

# Calcutta Clinical Programme News

**New Post Graduate Course starting from the March 2024.**

Details: <https://allencollege.co.uk/post-graduate-course/>

Recordings of Calcutta Clinical Programme 2024 (where 150+ Live cases were seen in 2 weeks).

**36 hours of Clinic Recording of Live Cases available: British Pounds: 300.**

Details: <https://allencollege.co.uk/calcutta-clinical-training/>

## Kolkata Clinical Programme January 2024

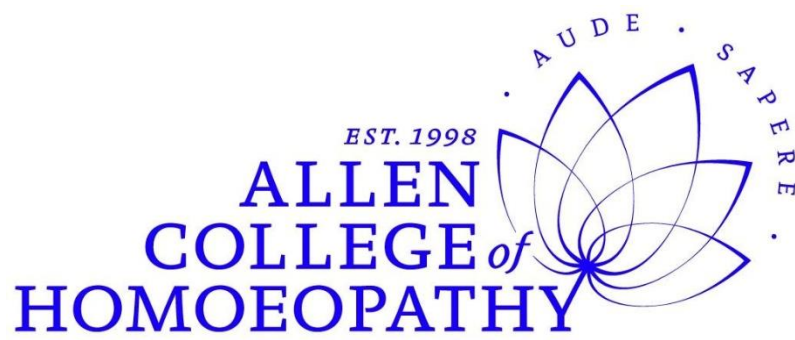
**'No editing-Warts an' all'**



**By Janet Banerjea**

R.S.Hom.

**Joint Principal:** Allen College of Homoeopathy, Essex, England



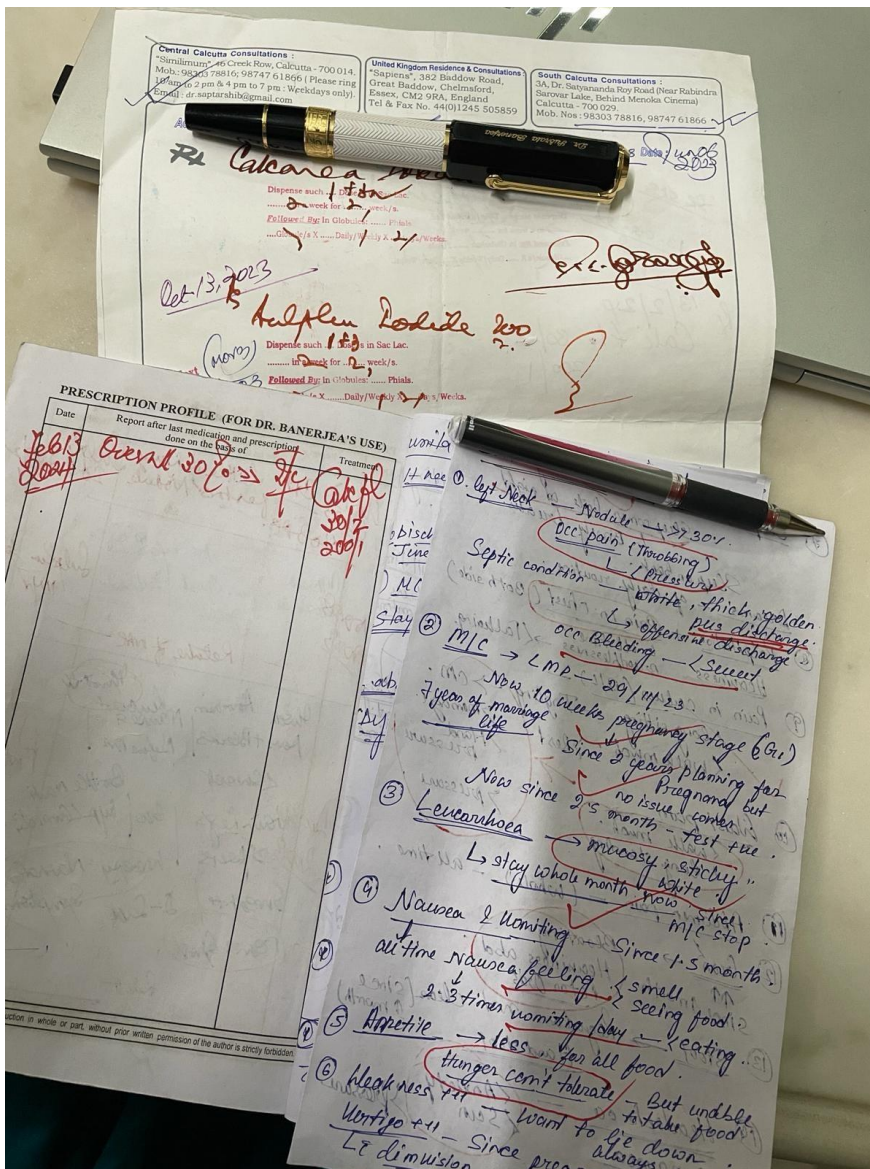
The course comprises of some theoretical classes and a lot of clinics, offering hands on experience with a promise of over 150 cases and I believe, give or take,168, were seen.



**Consideration of The Prescription with Assistants Present**

Attendees travelled from the U.K, Cyprus, Japan and many parts of India including Pune, Gujarat, Bihar, Andra Pradesh and Mumbai. Many were experienced practitioners with over 15 years' experience.

There is a transparency here at Bengal Allen, cases are live, the case notes along with the medical reports are available for scrutiny and the patients are more than willing to be 'cross examined'. The heading 'warts 'an all' is from a comment a participant made at how impressed she was with the honest sharing of each case, even if the case had not been a straightforward cure or easy path to improvement.



Cases are seen, with a follow up report taken by a Junior Doctor in an annexe room.



## The Team

Overall, the participants were impressed with the way that not only amazing improvements were shared but also that the process of some of the 'one sided cases' or deep pathology was demonstrated and the truth, that sometimes the un-layering the pathway to comfort and balance is not always startling impressive.

The Drs Banerjea were anticipating healthy exchanges in the classroom discussion time, as the majority of the group had been practising with more modern methods, often taught in the Western part of India. However, the solid references to the Organon of Medicine, as well as 'proof of the pudding' in justification of prescriptions did much to silence the physicians.



In summary the evidence of improvement was clear in most of the cases. The repertory was shown to have flaws and the solid reliance on Materia Medica proved that classical homoeopathy is both simple and reliable. Emphasis was placed on 'finding an opening in the case'- what is important, striking and convincing for a remedy choice.

The summary of lessons learned from the Organon-

1. Poppy Seed globule is most effective.
2. Dispensing in water.
3. Have confidence with pathology.
4. Organopathy is most effective in severe pathology.
5. To repeat infrequently -Watch and Wait
6. There is no remedy for named diseases.
7. Implementation of miasm.
8. Highlights on groups of medicines such as the 'Iodums'
9. How to approach apparently 'stuck cases'.

10. Lower potencies have a place and can be most effective and also prepare the patient for a higher potency.

Some cases that were shared are summarised below-

Girl 12 years

**A case of Pancreatitis-sudden onset**



Pain in left hypochondriac region

Ultra sound shows Pancreatic duct is dilated

Severe bitter vomiting as soon as she wakes, which lasts 2-3 hours

<cheese and meat

She manages normal food and fluids after then although rumbling abdomen is present

Irregular meal times are common in the family

Drools in sleep

Thick white coated tongue

Menses are regular, with some dysmenorrhea

Right ovary is enlarged

She catches cold easily

She has motion sickness

Likes to sit in the dark, unsociable

She states her knees feel weak

### **Temperament**

Angry, throws things

Hits her head on the wall when frustrated

Suicidal thoughts

### **Generals**

Spicy & salty

Egg, Chicken

Cold food

Sips 2/3 litres of water a day

Unrefreshing sleep

Perspiration mild

Chilly patient

**Prescription** of Phosphoros 6C, thereafter 30C. Then change the scale of potency to LM 2 ascending appropriately to LM 7.

Justification

Chilly patient

Desire salty, Salt & ice cream

Desires cold food

Fears

Restless

Loose stool is present

Onset was sudden

The patient returns every two months for maintenance the Ultra sound shows normal duct and the patient is symptom free.

**Man 73 years**



### **Presenting complaint**

Unbearable pain in right jaw for 4 years ( trigeminal Neuralgia)

Since 2019 involuntary movement and grinding of the teeth

Right lower toothache with redness of the cheek

>Pressure, warmth

<earing cold food, eating hard food

Pain gives rise to suicidal thoughts & two attempts by overdosing

Poor sleep, weepy because of pain

Depression

Vertigo < rising

Walking imbalance, feeling as if falling and has fallen 15-20 times

7 years ago son was married against father's wishes

Tendency to constipation

Interrupted flow of urine, difficult to hold. Dribbling of urine after.

**Skin** itch < undressing

### **Temperament**

Anxious

Weepy on account of pain

**Chilly** patient who likes sweet and some sour

First prescription

### **Mag Phos 200C, 1M**

Justification - > warmth, constipation, mild mannered, depressed, Desire sweet

No change

Second Prescription

### **Kali Carb 200C**

Justification – Family orientated, desire sweet. Lower gum pain slightly better with pressure & > lying on right side

Third prescription

**Kali Carb continued in LM potency.** Patient did improve 25% but the improvement did not hold. Patient do not like to take any conventional pain killers hence LM potency was given for regular dosing.

Fourth Prescription

**LM continued with Colocynth Q** for the pain control

**Boy Aged 4 years**



The case story changed somewhat during the re take and only a further 15 minutes with an assistant doctor revealed the vaccine history.

### **Presenting complaint**

Up to eighteen months the child was developing within the normal range. Then he had high fever, started crying in the night, there was accompanying contraction in the limbs with clenched thumbs. His body movements were severely restricted along with excess salivation. He couldn't chew properly, and his teeth became black and crumbly. (Nursing bottle caries- unable to breast feed, insufficient milk) Sopor.

Notes in the case-

Neuroregression, Bipiramidal and Extrapyramidal syndrome.

Probable post encephalitic sequelae

Likely metabolic encephalopathy

Metochondrial complex deficiency. Leigh syndrome

Biotin Thiamin Responsive Basal Ganglia disease

Any liquid results in coughing although he could manage semi liquid.

The medicine addressing the perceived causation of past fever was given but improvement was slow. The child was not developing and there was no change in the neurological damage resulting in contraction of the limbs. Meningococcinum had been given in October 2023.

Additional time was spent to ascertain what the 'block' in the case might be. After a lengthy discussion it was established that the child's health declined after the DPT vaccine. One of the doctors has researched vaccine damage for his M.D dissertation and shared references to studies in Europe which had established that neurological disorders can be traced to the DPT vaccine, whereas neurodevelopment spectrum disorders are more likely to arise from the MMR vaccine.

DPT in potency was given to 'unblock' the case.

[Currently the notes say

No movements at all, extends foot and clenches thumb. Difficult feeding.

Notes in the margin – Lathyrus, Mang Acet; Cocculus, Crot. Horridus. As possible medicines in the future.]

Note - The family travelled 12 hours by train for the appointment and live in a very rural area. The case story changed somewhat during the retake and only a further 15 minutes with an assistant doctor revealed the vaccine history.

There were two suggestions to improve the course, mostly from the Indian doctors. Firstly, that there should be more frequent courses available, and secondly the food offered at lunchtime should have more chilli.

No comment!

Summarised by

Janet Banerjea

RSHom



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