

Classical Homoeopathy

for an

Impatient World

Rapid Classical Prescribing



Dr Subrata K. Banerjea

RAPID CLASSICAL PRESCRIBING

BY

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PRINCIPAL : ALLEN COLLEGE OF HOMOEOPATHY, ESSEX, ENGLAND

www.homoeopathy-course.com



B. Jain Publishers (P) Ltd.

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USA – EUROPE – INDIA

RAPID CLASSICAL PRESCRIBING

First Edition: 2010
1st Impression: 2010

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Published by Kuldeep Jain for

B. JAIN PUBLISHERS (P) LTD.

An ISO 9001 : 2000 Certified Company
1921/10, Chuna Mandi, Paharganj, New Delhi 110 055 (INDIA)
Tel.: +91-11-4567 1000 • *Fax:* +91-11-4567 1010
Email: info@bjain.com • *Website:* www.bjain.com

Printed in India

ISBN: 978-81-319-0803-7

AUTHOR'S DEDICATION

To commemorate the sacred memory of my ancestors, who have dedicated their life for the cause and development of Homoeopathy. To them Homoeopathy was wealth and honour.

Dr Kali Pada Banerjee (my great-grandfather), Proprietor, C. Ringer and Company, Calcutta.

Dr Kishori Mohan Banerjee (my grandfather), Founder, Bengal Allen Homoeopathic Medical College and Hospital, Calcutta,

and

Dr N. K. Banerjee (my uncle), Principal, Bengal Allen Homoeopathic Medical College, Calcutta; President, Homoeopathic State Faculty, West Bengal and Indian Homoeopathic Association; Author of: A Treatise on Homoeopathic Pharmacy; Practice of Medicine, etc.

PREFACE

The name '*Rapid Classical Prescribing*' has originated in concept from watching a few Master homoeopaths of Calcutta (India), namely, Dr S. K. Dubey, Dr P. C. Paul and my uncle, Dr N. K. Banerjee, as well as reading wonderful case stories of Drs N.M. Chowdhury, Mahendra Lal Sircar, Nilmani Ghatak, Tarak Nath Palit and Dr B. K. Bose, who inspired me to find the right methodology to make a successful classical prescription.

My years of experience, understanding and reading of homoeopathic literature, have brought me to the conclusion that the totality of the following six methodologies will enable the prescriber to reach the 'simillimum' efficiently and quickly:

1. Emphasis on Aetiologies (search for physical and emotional aetiologies, past history of disease, conventional medication and/or vaccination: **Never Been Well Since**).
2. Totality of Physical Symptoms (with special emphasis on modalities and sensations).
3. Emotional Symptoms (with emphasis on personality profile and the nature of the person).
4. Behaviour, Gesture, Posture, Hobbies (how the person speaks, behaves during the consultation, his nature, inquisitiveness, repetitiveness, abusive tendencies, etc.).
5. Miasmatic Totality (diagnosing the surface miasm, please refer to my book '*Miasmatic Prescribing*' for quick miasmatic diagnosis).
6. Homoeopathic Generalities (a) Thermal reactions (b) Food preferences and appetite (c) Thirst (d) Sleep and dream (e) General eliminations (f) Diathesis or tendencies (g) Allergies.

In my experience, *the totality or a combination of any three of the above methodologies can get you to the simillimum.*

This is a time tested, repeatedly verified, scientific, classical and practical approach which has been practiced for centuries by Master homoeopaths including Drs Kent, Hering, Lippe, Tyler, Nash, etc.

The hexagonal representation in the book will enable the prescriber to understand the keywords of the medicine (for example, 'Retention' for Natrium muriaticum; 'Anchor' for Pulsatilla nigricans; 'Principle' for Kalium carbonicum; 'Unfulfilled' for Tuberculinum, etc.) on which major emphasis should be given for prescribing. Moreover, the bold points in the medicine pictures represent the strong character of the medicine and if that matches with the patient, it should be sure shot. After prescribing the medicine, one should wait and watch for recovery and not change the prescription.

The beauty of this methodology is MTEK:

Miasm (50 per cent emphasis) + (Totality+Essence+ Keynotes) (50 per cent emphasis), which is the classical and practical prescribing approach in this drug dependant world. The beauty is shown by the benefits which are as follows:

1. Time tested
2. Scientific
3. Methodical and logical
4. Founded on solid principles, and
5. Not confusing

In my extensive lecturing career throughout the world for over twenty five years, I have found that many homoeopathic prescribers, especially fresh homoeopathic graduates, are confused, because they are exposed to a variety of methods and approaches. Many leading homoeopaths come up with their own approach, which may work for her / him as s/he has years of experience. However a fresh graduate, who depends on the above time tested, scientific, classical six methodologies will never get confused.

Even in the Western world, in my practice in the United Kingdom, I always get cases that are drug dependant and want to try homoeopathy, looking forward to a quick result. It is difficult to prescribe a constitutional medicine in a drug dependent case as Hahnemann says in Organon §91 as follows:

‘The symptoms and feelings of the patient during a previous course of medicine do not furnish the pure picture of the disease; but on the other hand, those symptoms and ailments which he suffered from before the use of the medicines or after they had been discontinued for several days, give the true fundamental idea of the original form of the disease, and these especially the physician must take note of. When the disease is of a chronic character, and the patient has been taking medicine up to the time he is seen, the physician may with advantage leave him some days quite without medicine, or in the meantime administer something of an unmedicinal nature and defer to a subsequent period the more precise scrutiny of the morbid symptoms, in order to be able to grasp in their purity the permanent uncontaminated symptoms of the old affection and to form a faithful picture of the disease.’

Therefore in such cases (which are one-sided diseases, Refer Hahnemann’s Organon, §173):

‘The only diseases that seem to have but few symptoms, and on that account to be less amenable to cure, are those which may be termed one-sided, because they display only one or two principal symptoms which obscure almost all the others. They belong chiefly to the class of chronic disease.’

I open such cases in accordance with §177:

‘In order to meet most successfully such a case as this, which is of very rare occurrence, we are in the first place to select, guided by these few symptoms, the medicine which in our judgment is the most homoeopathically indicated’.

Therefore, by prescribing the **lesser known organopathic medicine** (guided by §173, §177) the patient immediately finds some relief and embraces homoeopathy. I have discussed the details of the approach in Chapter-1 of this book. After gradual weaning off about 40 per cent to 50 per cent of the conventional medication, more symptoms surface, we get an uncontaminated picture of the disease and accordingly a constitutional medicine is prescribed, which is of course my main motto.

This book is largely the collection of my post graduate classes in England, Norway and the United States. *The therapeutic approach of the book does not intend to relate that the homoeopathic prescription should be made on the basis of the name of the disease, but on the basis of strictest individualisation,*

through afore mentioned six methodologies. The patient comes to us and says the name of the disease that she/he has been told by her/his physician; the therapeutic classification of medicine is just the way forward to handle the diseases of the modern world, quickly and efficiently, especially in drug dependent cases, opening with lesser known medicines as discussed in respective chapters of this book.

I would like to sincerely acknowledge the constant inspiration, praise and love of my wife, Janet, which I treasure; say thank you to my favourite graduate-homoeopath Andrea Wolahan, who has meticulously gone through the manuscripts for avoiding any repetition and confusion of my thoughts, and to Sh. Kuldeep Jain of B. Jain Publishers who is always there to publish my works. I would also like to acknowledge the support given by my two beautiful children, Sreyoshee, my daughter and Saptarshi, my son (who will be the fifth generation homoeopath, now studying BHMS).

I welcome any constructive suggestions towards the improvement of future editions and feedback on your success using the methods outlined here. All the information given in this book has been verified and it is with this knowledge and my own experience that I have been successfully incorporating this classical and practical prescribing into my practice for many years.

I fervently 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 way.

Essex, England

September 6, 2009

(My fifty second birthday)

Subrata Kumar Banerjea

Principal, Allen College of Homoeopathy

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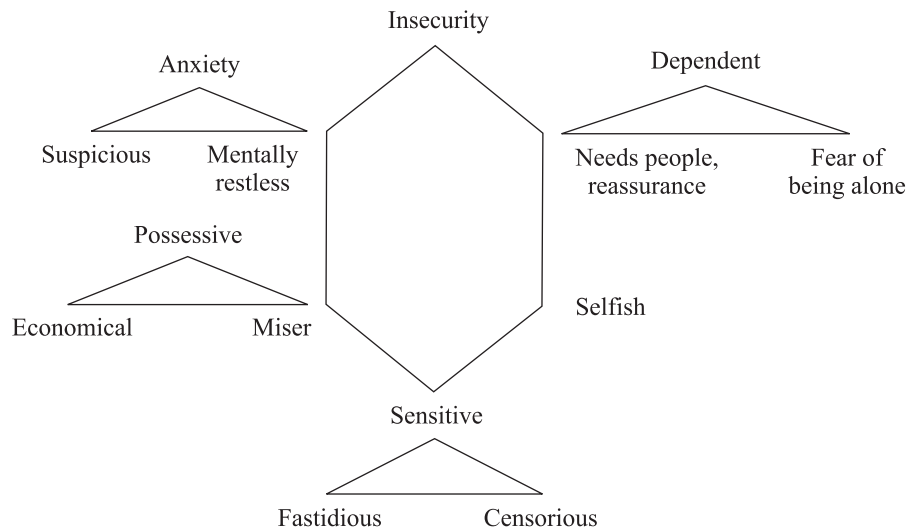
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Behavioural Profile

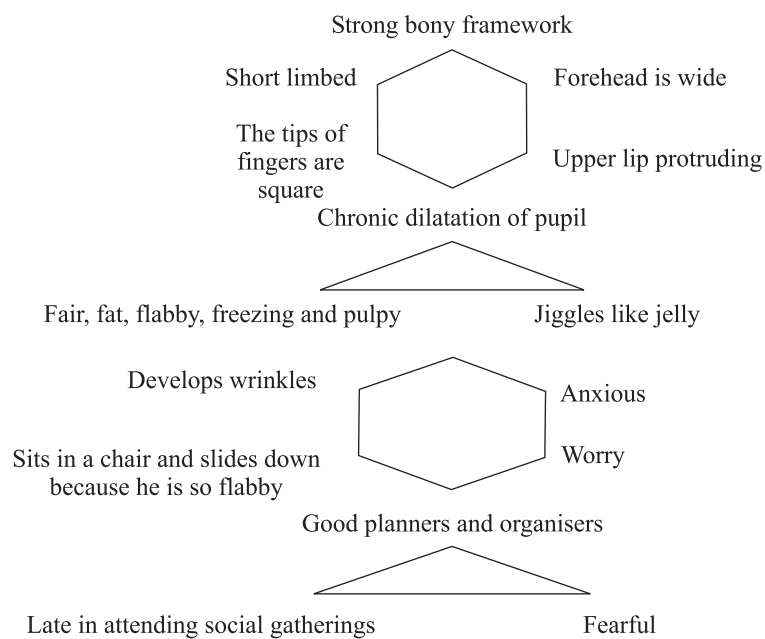


2. Master Calcareo carbonica

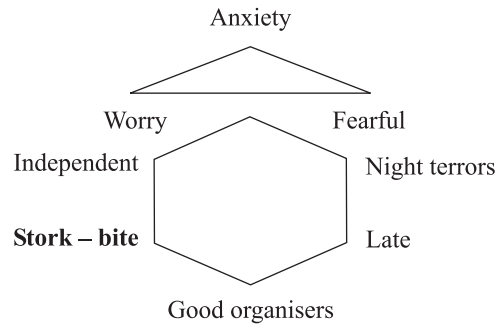
Appearance

- 4F's – fair, fat, flabby, freezing.
- Pale, chalky complexion.
- Can't bear tight clothing around the middle.
- Looks physically strong – lacks motivation.
- Round appearance.

Gestures



Behavioural Profile

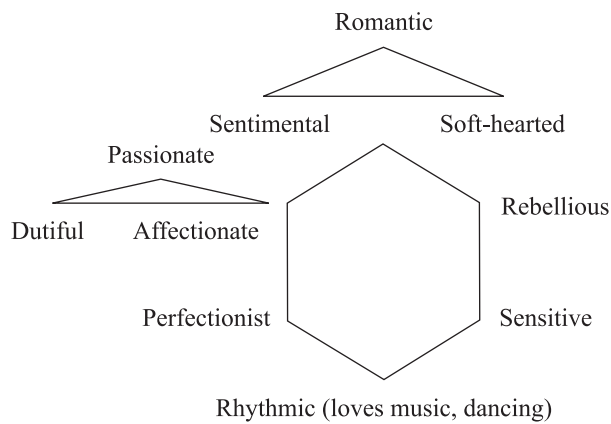


3. Miss Carcinosinum

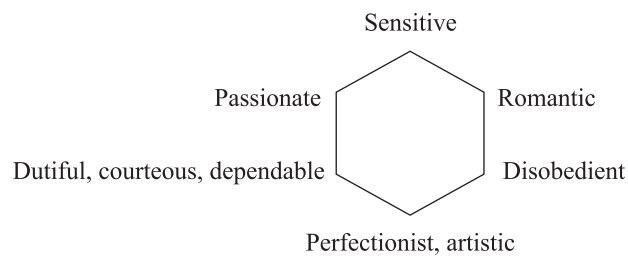
Appearance

- Dark, earthy dusky complexion – olive skin.
- Wears strong, dark clothes (which get lighter as she gets better).
- Café au lait hue.
- Dark moles.
- Artistic, romantic

Gesture



Behavioural Profile



4. Master Causticum

Appearance

- Dark-haired, dark-eyed and of darkest mood and temper.
- Soreness in folds of skin, back of ears and between thighs.
- Puny, weak and anaemic.
- Causticum* children often suffer from acute torticollis or an acute facial palsy after exposure to an icy wind.

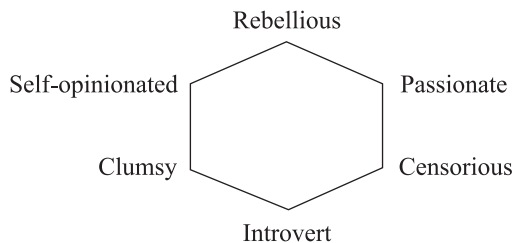
Gesture

Sympathetic: These children will cry because they think you are hurting another child. It is the idea of pain which affects them rather than the actual pain to themselves, and they often stand pain quite well, but cannot bear to see another child crying

Slow in milestones, totter, stumble and stammer; puny, weak and anaemic

Sense of shakiness, unsteadiness

Behavioural Profile



5. Master Chamomilla

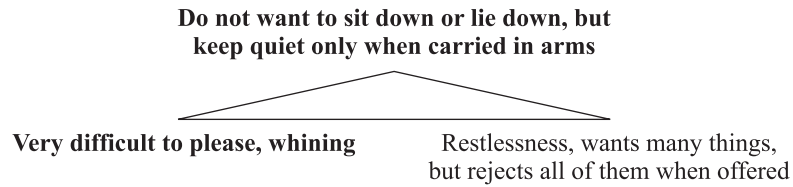
Appearance

- Fretful.
- One cheek red and hot, the other pale and cold, in particular in children during dentition.
- Very hot heads, very often hot and sweaty; liable to have burning feet which they push out of bed at night.

Gesture

Irritable, restlessness, piteous moaning.

Behavioural Profile



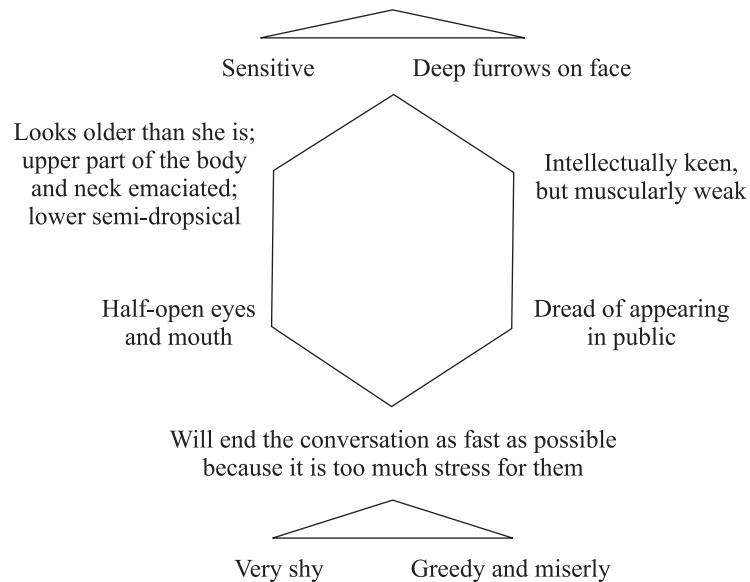
6. Miss *Lycopodium clavatum*

Appearance

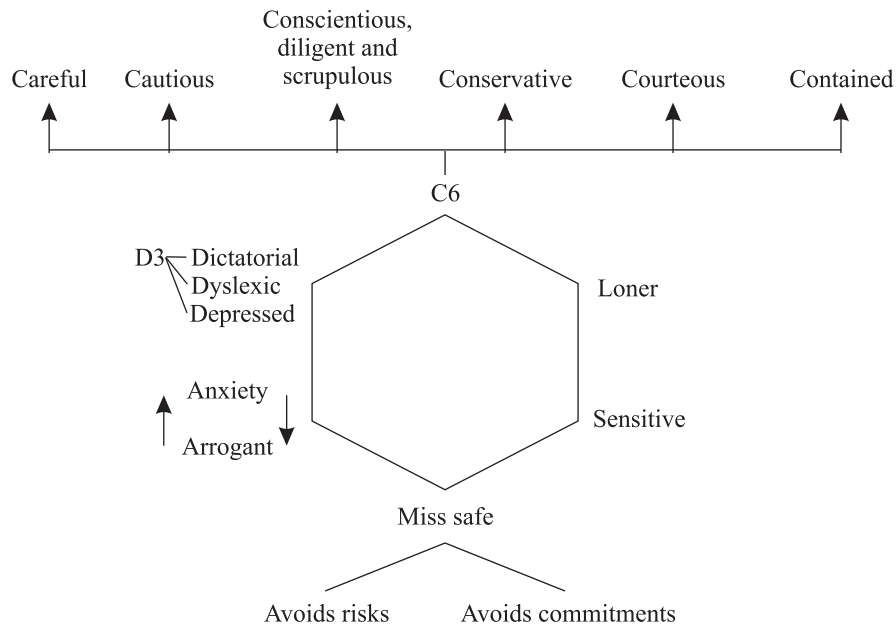
- a. Worried –frown lines on forehead.
- b. Pear-shaped.
- c. Grey hair.
- d. Serious looking.
- e. Loose clothing at the waist.
- f. Tall and lean.
- g. Neat and tidy – smartly dressed.
- h. Often looks older than she is.

Gesture

Walk laboriously, trudges ← Podding type but ‘blow up’ under provocation



Behavioural Profile

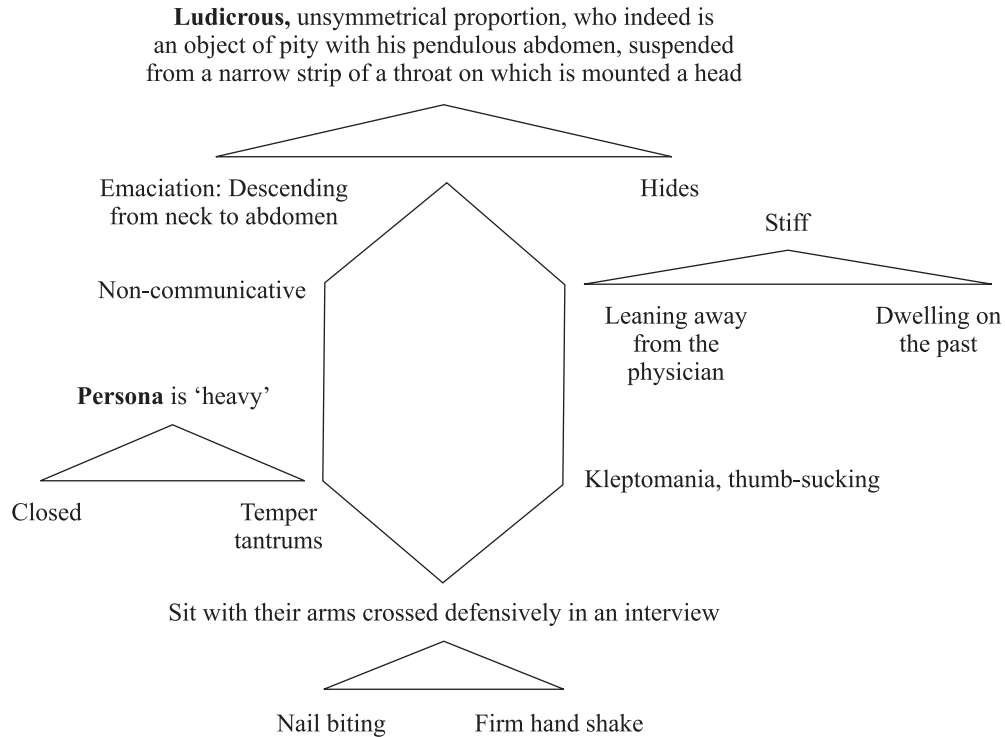


7. Master Natrium muriaticum

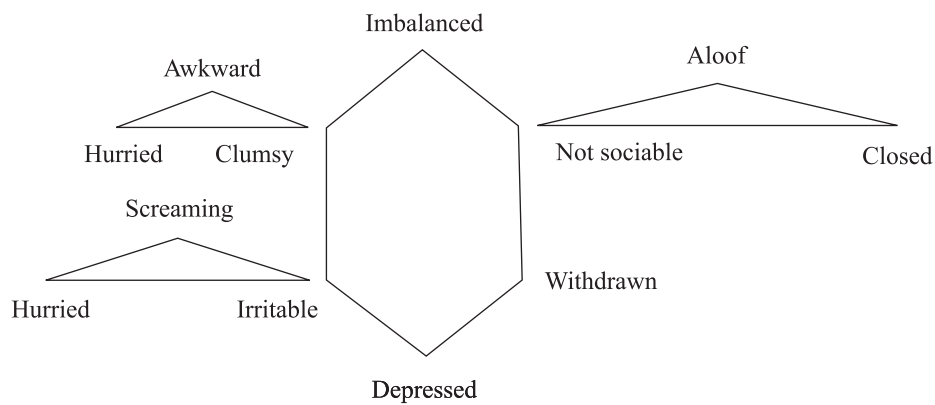
Appearance

- a. Small.
- b. Underweight for his age.
- c. Serious.
- d. Relatively dark skin.
- e. Thin neck – long, like a giraffe.
- f. Face – Pale, puffy (due to NaCl stagnation). Dry looking, wrinkled (due to NaCl depletion).
- g. Skin – Greasy, shiny, sweaty. Weak, wasted, cold, clammy hands. Fine, thin, translucent. Obesity and oedema (from salt retention).
- h. Lips – Dry with crack in centre (especially upper lip).

Gesture



Behavioural Profile



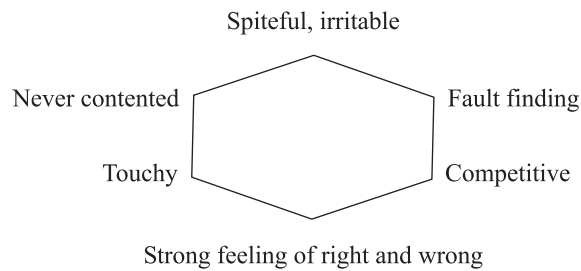
8. Master Nux vomica

Appearance

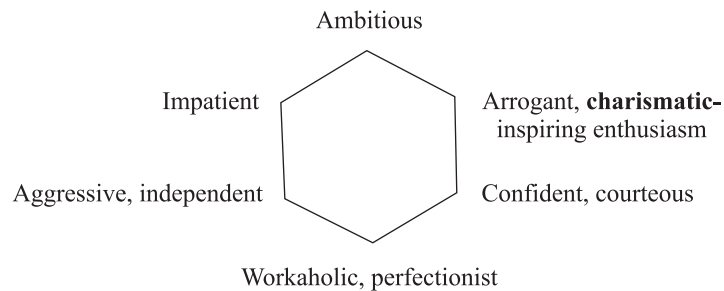
- Smart, dapper.
- Neat and tidy – suit and a tie.
- Chilly person.
- Thin, sparse, quick, active, nervous.

- v. Trim.
- vi. Prefers dinner party to BBQ!
- viii. Late night person.

Gesture



Behavioural Profile

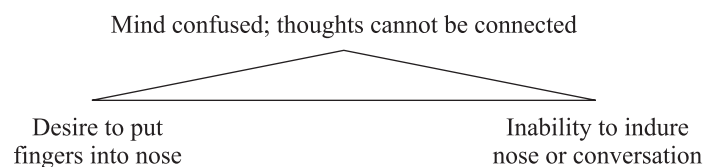


9. Miss Phosphoricum acidum

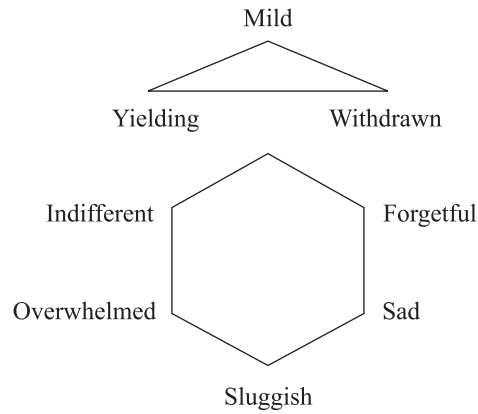
Appearance

- a. Eyes dull, glassy (but without lustre), downcast.
- b. Face pale, waxy, with (lusterless) hollow eyes surrounded by a blue circle and pointed nose.
- c. Skin withered, old and grey, and the patient emaciates.
- d. Children and young people who grow fast and fat like *Calcareo carbonica*.

Gesture



Behavioural Profile

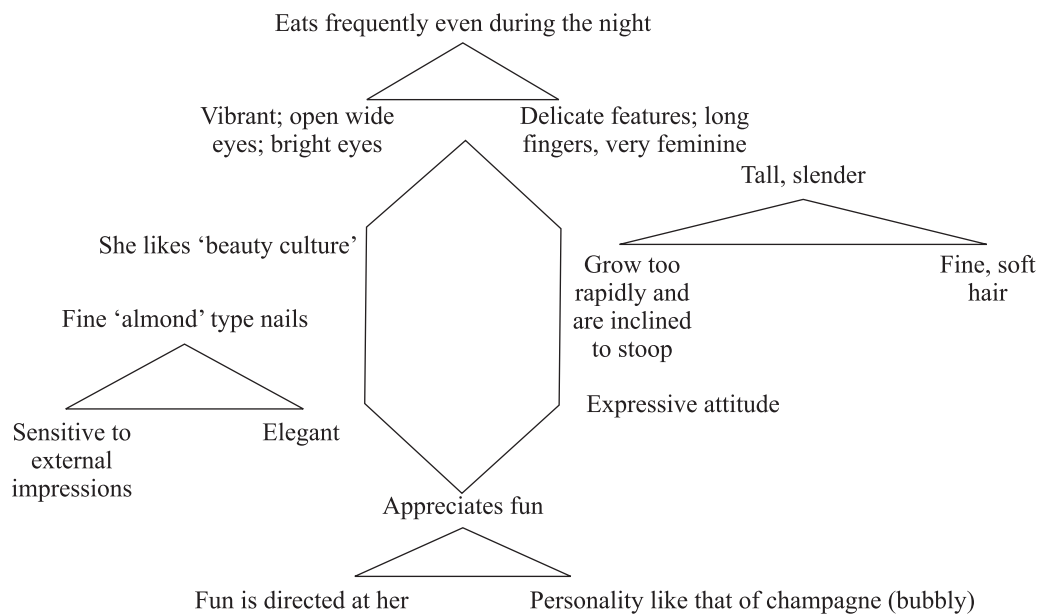


10. Miss Phosphorus

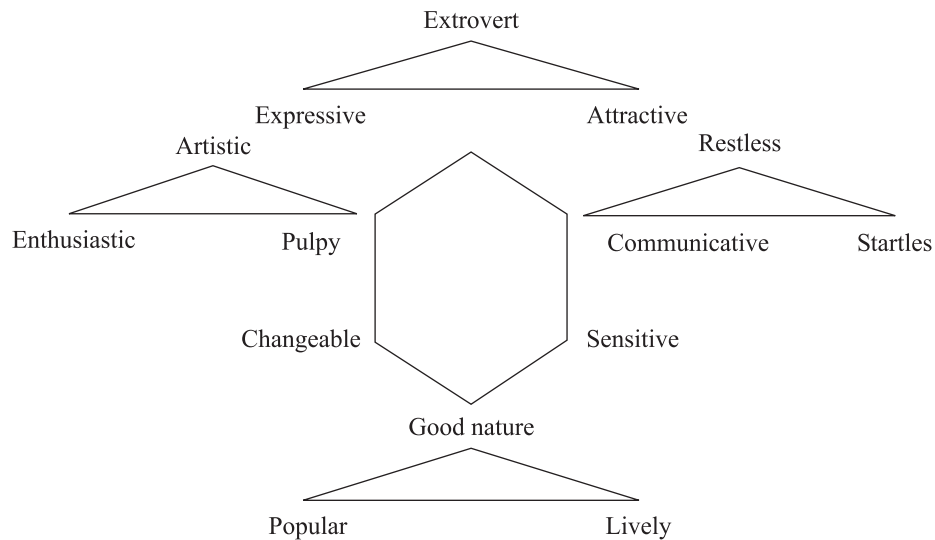
Appearance

- Tall, thin for her age.
- Fine features.
- Sparkly – bubbly child.
- Long eye lashes, attractive, arresting eyes.
- Artistic.
- Designer label clothes, arty, bright colours.
- Hair : Blond.
- Eye : Bright. Eye lashes are long and silky.
- Face : Easy flush – when excited or embarrassed.
- Constantly fidgets.

Gesture



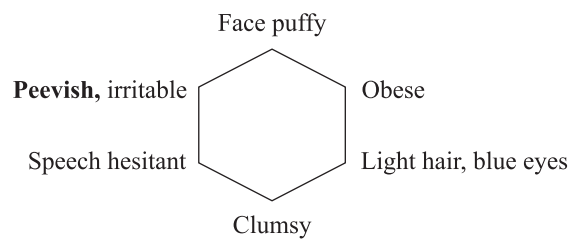
Behavioural Profile



11. Miss Pulsatilla nigricans

Appearance

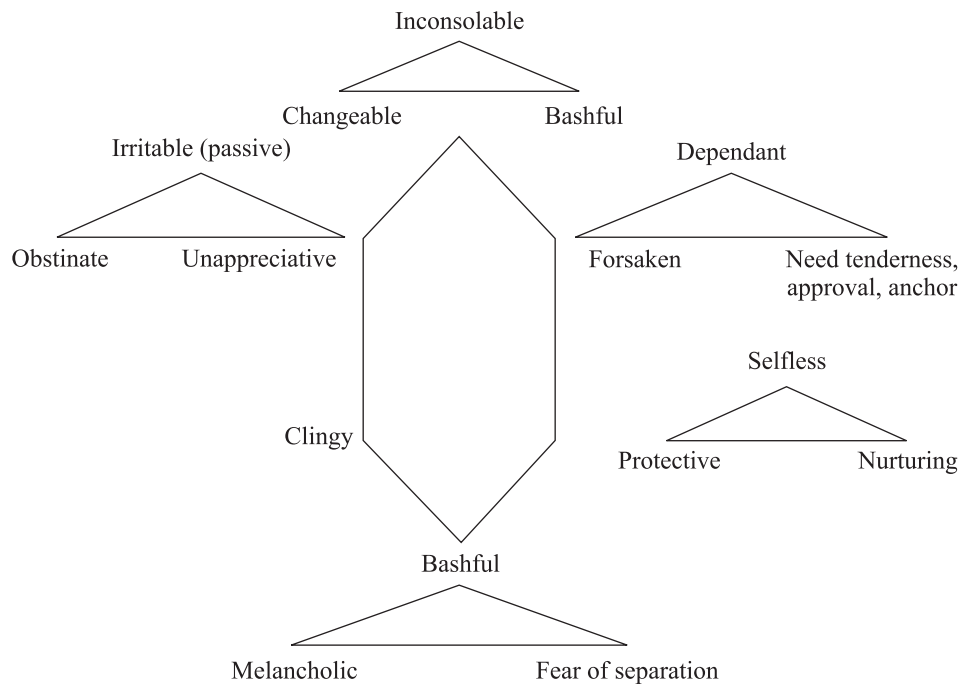
- Plump.
- Pretty, blond, feminine.
- Fair hair/blue eyes.
- Softness.
- Flushes and blushes easily.
- Red, plethoric; lips red and cracked.



Gesture

Clingy, oversensitive.

Behavioural Profile

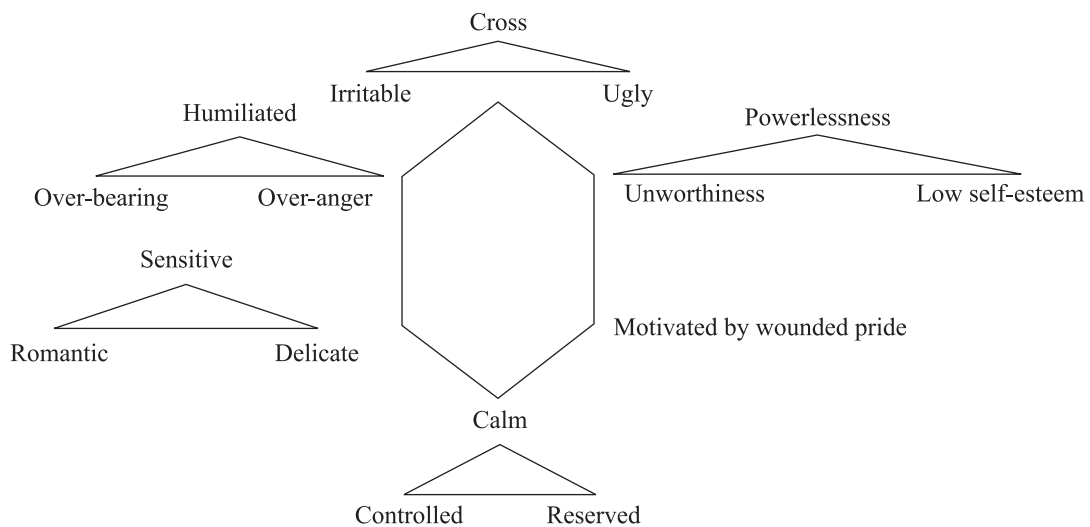


12. Master Staphysagria

Appearance

- Teeth problems – black and crumbling.
- Skin – eczema and warts.
- Casually dressed.
- Sweet and gentle.
- Nervous temperament with oversensitiveness.

Behavioural Profile

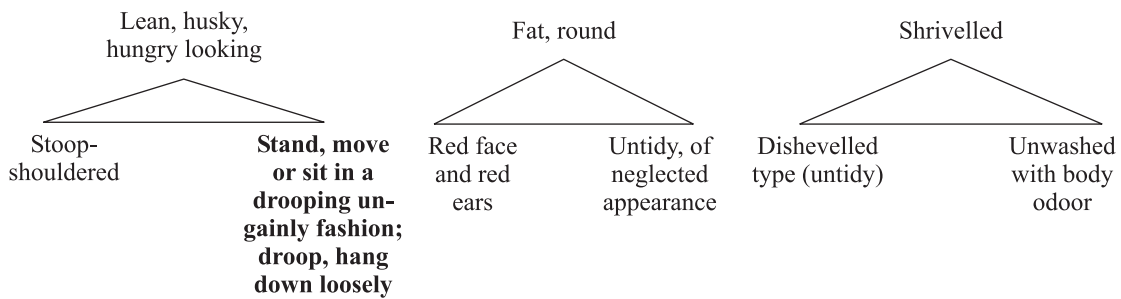


13. Master Sulphur

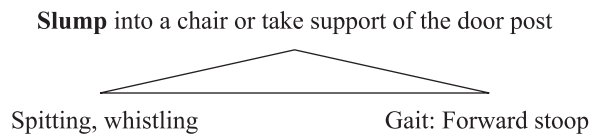
Appearance

- a. Scruffy, untidy.
- b. Dishevelled, messy.
- c. Stains on clothing.
- d. Pot bellied.
- e. Hot patient, averse to bathing.
- f. Could have a shave, looks unwashed – strong body odour.
- g. Harsh skin with redness

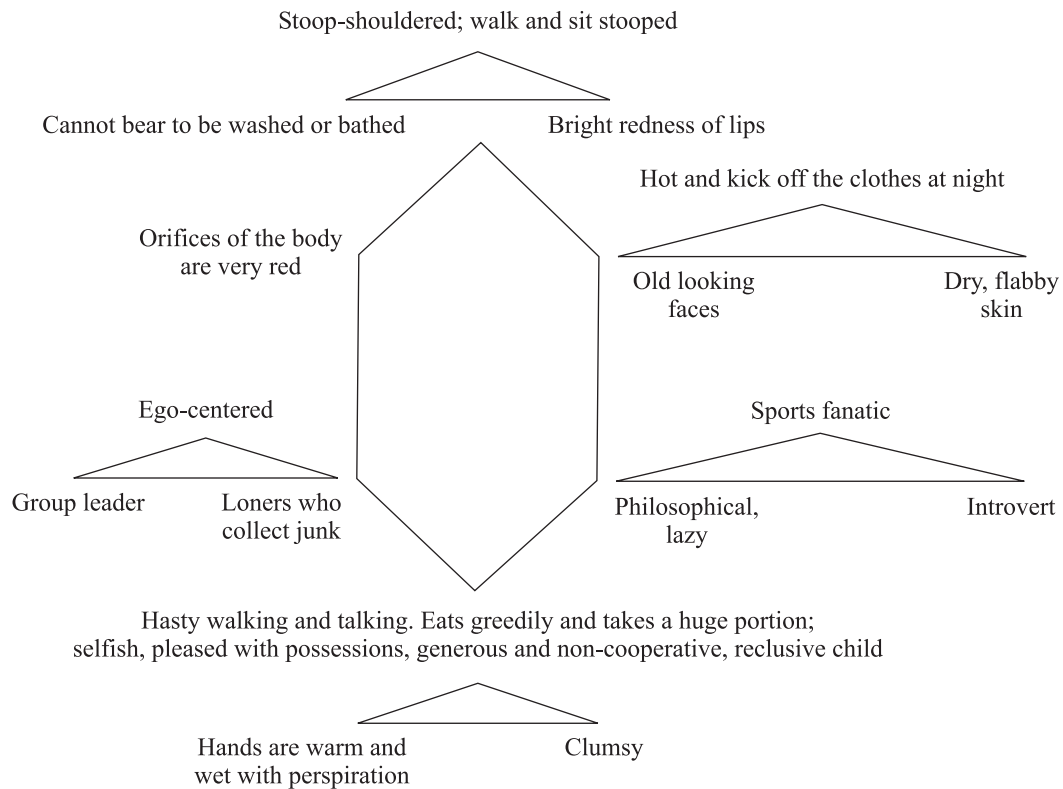
Three Types



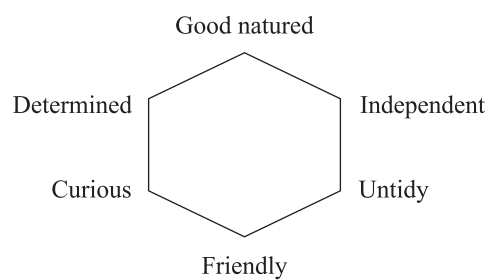
Posture



Gesture



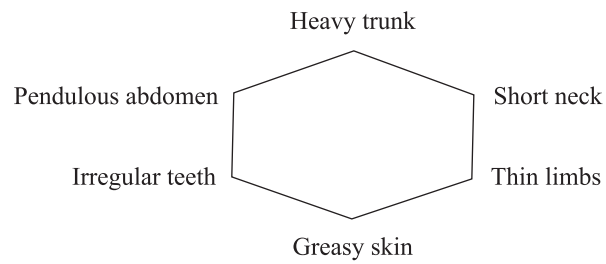
Behavioural Profile



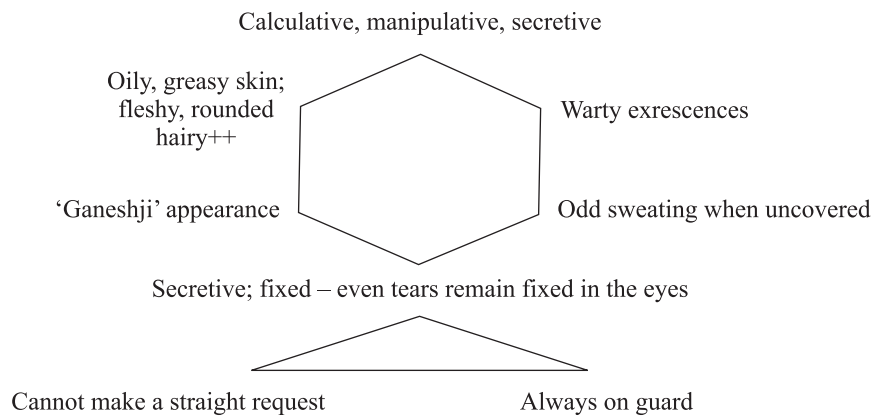
14. Master Thuja occidentalis

Appearance

- Pendulous breasts and abdomen – plump!
- Overweight – wants loose clothing.
- Oily skin, warts on face.
- Hair dry and falls abruptly.
- Sweating on exposed parts.
- Can be shy, timid.



Gesture



Behavioural Profile

