

## ARE ALL DENTAL FILLINGS HARMLESS

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### CASE NO. 1

Sri K. L. Biswas, aged 38 years, a Rly. employee suffering from acidity, duodenal ulcer and melena for about last 4 years had had dental fillings in his two lower molar teeth. He was under the treatment of allopathic doctors of the city for a considerable time and even had undergone operation for duodenal ulcer and had several blood transfusions. He was also under homœopathic treatment for some time. But none of the doctors had found any irregularity in his dental fillings and allowed their existence during the treatment. As a result of this, the malady in its raving course was gradually leading the patient to his grave, when he came to me for treatment.

Sri Biswas was asked to remove his dental fillings, which at first he declined on the ground that none of the doctors even the homœopaths had found any fault with this. I left the patient and after incurring heavy expenditure for indulging in further unscientific treatment, he returned to me on 1-7-78 after removing his dental fillings. I gave him some common medicines and his recovery was uneventful.

### CASE NO. 2

Sm. A. Mukherjee, aged 22 years had a dental filling in one of her molar tooth. Since then she was suffering from various ailments, such as painful menstruation, indigestion, swelling of glands, tonsillitis, etc. She also at first declined to remove her dental filling on the ground that it cannot be removed without extracting the tooth, which is not possible as her marriage negotiation is going on. I assured her that extraction of tooth is not necessary in this case. It can be removed by drilling by an expert dentist. Afterwards she removed the dental filling and she was given Puls. for painful menstruation, Baryta carb., Merc. proto., Kali mur. and Sulph. for glandular swelling and tonsillitis and she was placed in her health before long.

**Editorial comments:** Many case reports such as above are received for publication in THE HAHNEMANNIAN GLEANINGS. Scientific case reporting demands:

- (1) A full case history of the patient.
- (2) The case analysis and synthesis done by the prescriber.
- (3) The reasons for the choice of the remedy, its change and repetition.
- (4) The remedy response on which the above judgment is based.

Unless these details are available, it would be difficult to accept in the above cases whether failure of the earlier homœopaths lay in their error in perceiving the totality of the patient or because the dental fillings were responsible for the remedies to fail in bringing about the desired response.