The Banerji Protocols: Homeopathy of the 21st Century

by

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Dr. Pratip Banerji

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Dr. Christian Friedrich Samuel Hahnemann
Founder of Homeopathy
(1755 – 1843)
1810: The Organon Of The Rational Art Of Healing
About Homeopathy Itself
1) Homeopathy is extremely effective. Results can be rapid, complete and permanent.
2) Homeopathy is completely safe. Even babies and pregnant women can use Homeopathy without the danger of side effects.
3) Homeopathic remedies can also be taken alongside other medication without producing unwanted side effects.
4) Homeopathy is natural. Homeopathic remedies are usually normally based on natural ingredients.
5) Homeopathy works in harmony with your immune system, unlike some conventional medicines that suppress the immune system.
6) Homeopathic remedies are not addictive - once relief is felt, you can stop taking them.
7) Homeopathy is holistic. It treats all the symptoms as one, which in practical terms means that it addresses the cause, not the symptoms. This often means that symptoms tackled with Homeopathy do not recur.
The Banerji Protocols: How they evolved.....
Dr. Pareshnath Banerji
1891 - 1971
The combination of two potentized medicines, we use are made in a meaningful way based on years of clinical experiments and observations. They are mixed for special advantages in treatment, so that the aggravation due to drugs can be checked, side effects of the medicines be abated, ensuring a quick and uneventful recovery in a much shorter time.
Another important point in Homeopathy is to select a proper dilution for a particular patient or a disease. We have found, by years of clinical experience that a particular dilution is most useful in a particular disease and even a low dilution, like 3, can cure a chronic disease of several years standing.
It is a scientific fact, that with the passage of a century after Hahnemann, the causes of the diseases have undergone mutations, the congested city civilization has given rise to more complexities and virulence to many diseases.
An average patient turnout of 1000 to 1200 a day gives us a clear perspective as to disease and treatment trends in the populations. We are not “cancer specialists” per se but having an average of 10 to 15% ie. 120 to 200 of our patient turnout suffering from this dreaded disease has helped us to formulate set protocols for their treatment.

We get patients who opt to take only our Banerji Protocols 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/or radiation.
Better Quality of Life (QoL)
Our 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 type of cancer and thereafter considering the accessory symptoms have preset first, second and third line medicines to give palliative relief to the suffering.

In a section of cases under our treatment, we find a better result than just an improvement in QoL, there is regression in the cancer and as subsequent statistics will show, we have quite a good percentage where there is a complete regression.
More than 80 countries all over the World using “The Banerji Protocols” through e-mail
Results of Treatment of 30288 Malignant Tumour Cases (1990 – 2008)

- 32% Completely regressed
- 24% Improved and static
- 21% Discontinued
- 23% Aggravated/Expired
Results of treatment of 1132 cases of Lung Cancer, Brain Tumours and Oesophageal Cancers (Aug 2006 – Aug 2007)
Cancer patients treated with the Banerji protocols utilising homoeopathic medicine: A Best Case Series Program of the National Cancer Institute USA

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\textsuperscript{2}Saint Luke's Hospital and University of Missouri, Kansas City, MO, USA

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Ruta 6 selectively induces cell death in brain cancer cells but proliferation in normal peripheral blood lymphocytes: A novel treatment for human brain cancer

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Received April 16, 2003; Accepted May 28, 2003
Cytotoxic effects of ultra-diluted remedies on breast cancer cells

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Intracranial Cysticercosis: An Effective Treatment with Alternative Medicines

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Reprinted from In vivo 15: 181-184 (2001)
Offers of scientific collaboration

The National Cancer Institute (NCI) of the US NIH.

The UTMDACC, more than one separate offer from different departments of this huge institution.

The University Of Columbia (UC), on pediatric brain tumors.

The University of Southern California (USC).

The University of San Diego (USD).
Offers of scientific collaboration

The City of Hope Hospital in Los Angeles.

The University of Kansas Medical Center (UKMC).

The V.A. Medical Center in Kansas City.

The St. Luke’s Hospital in Kansas City for brain tumors.

Medical research institutions in Spain, Japan and Israel, as well as from institutions in South America and Africa.
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 our protocol like conventional medicine.
We have specific medicines with fixed dilution for every disease based on our experience of over 50 years of observations, which is very effective. There is enough data to vindicate our claims. Quick case taking and prescription in a few minutes.
Our approach is more Diagnostic 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 People's Medicine".

"The People’s Medicine”. In case of Science it is a rule that results should be repeated with almost same result: i.e. replicability, and The Banerji Protocols fulfill this. Any doctor can treat their patients armed with a ready reckoner which The Banerji Protocols can provide.
Some Case Presentation
Bronchogenic Carcinoma
In our clinics in Kolkata, India, we are privileged to have a daily patient attendance of 1000-1200, of these, patients with every imaginable type of malignancy that equal to about 15 to 20% i.e. 180 to 240 cancer patients per day.

In our clinics we do not prescribe any conventional intervention such as surgery, chemotherapy or radiation, and the data presented here is of patients treated only by the Banerji Protocols for lung cancer.
A study of SEER 5 year survival rates gave us the following: The overall 5-year relative survival for 1999-2006 from 17 SEER geographic areas was 15.8%.
We compiled our data on lung cancer treated at PBHRF over a 10 year period. The vast majority of our patients receive no other treatment – no chemotherapy, no radiation therapy, and not even surgery.

The average follow-up time of all 373 patients seen at PBHRF for lung cancer was 15 months, ranging from 6 months to 10 years.
RESULTS

Last Known Status over 10 Year Follow-Up
(N=373; average follow-up time 15 months, range 6 months to 10 years follow-up)

- Cure: 2%
- Better: 33%
- Same: 25%
- Worse: 24%
- Expired: 16%
Kaplan-Meier Survival Analysis, The Banerji Protocol
Counting Aggravated as Expired (mean survival time 45 months)
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<th>At risk</th>
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<td>Banerji Protocol</td>
<td>373</td>
<td>85%</td>
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Case no. 1

- Chest X-ray dated 09.03.1999
- Chest X-ray dated 29.09.1999
- Chest X-ray dated 18.06.2007
Case no. 2

C.T. Scan of Thorax dt. 11.06.2008

Chest X-ray dated 12.06.2008

FNAC dated 12.06.2008

Chest X-ray dated 21.08.2008

Chest X-ray dated 13.01.2009

Chest X-ray dated 13.10.2009

Chest X-ray dated 09.05.2010
Intracranial Space
Occupying Lesions
Banerji Protocol for Brain Tumors

- *Ruta graveolens* 6CH, 2 doses daily
- *Calcarea Phosphorica* 3DH, 2 doses daily
- Plus symptomatic medicine as needed
Kaplan-Meier Survival Analysis: Brain Tumor Cases

Mean survival time: 92 months
Glioma Cases: Last Known Status over 10 Years  
(N=91; average follow-up time 23 months, range 6 months to 10 years follow-up)
A Presentation of Cases
Case no. 1

Astrocytoma

M.R.I of Brain dated 10.11.2003

Biopsy dated 29.01.2004

CT Scan of Brain dated 11.08.2005

CT Scan of Brain dated 28.08.2007
Osteosarcoma
Case no. 1

OSTEOSARCOMA

X-Ray dated 05.06.2003

Biopsy dated 12.06.2003


X-Ray dated 14.08.2004
Esophageal Carcinoma
Case no. 1  
**Esophageal Carcinoma**

- X-Ray Barium Swallow dated 17.10.1996
- Biopsy dated 06.12.1996
Pictures of Marsdenia condurango.
Probable Anti-Carcinogenic Mechanisms Of Condurango.

Condurango

Anti-promoting mechanisms
- Free radical scavenging
- ↓ lipid peroxidation
- ↓ Superoxide formation

Apoptosis

Prevents development of cancer

Cancer regression
Haemangioma
Psoriasis

Before treatment

After treatment
Thank You