

The Banerji Protocols™: A New Method of Treatment with Homeopathic Medicines

By
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**Dr. Christian Friedrich
Samuel Hahnemann**
Founder of Homeopathy
(1755 – 1843)



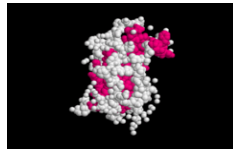
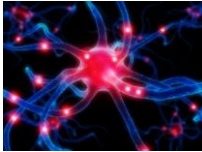
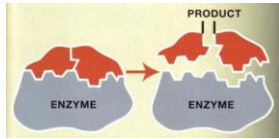
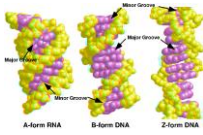


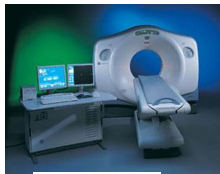
Hahnemann, Lesser Writings



It is commonly believed that Hahnemann supported only holistic and individualistic approach of homeopathy.

We often miss his advise in his Lesser Writings (page 687), “...by an infinite number of trials of all imaginable simple substances used in domestic practice in a well defined disease, which shall constantly present the same characters a true certainly efficacious specific remedy for the greater number of individuals suffering from the same disease might certainly be discovered...”







Classical Homeopathy has no specific remedy for any disease by name, but it has specificity for each individual case of disease.

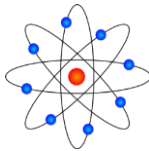


Typical classical homeopathic initial consultation took 117 +/- 43 minutes for each adult patient and 86 +/- 36 minutes for each child patient

Becker-Witt et al, 2004



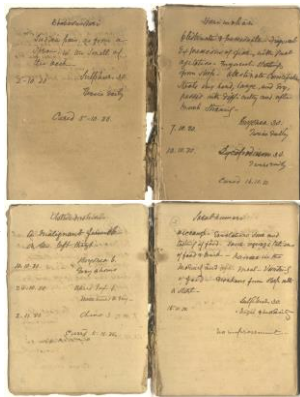
What is commonly known as Classical Homeopathy today is basically an effort to keep the practice of homeopathy unchanged from the time of Hahnemann. The problem with this is that homeopathy is a science.

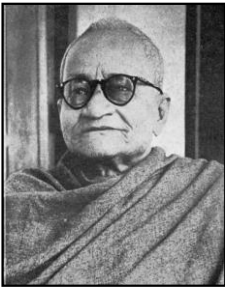


Science, as we know today embodies a process of continuous development in the course of which observational facts change with piling up of more statistics and improved instruments and methods of observation.



Homeopathic prescription
written by Pandit Ishwar
Chandra Vidyasagar
in the year 1880





Dr. Pareshnath Banerji
1891 - 1971

[illegible]

**Netaji Subhas Chandra Bose with
Dr. Pareshnath Banerji**





He found that about 80% of his patients suffering from common ailments were curable by specific Homeopathic remedies, making his clinical dispensation as quick as lightning. In the remaining 20% he gave the greatest importance to the characteristic symptoms narrated by the patients themselves.



Acute Rheumatoid Arthritis with pain



Medorrhinum 200C ,
one dose every two hours, till relief



Bronchiectasis Sicca with Hemoptysis



Bryonia



Aggravates the Hemoptysis



Bryonia + Aconite (mixed)



Quicker Relief



In 1960, Dr. Prasanta Banerji's own
Clinic was set up
at
114A, Ashutosh Mukherjee Road,
Kolkata - 700 025
West Bengal, India

Free Charitable Clinic



Pay & Charitable Clinic



Dr. Prasanta Banerji Homeopathic Research Foundation
(Home of the Banerji Protocols™)
Kolkata, West Bengal, India



“The Banerji Protocols™”
~ What are they?

Banerji Protocols™



The Banerji Protocols™ are an evolved system of Medicine, in which Specific Homeopathic Medicines, in Specific Dilutions and Pre-Set Dosage Patterns, are prescribed for Specific Diagnosis of Disease.



The scientists
at UTMDACC
experimented
in their
laboratory on
different cancer
cell lines





We have shown countless number of cases
showing complete remission by using the
Banerji Protocols™, which, for now, remain
constant for every different disease diagnosis.

The Banerji Protocols™: Why use them??



⇒ These protocols are easy to learn since the
focus is on the diagnostic approach thus
the case-taking time is shortened.

⇒ The fixed nature of prescription for specific
diseases along with specific potencies
standardizes medicine selection in the
Banerji Protocols™ similar to conventional
medicine.

The Banerji Protocols™: Why use them??



We have specific medicines with fixed dilution for every disease based on our experience of over 75 years of collective observations, which is very effective. Quick case taking and prescription in a few minutes.

DIAGNOSIS

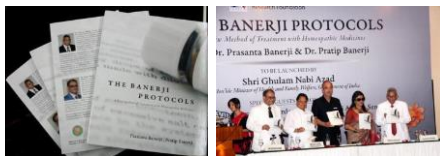


PRESCRIPTION

Our approach is **Diagnostic rather than Individualistic** i.e., more objective than subjective. That is why it is easy to disseminate to medical students and the general public. In a short time more patients can be treated. Consequently, it makes the medicines affordable to the weaker sections of society making it...



“The Medicine for the Global Population!”



In case of Science it is a rule that results should be repeated with almost the same result: i.e., **reproducibility**, and the **Banerji Protocols™** fulfill this. Any doctor can treat their patients armed with a ready reckoner like our book:

“The Banerji Protocols™: A New Method of Treatment with Homeopathic Medicines”



The Banerji Protocols™ do not follow
the Cardinal Principles of Homeopathy

Cardinal Principles of Homeopathy	Homeopathy	Banerji Protocols™
1. Law of Similia	Yes	No
2. Law of Simplex	Yes	No
3. Law of Minimum	Yes	No
4. Theory of Chronic Diseases	Yes	No
5. Theory of Vital Force	Yes	No

Differences between the Banerji Protocols™ and Homeopathy



- The Banerji Protocols™ treat the disease, homeopathy treats the individual.
- The Banerji Protocols™ are not prescribed obeying “Similia Similibus Curentur” ie., “Likes Cure Likes”, they are prescribed purely on a disease-based diagnosis.
- The Banerji Protocols™ use specific medicines, in pre-determined potencies, in fixed dosage patterns for specific diseases. Whereas, homeopathy has no specific medicine for a specific disease diagnosis.



To establish a system that is based on
experience is consistent with
Hahnemann’s dream of the future of
homeopathy.



A Presentation of Cases



Hemangioma

Hemangioma



02.02.2012



23.11.2015

Hemangioma



19.08.2009



07.11.2009



25.08.2010



01.05.2012



05.01.2013



25.02.2014



Banerji Protocols™

1. Hamamelis virginica 200C + Arnica montana 3C,
two doses daily
2. Hypericum perforatum 200C + Arsenicum album
200C, two doses daily for ulceration.



Large Parotid Mass



Name SB
Age 90 years
Duration of illness 7 years
Date of first visit 18.01.2012
Chief complaints Huge swelling left side face with pain
Past history, if any NIL



10.01.2012



01.09.2012



24.01.2013



25.09.2013



24.01.2014



Banerji Protocols™

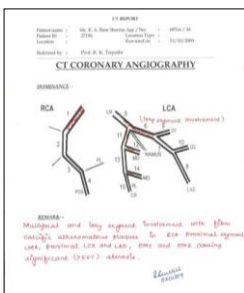
1. Thuja Occ 1000C, one dose every week.
2. Mercurius Vivus 200C+ Belladonna 30C, two doses daily



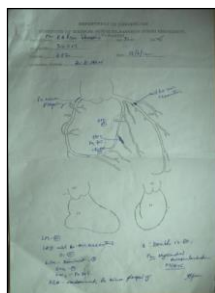
Triple Vessels Disease



Name Mr. R.R.S
Age 71 years
Duration of illness 1 year
Date of first visit 26.11.2011
Chief complaints Palpitation, Chest pain
 Dry throat, Cough,
Past history, if any Nil



CT Coronary Angiography dated 31.10.2009



Coronary Angiography dated 13.06.2012



Banerji Protocols™

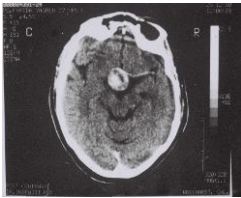
1. Lachesis 200C, every alternate day
2. Crataegus Ox. Q, and Hamamelis Vir 200C + Arnica Mont 3C, every 3 hrs. alternately



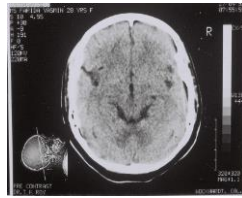
Pituitary Macroadenoma



Name	FY
Age	27 years
Duration of illness	4 years
Date of first visit	29.12.1990
Chief complaints	Headache with occasional swoon and hazy vision
Past history, if any	Nil



C.T. Scan of Brain Dt. 25.12.1990



C.T. Scan of Brain Dt. 27.04.1992



Banerji Protocols™

1. Ruta graveolens 6c, 2 doses daily
2. Calcarea Phosphorica 3x, 2 doses daily



Liver Failure



Name AG
Age 29 years
Duration of illness 1 Year
Date of first visit 22.08.2008
Chief complaints Ascites, jaundice
acute right abdomen
colic.
Past history, if any Nil



**Rapidly progressing Jaundice
followed by pedal edema,
ascites, fever and abdominal
tenderness.**



**Viral antibody testing revealed
HBsAg +, IgM HBc-, HBV DNA
1300 copies/m, and IgM
antiHEV+.**



After six months of hospitalization at AIIMS, his Serum Bilirubin continued to be markedly elevated and ALT was continuously 75 times the normal, indicating failure of conservative treatment.

DEPARTMENT OF GASTROENTEROLOGY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
DISCHARGE SUMMARY

Clinical Summary: The patient was admitted with a diagnosis of liver disease. He was receiving Lamivudine & IV Glycerol. His serum bilirubin continued to be markedly elevated & ALT continued to be 75 x N. At the hospital, ascites / edema was controlled with IV albumin and diuretics. He was receiving Lamivudine & IV Glycerol. His serum bilirubin continued to be markedly elevated & ALT continued to be 75 x N. Therefore patient has been explained that he may need liver transplant for which he should be registered at a center performing liver transplant regularly.

Discharge Summary: The patient was discharged with a diagnosis of liver disease. He was receiving Lamivudine & IV Glycerol. His serum bilirubin continued to be markedly elevated & ALT continued to be 75 x N. Therefore patient has been explained that he may need liver transplant for which he should be registered at a center performing liver transplant regularly.





Blood report done on the 5th of October 2007

T. Bill – 18.6 mg /dl (Normal 0.30-1.20)

SGOT – 2580 IU/L (Normal upto 35)

SGPT – 3660 IU/L (Normal upto 40)

ALK PHOS – 310 IU/L (Normal 65-305)



Blood report done on the 13th of October 2007

T. Bill – 28 mg /dl (Normal 0.30-1.20)

SGOT – 1041 IU/L (Normal upto 35)

SGPT – 273 IU/L (Normal upto 40)

ALK PHOS – 328 IU/L (Normal 65-305)



Blood report done on the 17th of March 2008

T. Bill – 18.7 mg /dl (Normal 0.30-1.20)

SGOT – 114 IU/L (Normal upto 35)

SGPT – 247 IU/L (Normal upto 40)

ALK PHOS – 361 IU/L (Normal 65-305)



**The Banerji ProtocolsTM
for Liver Failure started
in April 2008.**



Banerji Protocols™

1. Chelidonium majus 6X,
2. Lycopodium clavatum 30c, every three hours alternately.
3. Myrica In Q , Two doses daily
4. Thuja occ. 30c, Two doses daily



Blood report done on the 26th of April 2008

T. Bill – 10.4 mg /dl (Normal 0.30-1.20)

SGOT – 61 IU/L (Normal upto 35)

SGPT – 125 IU/L (Normal upto 40)

ALK PHOS – 265 IU/L (Normal 65-305)



Blood report done on the 7th of June 2008

T. Bill – 8.6 mg /dl (Normal 0.30-1.20)

SGOT – 43 IU/L (Normal upto 35)

SGPT – 95 IU/L (Normal upto 40)

ALK PHOS – 233 IU/L (Normal 65-305)



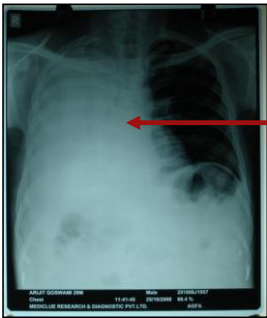
Blood report done on the 25th of October 2008

T. Bill – 2.92 mg /dl (Normal 0.30-1.20)

SGOT – 31 IU/L (Normal upto 35)

SGPT – 62 IU/L (Normal upto 40)

ALK PHOS – 307 IU/L (Normal 65-305)



X-Ray Chest PA view dated 25.10.2008



**X-Ray Chest PA view dated
07.02.2009**



Blood report done on the 4th of March 2009

T. Bill – 1.56 mg /dl (Normal 0.30-1.20)

SGOT – 43 IU/L (Normal upto 35)

SGPT – 75 IU/L (Normal upto 40)

ALK PHOS – 355 IU/L (Normal 65-305)



**X-Ray Chest PA view dated
05.03.2009**



Blood report done on the 9th of May 2009

T.Bill – 1.37 mg /dl (Normal 0.30-1.20)

SGOT – 41 IU/L (Normal upto 35)

SGPT – 65 IU/L (Normal upto 40)

ALK PHOS – 275 IU/L (Normal 65-305)



Blood report done on the 8th of October 2009

T.Bill – 1.8 mg /dl (Normal 0.30-1.20)

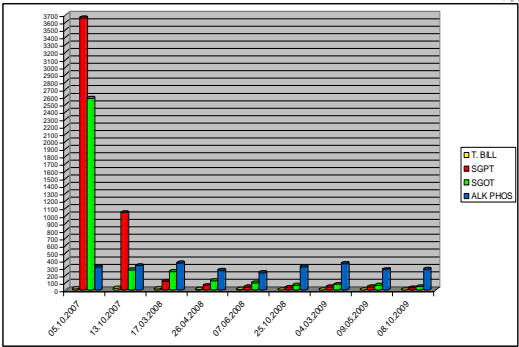
SGOT – 44 IU/L (Normal upto 35)

SGPT – 29 IU/L (Normal upto 40)

ALK PHOS – 281 IU/L (Normal 65-305)



X-Ray Chest PA view dated
09.05.2009





Congenital Heart Disease



Name SV
Age 3 years
Duration of illness 3 months
Date of first visit 3rd of December 2012
Chief complaints Dyspnoea
Past history, if any Nil



SUBHAM HOSPITAL & DIAGNOSTIC CENTRE PVT. LTD.			
A Multispecialty Hospital			
S.S. Road, Sector-10, Gurgaon, Haryana, India. (Near DLF Phase-1)			
PATIENT'S INFORMATION			
Name	SV	Age	3 years
Sex	Male	Date of Birth	17.11.2012
Ref. by	Dr. A. K. Sharma	Ref. Date	17.11.2012
HISTORY			
Presenting Complaint	Dyspnoea		
Duration of Illness	3 months		
Chief Complaint	Dyspnoea		
Past History	Nil		
PHYSICAL EXAMINATION			
General	Well		
Heart	Normal		
Lungs	Normal		
Abdomen	Normal		
IMPRESSION			
Acyanotic congenital heart disease. Fossa ovalis ASD (4mm), left to right shunt. Normal ventricular function and dimension.			
DR. A. K. SHARMA, MD, DNB (PEDIATRICS)			

Echocardiography dated 17.11.2012



Banerji Protocols™

1. Lachesis 200C, every alternate day
2. Crataegus Ox. Q, and Hamamelis Vir 200C
+Arnica Mont 3C, every 3 hrs. alternately

CONCLUSION : STRUCTURALLY AND FUNCTIONALLY NORMAL HEART
NORMAL BIVENTRICULAR FUNCTION
NO EVIDENCE OF INTRACARDIAC SHUNT / PDA / COA

Ecocardiography dated 18.02.2014

IMPRESSION : Acyanotic congenital heart disease.
Fossa ovalis ASD (4mm), left to right shunt.
Normal ventricular function and dimension.

Ecocardiography dated 17.11.2012

CONCLUSION : STRUCTURALLY AND FUNCTIONALLY NORMAL HEART
NORMAL BIVENTRICULAR FUNCTION
NO EVIDENCE OF INTRACARDIAC SHUNT / PDA / COA

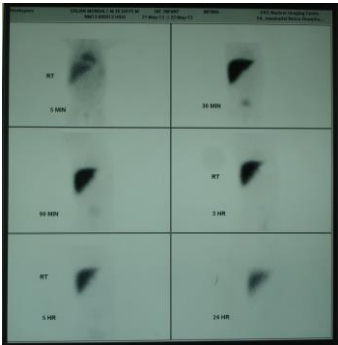
Ecocardiography dated 18.02.2014



Biliary Atresia



Name SM
Age 2½ Months
Duration of illness 2 months
Date of first visit 13.06.2013
Chief complaints Bloated abdomen with
pain, nasal regurgitation of
milk, stool after food
(8-9 times)
Past history, if any Nil



HIDA dated
21.05.2013



Blood report done on the 22nd of May 2013

T. Bill – 17.5 (Conj-15.5, Unconj-2.0)

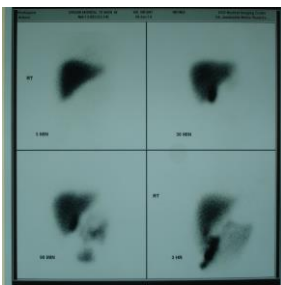
SGPT – 31, SGOT- 96

Alkp – 1809

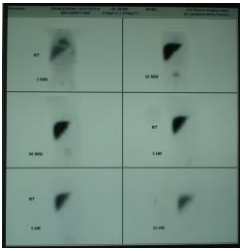


Banerji Protocols™

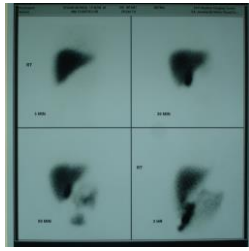
1. Chelidonium Majus 6X, 2 doses daily
2. Lycopodium Clavat 30C, 2 doses daily
3. Myrica Cer Q(mother tincture) 2 doses daily
2. Calcarea Phosphorica 3X, 2 doses daily



HIDA dated
28.01.2014



HIDA dated 21.05.2013



HIDA dated 28.01.2014





Left Aryepiglottic Mucosal Cyst



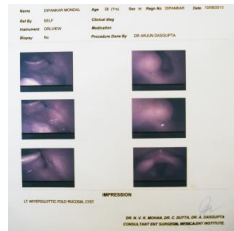
Name	DM
Age	38 years
Duration of illness	5 months
Date of first visit	12 th of August 2013
Chief complaints	Hoarseness of voice, Throat pain.
Past history, if any	Tonsillectomy 4 years ago



Fibre Optic Laryngoscopy dated 10.08.2013



Fibre Optic Laryngoscopy dated 16.11.2013



Fibre Optic Laryngoscopy dated 10.08.2013



Fibre Optic Laryngoscopy dated 16.11.2013



Banerji Protocols™

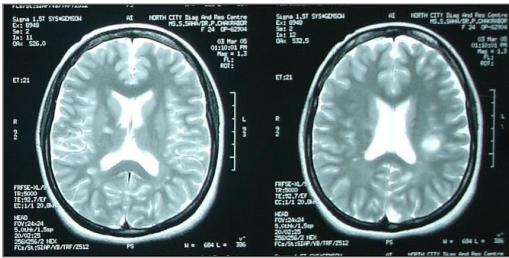
1. Hepar Sulph 200c, two doses daily
2. Hamam Vir 200c + Arnica Mont 3c
two doses daily



Multiple Sclerosis



Name	Ms. SS
Age	25 years
Duration of illness	3 months
Date of first visit	04.06.2005
Chief complaints	Headache, Nausea, Heaviness of head, weakness of limbs, Diplopia.
Past history, if any	Nil



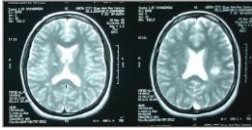
MRI of Brain dated 03.03.2005



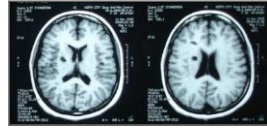
MRI of Brain dated 11.11.2005



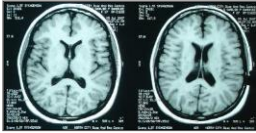
MRI of Brain dated 05.07.2007



MRI of Brain Dated 03.03.2005



MRI of Brain Dated 11.11.2005



MRI of Brain Dated 05.07.2007





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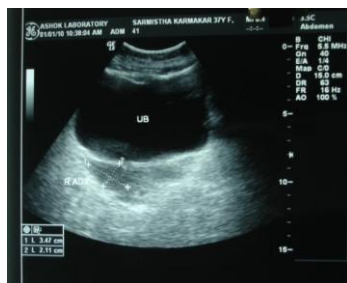
1. Ruta Gr. 6c, two doses daily,
2. Calcarea Phos 3X, two doses daily

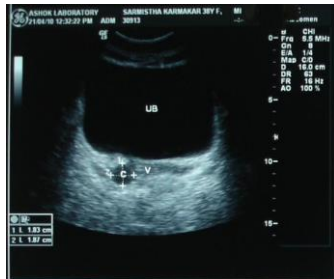


Adnexal SOL



Name	Mrs. SK
Age	37 years
Duration of illness	4 months
Date of first visit	16.09.2009
Chief complaints	Pain in lower abdomen
Past history, if any	Nil

**USG of lower abdomen dated 07.09.2009****USG of lower abdomen dated 01.01.2010**

**USG of lower abdomen dated 21.04.2010**[illegible]

USG of lower abdomen dated 16.12.2010



USG dated 07.09.2009



USG dated 01.01.2010



USG dated 21.04.2010



USG dated 16.12.2010



Banerji Protocols™

Conium Mac 3c, two doses daily



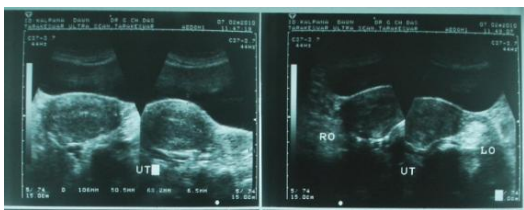
Uterine Tumor



Name	Mrs. KD
Age	43 years
Duration of illness	5 months
Date of first visit	04.05.2009
Chief complaints	Pain in lower abdomen
	Heavy menorrhagia
Past history, if any	Nil



USG of Lower Abdomen dated 10.04.2009



USG of Lower Abdomen dated 07.02.2010



USG of Lower Abdomen dated 10.04.2009



USG of Lower Abdomen dated 07.02.2010

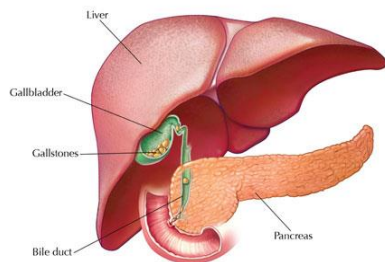


Banerji Protocols™

1. Conium Mac 3c, two doses daily
2. Arnica Mont 3c, two doses daily



Cholelithiasis (Gallbladder Stone)





The most important mechanism in the formation of stones is the increased biliary secretion of cholesterol. This may occur due to many reasons which cannot be pinpointed. If by oral medication the secretion of cholesterol is regulated, density of bile is made normal, the stones melt and the disease can be cured. In some cases even if the disease is cured i.e. the bile is made normal the stones do not melt. By homoeopathic medicines, the stones become silent and fixed at one place. The patients are symptom free for the rest of life.

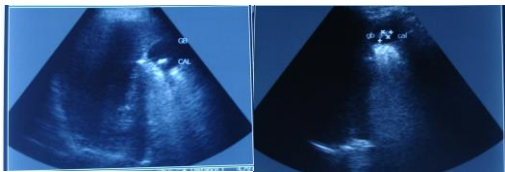
Current Medical Diagnosis & Treatment, 1997 Edition, Page 631, (USA)
Clinical Medicine-Kumar & Clark 4th edition, Page-341 (LONDON)



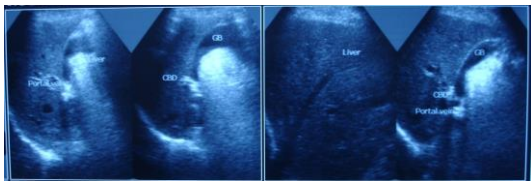
All pathological gall-bladder cases are not required to be operated. They can be treated safely with homeopathic medicines. Homeopathy has specific medicines for the treatment of pathological gall-bladder only those cases, who do not respond to oral homeopathic treatment or those who develop complications are to be treated surgically.



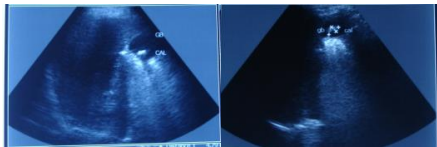
Name	SRS
Age	74 years
Duration of illness	6 months
Date of first visit	24.08.2012
Chief complaints	Pain in right side of upper abdomen extended to back, Nausea, gas in abdomen.
Past history, if any	NIL



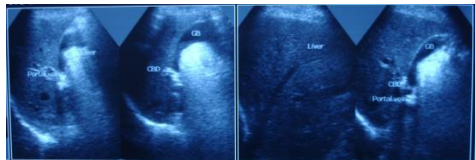
USG of Whole abdomen dated 17.08.2012



USG of Whole abdomen dated 20.04.2013



USG of Whole abdomen dated 17.08.2012



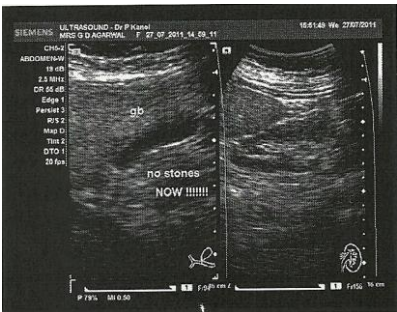
USG of Whole abdomen dated 20.04.2013



Name **GDA**
Age **62 years**
Duration of illness **4 months**
Date of first visit **01.07.2010**
Chief complaints **Pain in right side of upper abdomen, gas in abdomen, Heaviness in abdomen.**
Past history, if any **NIL**



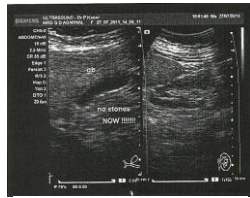
USG of upper abdomen dated 22.06.2010



USG of upper abdomen dated 27.07.2011



USG of upper abdomen dated 22.06.2010



USG of upper abdomen dated 27.07.2011



Banerji Protocols™

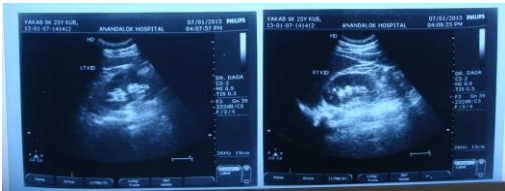
1. Carduus Mar Q (Mother tincture) , two doses daily
2. Lycopodium Clavar 200c one dose alternate day
3. Belladonna 3c SOS for pain



Renal Calculus



Name YS
Age 25 years
Duration of illness 2 months
Date of first visit 18.02.2013
Chief complaints Bilateral renal angle pain
Past history, if any Renal Colic off and on

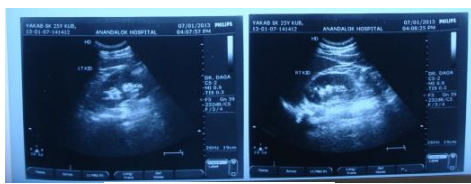


USG of KUB dated 07.01.2013

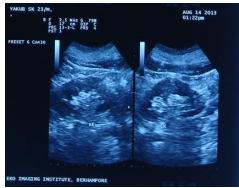


USG of KUB dated 14.08.2013





USG of KUB dated 07.01.2013



USG of KUB dated 14.08.2013



Banerji Protocols™

1. Berberis Vulg Q (Mother tincture) , two doses daily
2. Tabacum 200c two doses daily
3. Cantharis Q, (Mother tincture) SOS



Thank You