

# Calcutta Clinical Course

## Experience in the Rural Clinic of Khejuri January 2014



BY

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Janet Banerjea has practised homoeopathy since 1991 and is committed to education and practitioner development and support.

Her annual visits to the Calcutta Clinical Programme means she can refer to cases seen there during lectures and provide an important link for the visiting homoeopaths. Classical homoeopathy is used in primary care in Calcutta and because of this, clinics are always very busy. It is not unusual to see 35 patients in a morning session, for example. Having years of experience in Calcutta, Janet is able to teach the connection between the information taught on the course and show the students how to implement the knowledge learnt, into practice in the student's home country.

Janet Banerjea shares some of the cases discussed with overseas participants in the recent Calcutta Clinical Course. Her experience in these clinics has developed over 20 years and her husband Dr Subrata Banerjea enthuses with students about the prescribing opportunities the rural clinics provide.

This year we had participants from different parts of the world and as usual the course was a real success in demonstrating how simple homoeopathy works so efficiently. The course takes you back to the basics and gives you solid foundation of Materia Medica.

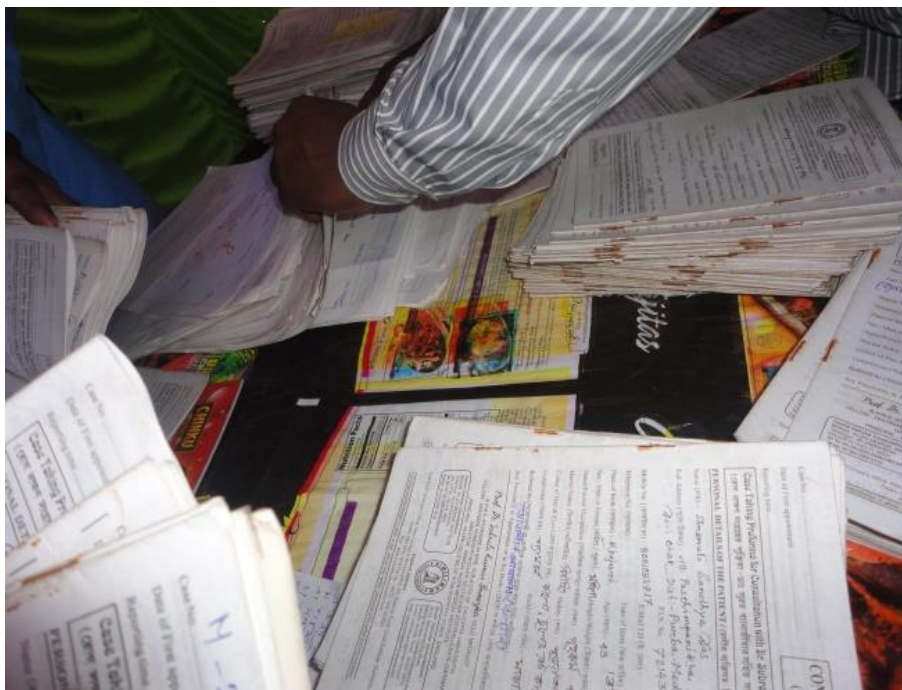


**Patient's waiting area in Khejuri village**



**Conium Mac**

This man has been widowed for a number of years and his face tells the story of paralysis and loneliness. He shuffled into the consulting area and said he has lost interest in everything including food (actually feels better if he does not eat- a Conium characteristic which Dr Banerjee noted for prescribing) along with weakness and poor memory, with disinterest in his family.



**The case notes of those who have made appointments**



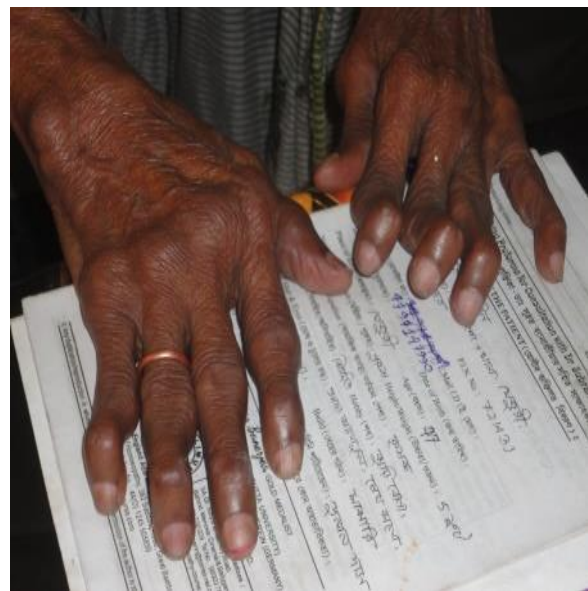
**Jalapa**

The baby sleeps all day and cries all night. This young Mother feels exasperated by her baby's non compliance as she has to work and needs rest at night. The baby has a lot of wind with a hard abdomen which confirmed the prescription of Jalapa. Dr Banerjea also demonstrated his glazed tongue and compared with Terebinth.



**Psorinum**

Although the picture may not be clear, this was such a great classical case I felt it worthy of inclusion. You may observe in the very centre what appears to be a pile of blankets. In fact underneath, is a very debilitated man with respiratory failure. The Psorinum picture is that of a weak man, who was extremely chilly, who needed 6 or 7 blankets over him, which induced sweating; which makes him feel more comfortable. When the examination was taking place the odour from the man confirmed the prescription.



**Medhorrinum**

This lady has a typical swelling of Medhorrinum and clearly been suffering for a number of years. Her pain is interestingly alleviated in the damp, rainy season. She feels hopeless about the possibility of recovery. Dr Banerjea describes Medorrhinum pains as ACH-- Aching, Contracting and Heaviness and two of those characters were present in these cases. Burning heat is felt towards the afternoon and she suffers from typical sycotic catarrh.



**A deserved wholesome lunch served on banana leaves, after a morning of 35 patients**



**Dr. Subrata Banerea and his son Saptarshi with the team of case takers (all BHMS doctors) without whom it would be impossible to see so many patients in one session.**

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