The Banerji Protocols\textsuperscript{TM}: A New Method of Treatment with Homeopathic Medicines

By
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Our adventures into the world of academics and research with the Banerji Protocols\textsuperscript{TM} (BP) in the treatment of Cancer and others serious illness

From 1976 onwards, we had been submitting articles and presenting papers at the meetings of the Liga Medicorum Homoeopathica Internationalis, Geneva

Athens, Greece, 1977
Hamburg, West Germany, 1979
Acapulco, Mexico, 1980
Rio de Janeiro, Brazil, 1986
Athens, Greece, 1988
Cordoba, Argentina, 1992
Cologne, West Germany, 1991
5th International Conference of Anticancer Research 1995, a conventional cancer conference with 1200 attendees, from all over the world. The challenge was whether we could give a presentation on regression of cancerous tumors by oral medicines only.

“Regression of Brain Tumors by Ultra dilute Medicine”

With Dr. John Mendelsohn, chief of the UT MDACC

With Dr. Sen Pathak & Dr. Subrata Sen at UT MDACC
At this juncture we arrived at the conclusion that though homeopathy was very well accepted by the homeopathic community, the need of this system was an acceptance in the world of conventional medicine.

Homeopathy is a science…and every person of scientific intent knows that science cannot stand still…it needs to evolve and progress.

With Dr. Isis S. Mikhail (left) and Dr. Jeffery D. White (right) in Office of the Cancer Complimentary and Alternative Medicines, at NCI, USA
The Best Case Series Program (BCS), in this program, practitioners of any Complementary and Alternative Medicine (CAM) system were invited to submit their best cases for stringent evaluation by independent reviewers of the conventional system and to present their experiences by submitting verifiable successes in the treatment of any disease. We were invited to submit on cancer.

We submitted in 1997 and after every kind of evaluation possible were accepted in 1999 when we were the only group ever, to be accepted with an invitation to present before the Cancer Advisory Panel Complementary and Alternative Medicine (CAPCAM) the highest body for the evaluation of CAM in the US at that time.
Offers of scientific collaboration

With Dr. Wayne Jones, former Director of the Office of the Alternative Medicines of the NIH, USA

With Dr. Donald Campbell at St. Luke’s Hospital, Kansas

City of Hope Hospital with Dr. Chen and Dr. Barbara Sarter

With Dr. Kurzrock and Dr. Siqing Fu at MDACC, USA

Teaching seminar by us in Tokyo, Japan

With Dr. Torako Yui, in Japan
Offers of scientific collaboration

Teaching seminar by us in Barcelona, Spain

With Dr. Gualberto Diaz Saez, Medical Director of Boiron, Spain & Research Scientists in Madrid, Spain

Visitors from the USA to the PBHRF in recent years

Dr. Jeffrey D. White met cancer patients at the PBHRF clinic in Kolkata

Dr. Elena R. Ladas and Dr. Kara M. Kelly from Columbia University met Brain Tumor patients at PBHRF clinic in Kolkata

Dr. Barbara Sarter and Dr. Prasanta Banerji at the PBHRF clinic with patients
The medicines used in this study were Carcinosin, Phytolacca, Conium and Thuja.

The remedies exerted preferential cytotoxic effects against the two breast cancer cell lines, causing cell cycle delay/arrest and apoptosis.
Breast Cancer for last 10 years
(based on data collected from the year 2005 to 2014: 1616 cases)

Banerji Protocols™ for Breast Cancer

- Phytolacca 200C, 2 doses daily
- Carcinosinum 30C, 1 dose every alternate day

Cancer and The Banerji Protocols™
Cancer, as yet, is a disease of great concern because there is a lack of a high percentage of effective treatment even in the 21st century.

It is here that the ‘Banerji Protocols™’ utilizing homeopathic medicines, with which the PBHRF and its practicing homeopaths are readily associated, has had an important role to play.

Our Experience with Cancer

Average patient turnout of 1000 to 1200 a day gives us a clear perspective as to disease and treatment trends in the population.

An average of 10 to 15% i.e., 120 to 200 cancer cases a day has helped us to formulate set protocols for their treatment.
In our clinics we are privileged to see and treat every type of cancer and in every stage of the disease.

- We get patients who opt to take only our Banerji Protocols™ without any conventional treatments.
- And we get those who use our medicines as adjunct therapy after the conventional treatments fail.
- We even get patients who come to us to get relief from the various side-effects of conventional chemotherapy and radiation.

**Treatment**

The main objective we follow while taking on the treatment of such cases is to provide them with a better Quality of Life (QoL).

The 'Banerji Protocols™' are designed taking into account the diagnosis as well as the various complaints being suffered by the patients. We give a basic set of medicines to treat each cancer type and thereafter considering the accessory symptoms have preset first, second and third line medicines to give palliative relief to the suffering.

January 2015 to December 2015, we have treated 4850 new cancer patients of 56 different types of cancer
New Cancer Cases last 5 Years at PBHRF

All malignant tumors last 10 years
(based on data collected from the year 2005 to 2014: 28547 cases)

A Presentation of Cases
## Lung Cancer

<table>
<thead>
<tr>
<th>Name</th>
<th>MKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>47 years</td>
</tr>
<tr>
<td>Duration of illness</td>
<td>3 months</td>
</tr>
<tr>
<td>Date of first visit</td>
<td>30.11.1994</td>
</tr>
<tr>
<td>Chief complaints</td>
<td>Chest pain with cough, Loss of weight</td>
</tr>
<tr>
<td>Past history, if any</td>
<td>Nil</td>
</tr>
<tr>
<td>Clinical Condition at the time of treatment</td>
<td>Patient presented with restricted respiratory movement in the left side and few localized crepitations in the upper part of left chest</td>
</tr>
</tbody>
</table>

Chest X-ray dated 18.11.1994
CT Scan of Chest dated 19.11.1994

C.T. Guided FNAC dated 24.11.1994

Chest X-ray dated 31.01.95
Case No. 1 MKS (Carcinoma of Unknown Primary. Possible Lung CA)  
47 y.o. man who presented to PBHRF on 11/30/94 with a 3 month history of present illness. Chief complaints were: Chest pain with cough. Weight loss.

**Diagnostic Evaluation:**
- Chest X-ray (11/18/94) - Left upper mediastinum mass  
- CT scan of Chest (11/19/94) - 8 x 6.4 cm mass in upper mediastinum on left. Consolidation of adjacent left upper lobe.  
- CT guided fine needle aspirate (11/24/94) - Cytology showed "Malignant tumor."

**TNM Staging:** American Joint Committee on Cancer Staging System:  
- Lung Cancer Staging (T2, N1, M0) – Stage II  
- If unknown primary then it is stage IV.

**Treatment:**  
- Homeopathic medical treatment began 11/30/94. No other therapy.
Case No. 1  MKS (Carcinoma of Unknown Primary. Possible Lung CA)

[cont.]

Follow-up:

Symptoms resolved.

Chest X-ray (1/31/95) - "...considerable shrinkage in the mediastinal mass..."

Chest X-ray (7/5/95) - "Gradual and excellent regression of the mediastinal mass since original X-ray of November '94."

Chest X-ray (1/9/96) - "...small residual opacity still present."

Chest X-ray (9/23/96) - "There has been complete resolution in the mediastinal tumor since last X-ray which was taken on (Jan. 9, 1996)."

Chest X-ray (1/7/99) - "There has been no recurrence of mediastinal mass since last X-ray. Lung fields are now clear."

OCCAM Assessment: Documentation adequate for review by pathology, radiology and CAPCAM.

CAPCAM Comments: Complete Documentation
Name: SM
Age: 50 years
Duration of illness: 1 month
Date of first visit: 24.04.2003
Chief complaints: Rt. Chest pain with cough, loss of appetite.
Past history, if any: Nil

Chest X-ray dated 17.04.2003

Chest X-ray dated 30.10.2003

Chest X-ray dated 29.04.2009

Chest X-ray dated 17.04.2003
Chest X-ray dated 30.08.2003
Chest X-ray dated 29.04.2009
Name: HA  
Age: 65 years  
Duration of illness: 2 months  
Date of first visit: 4th of September 2013  
Chief complaints: Haemoptysis,  
Past history, if any: Nil

Chest X-Ray dated 08.06.2013

Histopathology dated 31.08.2013
Name: TL
Age: 59 years
Duration of illness: 3 months
Date of first visit: 17.08.2000
Chief complaints: Cold and cough, Dyspnoea.
Past history, if any: Nil

Chest X-ray dated 08.06.2013
Chest X-ray dated 22.10.2013
Chest X-ray dated 14.05.2014
Chest X-ray dated 30.07.2000
CT Scan of Chest dated 04.08.2000

C.T. Guided F.N.A.C dated 08.08.2000

Chest X-ray dated 28.04.2001
Name: AS
Age: 59 years
Duration of illness: 5 months
Date of first visit: 11.09.2002
Chief complaints: Dry Cough, left chest pain
Past history, if any: Nil

CT Scan of thorax dated 31.08.2002

Histopathology dated 05.09.2002
Lung Cancer last 10 years
(based on data collected from the year 2005 to 2014: 3004 cases)

Banerji Protocols™ for Lung Cancer

- Kali Carbonicum 200C, in liquid, 1 dose on alternate day.
- Thuja occidentalis 30C, 2 doses daily.
- Ferrum Phosphoricum 3X,
- Kali Muriaticum 3X,
  1 dose taken together, 2 doses daily.
Esophageal Cancer

Name: SD
Age: 75 years
Duration of illness: 2 months
Date of first visit: 16.12.1996
Chief complaints: Difficulty in swallowing food, heartburn and belching
Past history, if any: Nil

X-ray
Barium Swallow
17.10.1996
Biopsy dated 06.12.1996

X-ray Barium Swallow 12.07.1997

X-ray Barium Swallow Dated 17.10.1996

Name: CD
Age: 57 years
Duration of illness: 4 months
Date of first visit: 23.11.2009
Chief complaints: Anorexia, dysphagia
Past history, if any: Nil

Endoscopy dated: 10.11.2009

Biopsy dated: 16.11.2009
Name: LF
Age: 75 years
Duration of illness: 3 months
Date of first visit: 13.02.2013
Chief complaints: Mild difficulty in swallowing food,
Past history, if any: Nil
X-ray
Barium Swallow

Biopsy dated
04.01.2013

X-ray
Barium Swallow
25.11.2015
Esophageal Cancer last 10 years
(based on data collected from the year 2005 to 2014; 232 cases)

Banerji Protocols™ for Esophageal Cancer

Condurango 30c, 2 drops twice daily
# Brain Tumor/Cancer

<table>
<thead>
<tr>
<th>Name</th>
<th>GM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>60 years</td>
</tr>
<tr>
<td>Duration of illness</td>
<td>2 months</td>
</tr>
<tr>
<td>Date of first visit</td>
<td>08.01.2009</td>
</tr>
<tr>
<td>Chief complaints</td>
<td>Headache, cervical pain, Insomnia.</td>
</tr>
<tr>
<td>Past history, if any</td>
<td>Nil</td>
</tr>
</tbody>
</table>

C.T.Scan of Brain dated 31.12.2008
Stereotactic Biopsy dated 02.01.2009

C.T.Scan of Brain dated 31.12.2008

C.T.Scan of Brain dated 02.09.2009

C.T.Scan of Brain dated 02.09.2009
<table>
<thead>
<tr>
<th><strong>Name</strong></th>
<th>RK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>2 years</td>
</tr>
<tr>
<td><strong>Duration of illness</strong></td>
<td>2 months</td>
</tr>
<tr>
<td><strong>Date of first visit</strong></td>
<td>18.12.2013</td>
</tr>
<tr>
<td><strong>Chief complaints</strong></td>
<td>Breathlessness, walking abnormality</td>
</tr>
<tr>
<td><strong>Past history, if any</strong></td>
<td>Nil</td>
</tr>
</tbody>
</table>

**MRI of Brain dated 02.12.2013**

**MRI of Brain dated 18.02.2015**
Name: AB
Age: 18 Years
Duration of illness: 8 months
Date of first visit: 11.07.2008
Chief complaints: Headache, Backache & convulsion
Past history, if any: Nil
<table>
<thead>
<tr>
<th><strong>Name</strong></th>
<th>EM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>14 years</td>
</tr>
<tr>
<td><strong>Duration of illness</strong></td>
<td>2 months</td>
</tr>
<tr>
<td><strong>Date of first visit</strong></td>
<td>24.04.2013</td>
</tr>
<tr>
<td><strong>Chief complaints</strong></td>
<td>weakness right hand with pain, headache, palpitation.</td>
</tr>
<tr>
<td><strong>Past history, if any</strong></td>
<td>Nil</td>
</tr>
</tbody>
</table>

**MRI of Brain**
- **dated** 14.04.2013

**Stereotactic Biopsy**
- **dated** 20.04.2013
Name: KK (BABY OF BK)
Age: 11 days
Duration of illness: Few days
Date of first visit: 04.10.2004
Chief complaints: Unusual increase ment of head noticed since last few days with unusual behaviour.
Past history, if any: Nil
C.T. Scan of Brain dated 22.09.2004

MRI of Brain dated 27.09.2004

C.T. Scan of Brain dated 08.05.2008
Brain Tumor/ Cancer last 10 years
(based on data collected from the year 2005 to 2014: 2218 cases)

Banerji Protocols™ for Brain Tumor/ Cancer

- Ruta graveolens 6C, 2 doses daily
- Calcarea Phosphorica 3X, 2 doses daily
Bone Cancer (Osteosarcoma)

Name: AB
Age: 20 years
Duration of illness: 5-6 months
Date of first visit: 13.07.2007
Chief complaints: Swelling left hip and pain with contracture feeling in left thigh.
Past history, if any: Post operative recurrence Giant cell tumor of left femur. Operation done on 16.08.2006

Before Operation X-Ray dated 21.07.2006
Histopathology dated 21.08.2006

After Operation X-Ray dated 22.05.2007 (Recurrence)

After taking our medicines X-Ray dated 01.03.2013
Name: MLM
Age: 8 years
Duration of illness: 5-6 months
Date of first visit: 18.07.2003
Chief complaints: Swelling left knee, difficulty in knee flexion.
Past history, if any: Nil
Bone Cancer / Osteosarcoma last 10 years

(based on data collected from the year 2005 to 2014: 198 cases)
Banerji Protocols™ for Bone Cancer/Osteosarcoma

- Symphytum 200C & Calcarea Phosphorica 3X, 1 dose every 3 hours alternately
- Carcinosinum 30C, 1 dose on alternate day

Pancreatic Carcinoma

<table>
<thead>
<tr>
<th>Name</th>
<th>PK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>47 years</td>
</tr>
<tr>
<td>Duration of illness</td>
<td>Sudden onset</td>
</tr>
<tr>
<td>Date of first visit</td>
<td>13.12.2010</td>
</tr>
<tr>
<td>Chief complaints</td>
<td>Pain in upper Abdomen, gas, acidity, sour belching</td>
</tr>
<tr>
<td>Past history, if any</td>
<td>Nil</td>
</tr>
</tbody>
</table>
Pancreatic Cancer last 10 years
(based on data collected from the year 2005 to 2014: 108 cases)

Banerji Protocols™ for Pancreatic Cancer

- Carduus Marianus Q (mother tincture) & Conium Maculatum 3C
  1 dose every 3 hours alternately
- Chelidonium Majus 6X, 2 doses daily.
Transitional Cell Carcinoma of the Bladder

Name: RG  
Age: 66 years  
Duration of illness: 2 months  
Date of first visit: 02.03.2004  
Chief complaints: Dysuria, Pain LIF  
Past history, if any: Nil  

USG dated 29.01.2004
Biopsy dated 14.02.2004

USG dated 28.03.2005

USG dated 29.01.2004

USG dated 28.03.2005
Urinary Bladder Cancer last 10 years
(based on data collected from the year 2005 to 2014; 370 cases)

Banerji Protocols™ for Urinary Bladder Cancer

- Thuja Occ. 30C, 2 doses daily
- Carcinosinum 30C, 1 dose on alternate day

Stomach Cancer last 10 years
(based on data collected from the year 2005 to 2014; 328 cases)
Banerji Protocols™ for Stomach Cancer

- Hydrastis Can Q (mother tincture), 2 doses daily
- Arsenicum Album 3C, 1 dose before every food.

Banerji Protocols™ for Ovarian Cancer

- Carbo Animalis 200C, 3 doses daily
- Arnica Montana 3C, 3 doses daily

Ovarian Cancer last 10 years
(based on data collected from the year 2005 to 2014: 552 cases)
Renal Cancer last 10 years
(based on data collected from the year 2005 to 2014; 267 cases)

Banerji Protocols™ for Renal Cancer

- Thuja Occ. 30C, 2 doses daily
- Carcinosinum 30C, 1 dose on alternate day

Rectal Cancer for last 10 years
(based on data collected from the year 2005 to 2014; 379 cases)
Banerji Protocols™ for Rectal Cancer

Nitricum Acidum 3C (liquid), 1 dose every 3 hours

Banerji Protocols™ for Liver Cancer

- Hydrastis Can Q (mother tincture) & Chelidonium Majus 6X, 1 dose every 3 hours alternately
- Conium Maculatum 3C, 2 doses daily.

Liver Cancer last 10 years
(based on data collected from the year 2005 to 2014: 885 cases)
Cervix Cancer last 10 years
(based on data collected from the year 2005 to 2014: 947 cases)

Banerji Protocols™ for Cervix Cancer

- Carbo Animalis 200C, 3 doses daily
- Arnica Montana 3C, 3 doses daily

Our only mission is to give relief and subsequently try to cure the sufferer. Thankfully, the goal is the same for all the systems of Medicine! No medical treatment is self sufficient; every system has its limitations. So we humbly propose that those who practice not close their minds to an innovative and a naturally evolutional way to prescribe homeopathic medicines.
“Our art requires no political levers, no worldly decorations. At present it grows with slow progress amid the abundance of weeds which luxuriate about it; it grows unobserved, from an unlikely acorn into a little plant; soon may its head be seen overtopping the rank herbage. Only wait – it is striking deep its roots in the earth; it is strengthening itself unperceived, but all the more certainly; and its own time it will increase, till it becomes an oak of God, whose arms, unmoved by the wildest storm, stretch in all directions, that the suffering children of men maybe revived under its beneficent shadow.”

- Dr. Samuel Christian Friedrich Hahnemann

Our team

Thank You