conventional bronchodilator when out of breath, to sip the homoeopathic bronchodilator medicine as mentioned above, to be prescribed on the basis of the few available symptoms in drug dependant cases, instead of conventional broncho dialator and in this way tries to defer the conventional medicine as much as possible. In this way, a steroid dependent patient who used to take steroid inhaler 8 hourly, can, with the help of homoeopathic medicine defer the steroids to 12 hourly, then 16, 18, 24 hourly and so on. In this way the conventional medication is gradually weaned off

In my experience after the patient has weaned off approximately 50% of the conventional medicine, suppressed symptoms surface and the patient can give much clearer modalities. *This may lead to making a change in the plan of treatment and on the basis of MTEK a constitutional prescription can be made. Through this approach, not only does the patient gain confidence that homoeopathy is acting, but has also weaned off the conventional medication to a certain extent.*

The patient is often aware of the side effects of the chemicals of the conventional medicine and wants to stop or reduce the dose. I give full control to the patient who often consults with the conventional medicine doctor. By reducing the pharmaceutical drugs in this way empowers the



patient and gives confidence to the process, as throughout general well being will improve and the patient's energy level will increase. I do not advise exactly how much to wean off because that should be guided both by the patient together with the prescribing doctor. As the patient tends to make the decisions, so I recommend a disclaimer signed by the patient, especially in my U.K practice.

## My Remedy Selection & Dispensing the Dose

Obviously if the case has a clear picture with clear modalities and sensations, I will take Approach 1, as detailed above.

The constitutional prescribing which has the *qualitative* totality, not only a mere quantitative addition of symptoms, the essence, temperament and behaviour of the patient with the miasmatic totality should be present in the final remedy selection.

I prescribe a single medicine, mostly in centesimal potency which I always dispense in water. Ref. Organon §288 5<sup>th</sup> Edition. By dispensing in water I have observed that aggravation can be avoided and it permits a strong dynamic penetrating action. Ref. Organon §272 6<sup>th</sup> edition, §288.

I give one single poppy seed Ref. Foot Note §285 5<sup>th</sup> edition, No.X sized globule. Ref. Organon Foot Note §246 5<sup>th</sup> edition and §275 6<sup>th</sup> edition in some sugar of milk Ref. §272 6<sup>th</sup> edition, to make a medicated sachet. You may note that this dispensing method is heavily referenced from the Organon of Medicine which is the source of the classical method. I instruct the patient to dissolve that powder in half a litre of water which should be shaken and sipped throughout the day, a little should be saved and topped up with fresh water the next morning and shaken and sipped throughout the next day. This process should be continued for 5 to 7 days. So *one single globule of medicine*, without adding any further dose is to be plussed and sipped for 5 – 7 days, then no medication for 1 or 2 weeks.

A second dose may not be required if improvement has commenced however if by chance the recovery has not begun a second dose of the same medicine may be given in the same way, in water, over a series of days, diluting as the days proceed.

## Each dose of medicine to sip for 7 days

- When there is a very good similimum with the totality and characteristic symptoms in a clear case.
- When there are more mental symptoms and a good match with personality type.



- When the patient is quick to act and react
- Intellectually keen patients
- Lack of reaction to well indicated medicine
- Lack of vital reaction, lost all susceptibility
- Hypersensitive people on allopathic drugs for a long time
- In sensitive patients who react unfavourably the medicine can be diluted in further, in 3 separate glasses of water and using 50ml from the final glass of dilution in the bottle which will be sipped as described above. To be more clear, the first dose to be dissolved in a litre of water, then take one tea-spoon from that medicated water, put it into a second bottle (half or one litre), top it up with fresh drinking water (tap or mineral), shake and mix, then take one tea spoon from that medicated water, put it into the third bottle (as above), top it up with fresh water, shake and mix and then sip from this third bottle for very sensitive patients.

### **Each dose medicine to sip for 3–5 days**

- Sluggish people who are slow to react
- Drug dependent cases, on regular allopathic drugs
- Terminally ill with gross pathological changes
- Rapid fatal diseases
- Heavy pathology
- Homoeo Prophylaxis
- Acute diseases with clear picture
- Prescription based on NBWS, to clear up the suppression

### **Each dose medicine to sip for 1–3 days**

- Low vitality with high susceptibility those who react powerfully
- Acute
- Gross structural change, when prescribing 6C for example

By dispensing and instructing the patient as above you are following the “Doctrine of Minimum Dose”, “Doctrine of Divisibility” and “Doctrine of Plussing” and in my long experience, I have found the centesimal scale has excellent penetrating dynamic power and is capable of uprooting deep seated suppressions of the contemporary world.

## LM prescriptions

I rarely use the LM scale even though in fact encouraged to do so by a very famous LM potency prescriber in Calcutta who prescribed only LM scale for over 40+ years, whom I observed in practice for several months after my graduation. Unfortunately, even in this experienced hand I observed aggravation which is meant to be avoided by using the LM scale. I almost exclusively use the centesimal scale and I am confident in this scale of potency. Being a strict classical prescriber, I like to remind you that although Hahnemann mentioned that LM scale is his 'most perfected' method I am of the opinion that if Hahnemann had lived 10 more years, he might have changed his Organon for five more times, Hahnemann was constantly developing and trying make Homoeopathy perfect.

*I earnestly encourage my readers to try the above method of water dispensing, diluting, plussing and succussing the single dose of centesimal scale and watch your success with patients grow and flourish.*

## Advantages of Diluting, Plussing & Dividing the Dose

- The medicine gently stimulates the Vital Force and smoothly overpowers the symptoms
- Ref. Hahnemann's Chronic Disease, P.156 – 157
- Avoids aggravation in hypersensitive patients
- Diminution of the strong power of medicine Ref.§285 thereby avoiding aggravation

## For best results- Plus and Succuss

- By modification of every plussed dose, which is given in several different forms, it can best extract the morbid disorder Ref. Foot Note §247

## Aggravation from Unchanged, Unmodified Dose

By giving an unchanged dose, the vital force revolts §246

## Divisibility of Dose is not addition of the Dose but gradual proportionate liberation of energy

Divided dose is the same quantity which is proportionately divided §287 this leads to a gradual release of energy.

In dosing, think of a pizza, you can finish the whole pizza in one go or you might cut the same pizza into 20 small pieces and eat 2 in the morning, 2 in the afternoon each day, thereby dividing your dose of pizza and at the end of the say 5<sup>th</sup> day you have finally finished that pizza. Accordingly the patient is having ONE single medicated globule or pizza, fragmented into smaller doses or slices which gives gentle stimulation, without appreciable aggravation of the vital force.

**If the case is contaminated through drug dependency I will follow Approach 2** as detailed above and gradually wean off the conventional medicine. Here again I follow §91 of Organon. Generally I have seen after weaning off 40% - 50% of conventional medication, the natural disease surfaces. You will see clear modalities, sensations, character of symptoms and at that stage you follow Approach-1. Do not fire your polychrest until and unless you prepare the case and match with the totality and MTEK. Respect your polychrest and do not prescribe a polychrest when there is scarcity of symptoms such as commonly found in drug dependent cases. By weaning off, when more symptoms come in the surface, then and only then, fire your polychrest and that will overpower the disease. So prepare the patient to receive the polychrest.

## My Repetition of the Medicine

I do not repeat the medicine very often. As mentioned above, generally I give a single medicated globule in water, which the patient sips for few days. I might repeat another dose, if there is no change from the very first dose. The reasoning for giving the second dose is

- Many medicines have primary and secondary action, which Hahnemann mentioned in *Materia Medica Pura* in the Bryonia chapter.
- In this polluted, hectic environment, smoke, fumes, chemicals, the second dose will penetrate the vital force, if, per chance the first dose has been antidoted, lost or spoilt.

Generally after the first prescription, I do a follow-up in 6 – 8 weeks to assess the reaction to the medicine. I may wait at least 3 – 4 months in chronic cases before repeating the dose however if there has been even a 2% positive change on any of the following areas, I will wait and watch with wisdom. WWW. You will never, I repeat never, gain anything by premature repetition; on the contrary you will always lose. This is the most difficult part for any homoeopath to learn. I have found over the years practitioners are enthusiastic and excited, if the patient is 10% better it is too tempting to repeat the medicine to get a 'faster' result this usually means the reverse,

the patient's improvement will be slower and might even spoil the case.

In order to be exact, during both the initial consultation and follow-up evaluation, I always ask my patients to evaluate and then grade the main complaints, they might be one or many. e.g. if the patient is complaining of headache, I will ask to put a grade about the intensity and severity of the pain out of 10 or a percentage. Similarly I always ask to put a value out of 10 or a percentage relevant to the following areas

- General sense of well being
- Physical Energy, vigour, strength, co ordination
- Mental Energy, power of focus, motivation, concentration and memory
- Appetite,
- Sleep, quantity and quality, feels refreshed
- Temperament, emotional tranquility and sense of harmony in the patient

In some cases it is useful for the patient to keep a diary of the changes to their symptoms and at their appointment can summarise these details.

By adopting this method, during the follow-up consultation when a patient says 'I am not feeling any change' it is possible to compare with the previous report and can include scrutinising head to foot symptoms, with the scores of suffering, intensity and frequency, this will be clear to both the practitioner and patient the exact condition and you may find in many aspects, patient is 5 to 10% better.

After a successful first prescription, in many cases, I have waited, not prescribed, for over two years. Of course I do the follow-ups in every 6 to 8 weeks or so and I carefully consider how the patient is responding. In some cases it is beneficial for the patient to have a prescription of non-medicated globules which is confirmed by many master Homoeopaths and the medical fraternity alike, including Hahnemann, Organon §91, §281 6<sup>th</sup> Edition.

As I said above, even if there is 2% positive change

### **YOU WAIT & WATCH WITH WISDOM -WWW**

Please do not repeat the medicine when there is a positive report, when you will become proficient at this you will find yourself amongst the class of very successful prescribers.

The last and final deciding factor is the patient's sense of well being and emotional harmony, from the onset of your homoeopathic treatment up until now. This can be represented in a graph, an ascending curve

represents improvement, a straight line represents stand still status and declining curve represents going down hill.

You should WAIT if the curve is either straight line or ascending. You repeat when the curve is declining.

Sometimes my students in different parts of Europe and the United States doubt this long waiting in the haste and hurry of life. I respectfully invite them to any of my teaching clinics both the Allen Teaching Clinic and the Bengal Allen Teaching Clinic where you can see how the methodologies detailed above are successfully implemented in the drug dependent population.

## **When I Might Change the Medicine**

I will change in the following situations:

- No improvement even after reasonable time of waiting (it is difficult to say what is this reasonable time; as many times it's a feeling that the last medicine is not working but generally I will take time to make my first prescription and will wait at least for 3 to 5 months in chronic cases, before I change. In acute situations, of course it will be different.
- The health graph as stated above is in straight line for at least for two consecutive follow-ups meaning there has been no change for a while which represents stand still status or declining curve which represents going down hill only then I will change the medicine. And also if the symptoms show a different picture.
- There is severe aggravation of some symptoms and needs urgent intervention, may be an acute or acute exacerbation of chronic symptom.
- Miasmatic or Aetiological block or cessation of improvement, needs an intercurrent to remove the block.
- The symptoms picture has changed. So to evaluate the new miasmatic totality and totality of symptoms and prescribe accordingly.
- Your last medicine has exhausted all that it could have done, may be you even ascended to CM potency however, sometimes if I still feel it's the same medicine, according to Kent, I will repeat the series again, so you need to change the plan of treatment either according to the presenting totality or a complementary or related or chain of medicine that follows well.

## Some Interesting Notes from the Organon of Medicine

- **Single Globule to be used** : Foot Note §246 5<sup>th</sup> Ed.; §275 6<sup>th</sup> Ed.
- **Size of the globule is of Poppy-Seed** : Foot Note §285 5<sup>th</sup> Ed.
- **Medicine must be dispensed in Liquid Vehicle water** : §288 5<sup>th</sup> Ed.; §272 6<sup>th</sup> Ed.; §246 6<sup>th</sup> Ed.
  - ▲ Even Centesimal Scale Potencies to be dispensed in water : Appendix. P. 263.
  - ▲ Feeble action if given dry : Chronic Disease P. 159.
  - ▲ Even 30<sup>th</sup> potency to be dissolved in water : §128.
- **Every Dose should be deviated from the former** : §246 6<sup>th</sup> Ed., §247 6<sup>th</sup> Ed., §280 6<sup>th</sup> Ed.
- **Doctrine of Divisibility** : Appendix. P. 266.
- Even in dilution, the power of the medicine remains the same : §287, §286, §285.
- **Application of Placebo** : §91, §281 6<sup>th</sup> Ed..
- **Do not Repeat when the Patient is Improving**: §245.
- **Against Polypharmacy** : § F.N. 272.
- **Homoeopathician treats the Miasm, upon which the Malady depends** : §205.
- **No Food restriction in Acute Diseases** : §262, 263.
- **Smallness of Dose** : §277, 278, 284, 285.
- **Divided Dose**
  - ▲ Diminution of strong power of medicine for sensitive patients §285 & F.N.
  - ▲ Effect is increased but actual amount remains same §286.
  - ▲ Every portion of plussing. Smallest portion of diluting fluid receives same quantity of medicine in *proportion* as all the rest §287 and the last selected homoeopathic remedy could best extract the morbid disorder only if applied in several different forms § F.N. 247.
- **Do not prescribe on undefined, non-characteristic, vague symptoms**: §165
- **If two medicines are indicated**: Prescribe the most indicated one, after that's action is over, do not automatically prescribe the second one but re-examine the case: §169.
- **Olfaction of medicines**: § F.N. 288, FN § 247.
- **How long the medicine can last**: Medicinal power stay, upto 20 years → § F.N. 288.

- **Deviation of Dose:** Every potency should be deviated from former or later → §246, 247, 280.
- **No requirement of Antidote:** Next selected medicine antidotes: § F.N. 249
- **Scope of Intercurrent medicine :** Sulph – Hepar Sulph → § F.N. 246.
- **Succussion:** Every dose to be raised by succussion → §280.
- **Even after discovery of LM potency, Hahnemann did not discarded the centesimal scale:** Mentioning of 30<sup>th</sup> potency even in 6<sup>th</sup> edition → §128.
- **Do not repeat when patient is improving:** §245.
- **Minutest employment of dose :** §246.
- **Single globule to be administered not 6-7 globules:** § F.N. 246, 275.

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# 1

CHAPTER

## Cardio-Vascular Diseases-Cured Cases

### 1. A Case of PALPITATION

Case No. C001

Age : 31 year-old as on 28.11.1988.

Sex : Female.

Weight: 50k gs.



Photo of the patient Mr. S.D.

### Presenting Complaints

- Palpitation of heart, it can get so much that she becomes senseless. Problem started after the death of her sister 6 months ago. She is still grieving.
- Relapses: 4-5 times, every week.
- Pain in both legs to ankle, loin, elbow to wrist joint; aggravated from lying down, aggravated by rest; aggravated at bed time; aggravated by 1<sup>st</sup> motion, ameliorated by massage and gentle movement.
- Patient feels uneasy from any gas.
- Disturbed sleep, for last 6 months.
- Itching in skin, but no visible eruption – buttocks, abdomen and chest, gradually moving upwards. Excessive itching, aggravated by perspiration, in summer; no discharge, began in 1988.
- Toothache → in decayed teeth; better gurgling with cold water, aggravated by taking hot water or tea.
- Headache – from bus (coach) journey, congestive sensation, aggravated in a smoky room; ameliorated by massaging, sleeping.

- Menses – early (10 days advanced) for last 5 months. Excessive pain in lower abdomen during menses. Weakness (++) during menses.
- Quantity – normal but excessively large clots; the more the flow the less the pain. Amelioration after passing clots, associated with diarrhoea.
- Discharge: thick, sticky white, after menses.
- Profuse gas formation, rumbling sound in abdomen, profuse flatus.
- Morning diarrhoea – once or twice, offensive smelling, undigested food particles.
- Quantity – Scanty; yellowish; pain before stool, aggravated from irregular diet, rich and spicy food; better from having less spicy food.
- Nervous temperament. Easily hurt. Jealous
- Moody (+++), changeable mood.
- Anger ++, Indifferent ++.
- Demanding, high expectations.
- Very sensitive.
- Thirst: average.
- Perspiration: Medium to profuse (++)
- Thermal: Chilly patient.

### Investigations Carried Out Before/After Dr. Banerjee's Treatment

**Calcutta Medical Centre**  
12, Loudon Street, Calcutta-700 017, Phone : 43-1333/1337, 44-7330

Name of the Patient: MRS. S. SUKLA DUTTA 21/12/1988  
Age: 31  
Sex: F  
Address: STATE BANK OF INDIA  
Referred by: DR. N. BANERJEE  
Height: Weight: S.P.: mm. Hg.  
Significant medication: Digoxin/Preparalol/Quinidine/Verapamil.....  
Brief Clinical Notes:

**REPORT OF ELECTROCARDIOGRAM**

Heart Rate: 100/min (average)  
Intervals (in sec.): R-R: 0.60 P-P 0.60 Rhythm Sinus QRS: 0.12 QRS: 0.38  
QRS: 0.06 D in V<sub>1</sub> 0.02 in V<sub>4</sub> 0.03  
Frontal Plane QRS, axis: + 95° Position of the heart: Vertical  
Rotation of the heart: Normal  
P wave: Tall and peaked in II, biphasic in V<sub>1</sub>  
QRS wave: Normal  
ST-T wave: Normal  
Report: ECG tracing is within normal limits. There is suggestive evidence of right atrial enlargement. Clinical correlation is necessary.

### ECG Report of Mrs. S.D. before Homoeopathic treatment

**CMC** Calcutta Medical Centre  
12, Loudon Street, Calcutta-700 017, Phone : 43-1333/1337, 44-7330

---

Name of the Patient	: MRS. SUKLA DUTTA		4.3.1990
Age	: 32 yrs		
Sex	: F		Code
Address	: STATE BANK OF INDIA		
Referred by	: DR. SANJIB KUMAR MUKHERJEE		
Height	: Weight	: S. P.	: mm. Hg
Significant medication	: Digoxin/Propranolol/Quinidine/Verapamil.....		
Brief Clinical Notes			

  

**REPORT OF ELECTROCARDIOGRAM**

Heart Rate	: 76/min (average)	Rhythm	: Sinus
Interval (in sec)	: P-R: 0.20	P-P: 0.20	P-R: 0.12
Frontal Plane QRS, axis	: + 80°	I.S. in V <sub>1</sub> : 0.05	in V <sub>6</sub> : 0.04
Rotation of the heart	: Counterclockwise	Position of the heart	: Vertical
P wave	: Normal		
QRS wave	: Normal		
ST-T wave	: Normal		
Report	: ECG tracing is normal.		

*Selle*  
5/2/90

**ECG Report of Mrs. S.D. 12 months after treatment**

- 11<sup>th</sup> Aug'88:** Blood Eosinophil-6, Erythrocyte Sedimentation Rate 30, Red Blood Cell  $4 \times 10^6$
- Culture urine:** No growth. BSPP (Blood Sugar Post Prandial): 104.
- 21<sup>st</sup> Dec'88:** Electro Cardio Gram (ECG): Evidence of right atrial enlargement.
- 19<sup>th</sup> Jul'89:** Chest X-ray: Nothing Abnormal Detected. Electro Cardio Gram (ECG): Nothing Abnormal Detected.
- 4<sup>th</sup> Mar'90:** Electro Cardio Gram (Ecg): Electro Cardiogram Tracing Is Normal

**CASE ANALYSIS, MIASMATIC DIAGNOSIS AND FINAL PRESCRIPTION**
**Miasmatic Analysis**

- Palpitation: Tubercular.
- Relapses: Tubercular.
- Pain in both legs to ankle, loin, elbow to wrist joint: Sycosis.
- Pains aggravated by rest, ameliorated by gentle rubbing: Sycosis.
- Itching in skin: Psora.
- No discharge: Psora.
- Toothache → in decayed teeth: Syphilis.
- Headache, aggravated by riding in a carriage (bus or coach journey): Tubercular.



- Headache ameliorated by rest: Psora-tubercular.
- Menses – early: Tubercular.
- Weakness (++) during menses: Psora-tubercular.
- Excessively large clots: Tubercular.
- White discharge thick, sticky: Syphilis.
- Profuse gas formation, rumbling sound in abdomen: Psora.
- Morning diarrhoea: Sycosis.
- Lienteria (undigested food particles): Syphilitic.
- Stool: yellowish: Sycotic.
- Nervous temperament: Psora.
- Jealous: Sycosis.
- Moody (+++), changeable mood: Tubercular.
- Indifferent ++: Tubercular.
- Very sensitive: Psora-sycosis.

Mixed Miasmatic with Tubercular preponderance.

#### Prescription Made on the Basis of

- Palpitation of heart: problem started after death of sister 6 months back: grief.
- Patient feels uneasy from any gas. Rumbling in abdomen, much flatulence.
- Disturbed sleep, for last 6 months.
- Toothache → aggravates after taking hot water or tea.
- Headache – congestive sensation following grief, aggravated in a smoky room.
- Menses – early (10 days advanced) for last 5 months.
- Excessive pain –during menses. Weakness (++) during menses.
- Itching of skin.
- Nervous temperament.
- Easily hurt. Jealous.
- Moody (+++), changeable mood.
- Indifferent ++.
- Demanding, high expectations.
- Very sensitive.

The miasmatic breakdown of Ignatia is Psora +++, Sycosis ++, Syphilis +, Tubercular ++, which covers the case as well.

## Final Prescription and Remedy Reaction

I started the case with Ignatia 200 C followed by 1M (2 potencies were given, as prescribed on the basis of Aetiology (NBWS). Patient improved dramatically and finished the case with 50M, in just over 12 months. Unfortunately a detailed prescription chart is not available for this case.

This is a wonderful case where Ignatia has been prescribed though six months after the grief incident but as the grief was still raw, reason therefore Ignatia has been selected. I have even prescribed Ignatia two years after the bereavement, if the grief is still fresh and patient thinks about this at least 3-4 times in a week.

## Authenticity of Cure

CD Reference: C001-PALPITATION-SD

# 2

## CHAPTER

# Dermatological Diseases-Cured Cases

### 1. AN OBSTINATE LONG STANDING CASE OF PSORIASIS, COMPLETELY CURED

#### Case No. D001

Mr. A.L. 52 yrs. old, came to me first on 11th April, 1987, complaining as follows:

- Eruptions all over the body, skin dries and peels off, no discharge of blood, fluid or pus. No itching, no pain.
- Scaly in character with profuse bran like scaling.
- The skin disease started in 1970, at the seaside in Goa, and since then the patient has consulted various dermatologists without any appreciable change.
- It started on the trunk, chest and back, and slowly spread over almost all parts of the body covered by clothes.
- The face and scalp were clear from the beginning.
- Previously there was nothing on the palms but around 1978, one circular spot appeared near the wrist. The patient tried to conceal that during his office hours, so he put on gloves and subsequently it broke virulently in the palm and dorsum of both the hands.
- The patient also tried various Ayurvedic and Homoeopathic medicines and ointments without any permanent improvement.
- Occasional cough during winter.
- Appetite - Normal.
- Sweat - Profuse.
- Stool and urine - Normal.
- Sexual organs - Nothing abnormal is noted.
- Skin heals in normal time; does not suppurate.
- Temperament - Mild, quiet and non communicative, sympathetic, depressed, occasionally weepy.



Mr. A.L. Psoriasis

- Memory - Normal.
- Fears - Nothing particular.
- Past History (i) Typhoid in 1964. (ii) Asthma in 1985. (iii) Psoriasis since 1970.
- Patient had allopathic treatment for typhoid and asthma, including steroids for asthma.
- Vaccinations - No adverse reaction.
- Chilly patient who also catches cold easily.
- Likes spicy food, salt ++, salty +, cold food ++. Likes meat, but after eating red meat there is unusual irritation and discomfort in the skin.
- Though chilly, likes winter, which is better for skin. Dislikes rainy weather and damp. Easily affected by changes in weather.
- Thirst - Normal.
- Perspiration- Heavy and oily.
- Sleep and dreams - Nothing abnormal noted.
- Married with four children.
- Family History
  - △ Father died at the age of 45 with asthma.
  - △ Mother died of hepatitis at the age of 48.

**(a) Provisional Diagnosis:** Psoriasis.

**(b) Miasmatic Diagnosis:** Mixed miasmatic (preponderance of psora-sycosis).

### Miasmatic Interpretation of the Psoriasis Case

Psora	Sycosis	Syphilis	Tubercular,
<ul style="list-style-type: none"> <li>• Skin dry and harsh</li> <li>• Mild, silent temperament</li> </ul>	<ul style="list-style-type: none"> <li>• Skin peels off</li> <li>• Skin scaly in character</li> <li>• Circular spots appeared near the wrist</li> <li>• Oily skin with thickly oozing perspiration</li> <li>• Psoriasis</li> <li>• Tendency to conceal the symptoms</li> <li>• H/O Asthma is Psora-sycotic</li> <li>• Desire for salt &amp; salty foods</li> <li>• Meat causes uneasiness</li> <li>• Hates rainy weather &amp; damp</li> <li>• F/H of asthma with father</li> <li>• Fish scale eruptions are tri-miasmatic</li> </ul>	<ul style="list-style-type: none"> <li>• Depressed</li> </ul>	<ul style="list-style-type: none"> <li>• Chilly</li> <li>• Catches cold easily</li> <li>• Desires salt</li> </ul>

Psora 2   Sycosis 12   Syphilis 1   Tubercular 3

In this case there is a clear Sycotic preponderance in the history and the presenting symptoms reflect Sycosis as a surface miasm. On the basis of the totality of symptoms Thuja was chosen, which covered the surface miasm and the family history. Thuja also covers the surface symptoms as well as the surface miasm and therefore it is capable of peeling off this presenting layer. In this case there was no need to compare remedies miasmatically as the case was clearly Thuja (presenting symptoms and the surface miasm supports the prescription), however in few other cases below you will see how the miasmatic analysis helped to differentiate the remedy choice as the case was confused by excessive suppression.

This is a wonderful example of how miasmatic interpretation of a case helps the certainty of chronic prescribing as Thuja covers the miasmatic totality as well as the totality of symptoms therefore one can be confident to watch and wait for the movement of symptoms. In this case, you can see from the illustrations that after 50% improvement of the case, the appearances of the skin lesions were circular which confirmed that the patient still required a Sycotic medicine; therefore no change in the miasmatic plan of treatment was required. This reflects that miasmatic understanding helps in management and prognosis of the case and confirms any need for a change in the plan of treatment.

**Note:** Generally in psoriasis, one may find the dryness of Psora, squamous character of Syphilis and thickened skin with fish scale eruptions of Sycosis.

Thuja has the miasmatic breakdown: Psora ++, Sycosis +++, Syphilis ++, Tubercular ++.

### Prescription Chart

Dates	Points in favour of the Prescription	Prescribed Medicine
11 <sup>th</sup> Apr'87	(i) Eruptions are only in the covered areas; (ii) Oily & shiny appearance of the face; (iii) Change of weather affects the patient; (iv) Chilly patient but desires cold food; (v) Averse to rainy season (hydrogenoid); (vi) Sycotic coverage.	Thuja 30 1 dose followed (48 hours later) by Thuja LM 3 1 globule in a bottle of water to be sipped --- top up – sip --- top up continue like this for 1 week.
12 <sup>th</sup> May'87	Severe <aggravation.	Thuja LM 5 1 globule in a bottle of water to be sipped --- top up – sip --- top up continue like this for 1 week.