

# The Banerji Protocols™: 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™ (BP) in the treatment of Cancer and others serious illness



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



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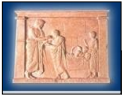
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INTERNATIONAL INSTITUTE OF ANTICANCER RESEARCH  
Founded in 1995 [www.iiar-anticancer.org](http://www.iiar-anticancer.org)



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.

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*“Regression of Brain Tumors by Ultra dilute Medicine”*

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With Dr. John Mendelsohn, chief of the UT MDACC



With Dr. Sen Pathak & Dr. Subrata Sen at UT MDACC

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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.

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

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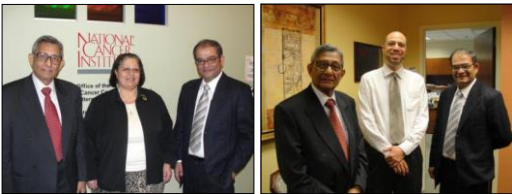
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With Dr. Isis S. Mikhail (left) and Dr. Jeffery D. White (right) in Office of the Cancer Complimentary and Alternative Medicines, at NCI, USA

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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.

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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.

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ONCOLOGY REPORTS 20: 69-74, 2008

**Cancer patients treated with the Banerji protocols  
utilising homeopathic medicine: A Best Case Series  
Program of the National Cancer Institute USA**

PRASANTA BANERJI<sup>1</sup>, DONALD R. CAMPBELL<sup>2</sup> and PRATIP BANERJI<sup>1</sup>

<sup>1</sup>PB Homeopathic Research Foundation, Kolkata, West Bengal, India;  
<sup>2</sup>Saint Luke's Hospital and University of Missouri, Kansas City, MO, USA

Received February 21, 2008; Accepted April 23, 2008

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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

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Offers of scientific collaboration



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



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

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Offers of scientific collaboration



Teaching seminar by us in Tokyo, Japan



With Dr. Torako Yui, in Japan

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### 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

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### 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

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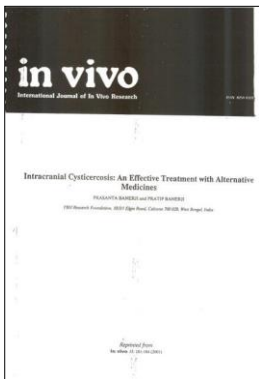
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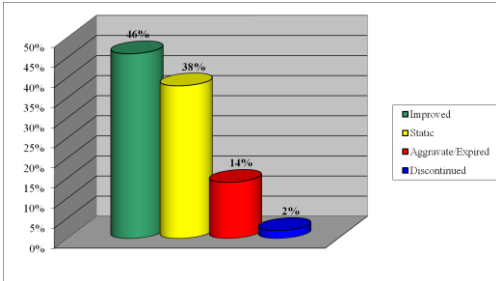
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### Breast Cancer for last 10 years

(based on data collected from the year 2005 to 2014: 1616 cases)




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### Banerji Protocols™ for Breast Cancer

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

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### Cancer and The Banerji Protocols™

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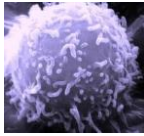
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Cancer, as yet, is a disease of great concern because there is a lack of a high percentage of effective treatment even in the 21<sup>st</sup> century.

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



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### 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.



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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.

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## 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.

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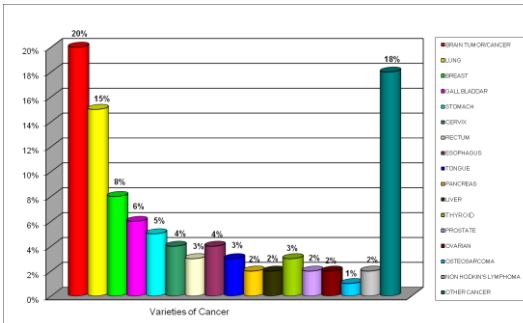
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January 2015 to December 2015, we have treated 4850 new cancer patients of 56 different types of cancer




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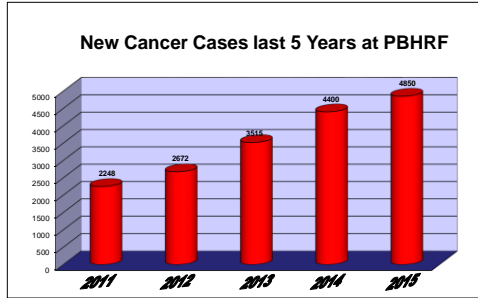
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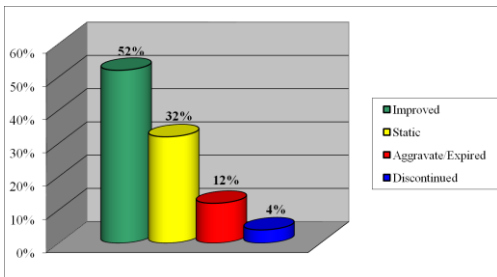
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### All malignant tumors last 10 years

(based on data collected from the year 2005 to 2014: 28547 cases)




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## Presentation of Cases

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# Lung Cancer

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



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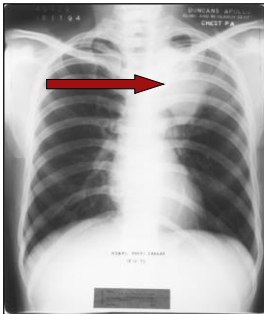
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**Chest X-ray dated 18.11.1994**



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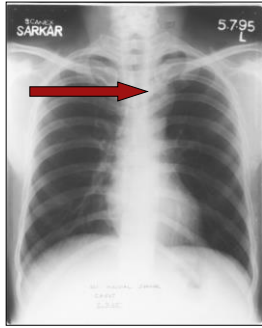
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**Chest X-ray  
dated  
05.07.1995**

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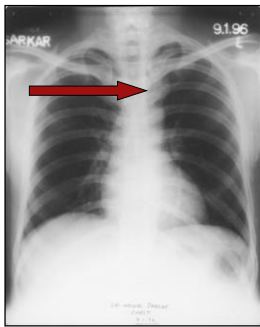
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**Chest X-ray  
dated  
09.01.1996**

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Prasanta Banerji Homeopathic Research Foundation Best Case Series Review (July 1999)



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.

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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."

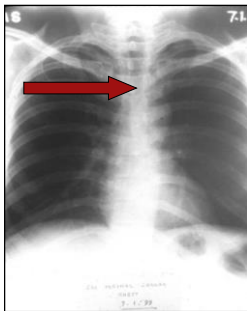
Chest X-ray (9/23/96) - "There has been complete resolution in the mediastinal tumor since last X-ray which was taken on (Jan. 9, 1996)."

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

Horizontal lines for notes



Chest X-ray dated 07.01.1999

Horizontal lines for notes

Lung Cancer



Chest X-ray dated 18.11.1994



C.T. Scan of Chest 19.11.1994



Chest X-ray dated 05.07.1995



Chest X-ray dated 09.01.1996



Chest X-ray dated 07.01.1999

Horizontal lines for notes

**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



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**Chest X-ray  
dated 17.04.2003**



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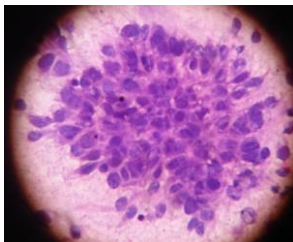
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**C.T. Guided  
F.N.A.C. dated  
22.04.2003**



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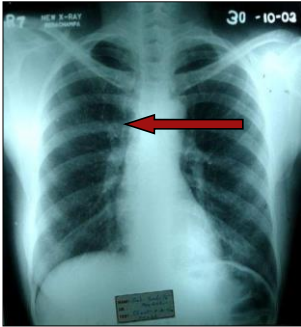
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**Chest X-ray  
dated 30.10.2003**

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**Chest X-ray  
dated 29.04.2009**

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Chest X-ray dated 17.04.2003



Chest X-ray dated 30.08.2003



Chest X-Ray dated 29.04.2009

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**Name** HA  
**Age** 65 years  
**Duration of illness** 2 months  
**Date of first visit** 4<sup>th</sup> of September 2013  
**Chief complaints** Haemoptysis,  
**Past history, if any** Nil



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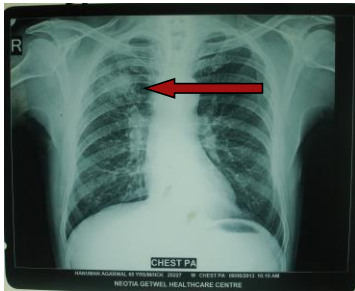
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Chest X-Ray dated 08.06.2013



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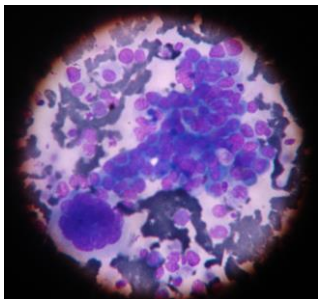
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Histopathology dated 31.08.2013



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Chest X-Ray dated 22.10.2013



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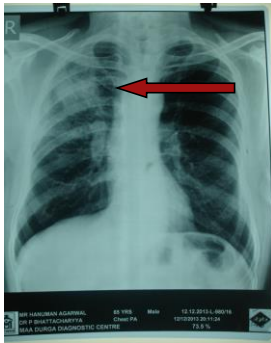
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Chest X-Ray dated 12.12.2013



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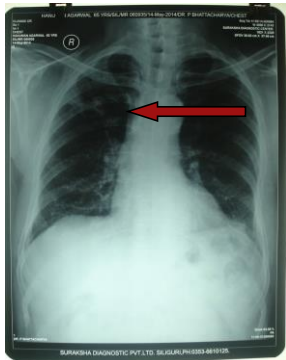
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Chest X-Ray dated 14.05.2014



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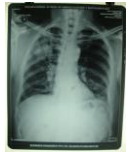
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Chest X-Ray dated 08.06.2013



Chest X-Ray dated 22.10.2013



Chest X-Ray dated 12.12.2013



Chest X-Ray dated 14.05.2014



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**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



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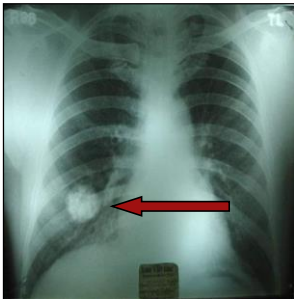
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**Chest X-ray dated 30.07.2000**



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**CT Scan of  
Chest dated  
04.08.2000**

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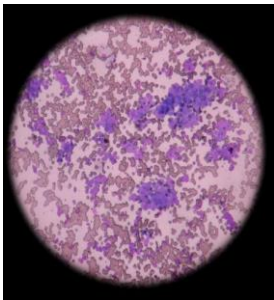
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**C.T. Guided  
F.N.A.C dated  
08.08.2000**

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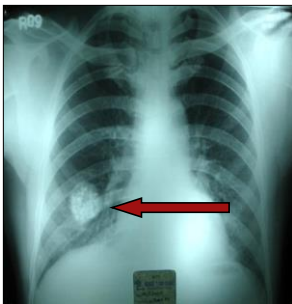
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**Chest X-ray  
dated  
28.04.2001**

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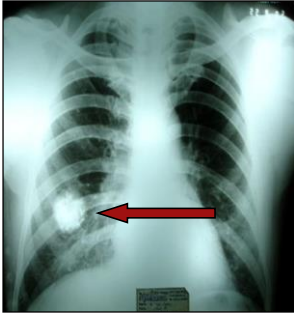
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**Chest X-ray  
dated  
22.09.2002**

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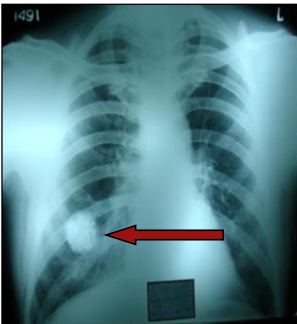
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**Chest X-ray  
dated  
22.01.2004**

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**Chest X-ray dated 30.07.2000**



**Chest X-ray dated 28.04.2001**



**Chest X-ray dated 22.09.2002**



**Chest X-ray dated 22.01.2004**

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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

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CT Scan of thorax dated 31.08.2002

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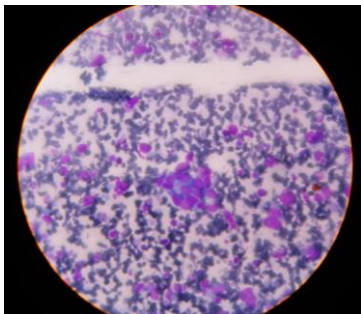
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Histopathology dated 05.09.2002

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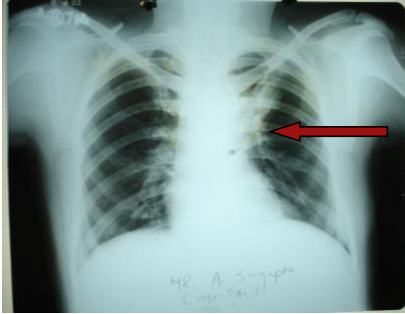
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Chest X-Ray dated 11.09.2003



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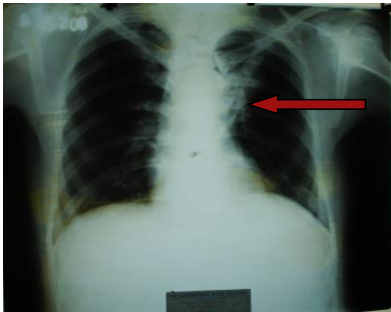
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Chest X-Ray dated 03.03.2004



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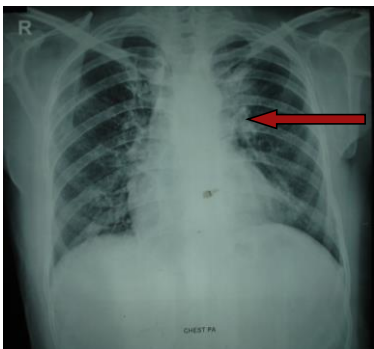
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Chest X-Ray dated 07.02.2007



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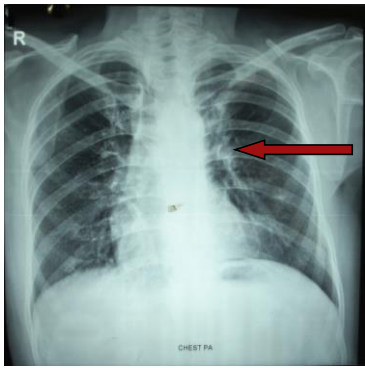
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Chest X-Ray dated 28.01.2009



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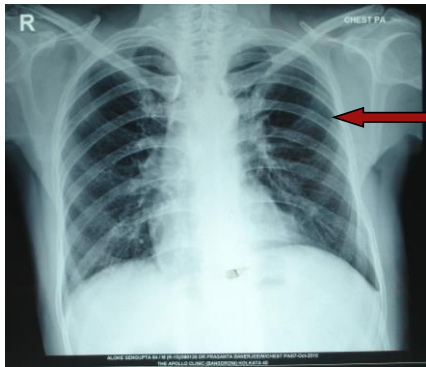
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Chest X-Ray dated 07.10.2010



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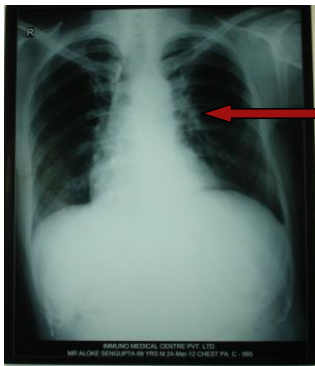
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Chest X-Ray dated 24.03.2012



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Chest X-Ray dated 11.09.2003      Chest X-Ray dated 03.03.2004      Chest X-Ray dated 07.02.2007



Chest X-Ray dated 28.01.2009      Chest X-Ray dated 07.10.2010      Chest X-Ray dated 24.03.2012

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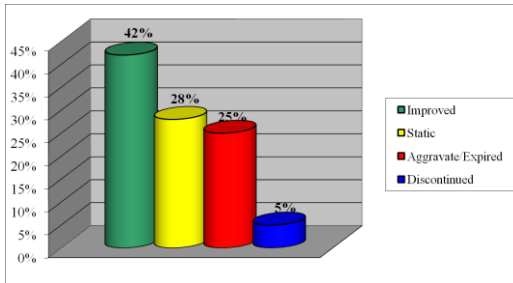
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### Lung Cancer last 10 years

(based on data collected from the year 2005 to 2014: 3004 cases)



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### 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.

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# Esophageal Cancer

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

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**X-ray  
Barium Swallow  
17.10.1996**

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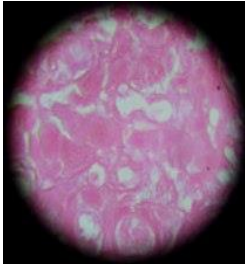
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**Biopsy dated  
06.12.1996**



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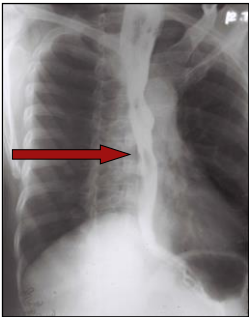
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**X-ray  
Barium Swallow  
12.07.1997**



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**X-ray Barium Swallow  
Dated 17.10.1996**



**X-ray Barium Swallow  
Dated 12.07.1997**



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**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

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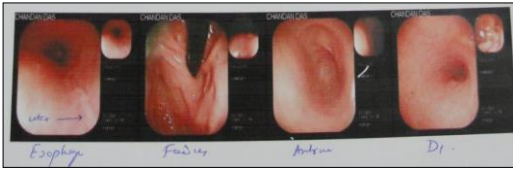
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**Endoscopy dated**  
**10.11.2009**

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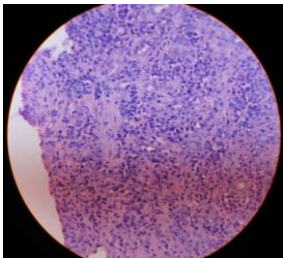
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**Biopsy dated**  
**16.11.2009**

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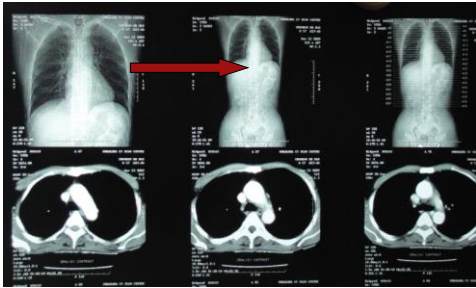
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C.T. Scan dated 23.11.2009




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X-ray Barium Swallow 14.07.2010




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**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




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**X-ray  
Barium Swallow  
21.12.2012**



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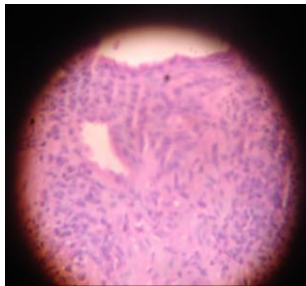
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**Biopsy dated  
04.01.2013**



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**X-ray  
Barium Swallow  
25.11.2015**



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X-ray Barium Swallow  
Dated 21.12.2012



X-ray Barium Swallow  
Dated 25.11.2015



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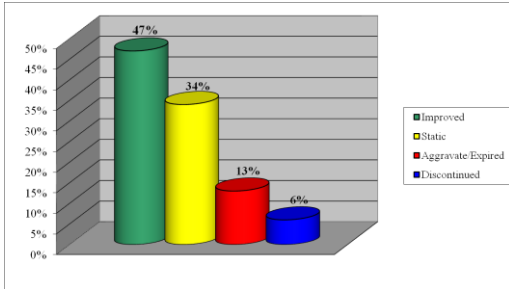
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### Esophageal Cancer last 10 years

(based on data collected from the year 2005 to 2014: 232 cases)



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### Banerji Protocols™ for Esophageal Cancer

Condurango 30c, 2 drops twice daily

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# Brain Tumor/ Cancer

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**Name** GM

**Age** 60 years

**Duration of illness** 2 months

**Date of first visit** 08.01.2009

**Chief complaints** Headache, cervical pain, Insomnia.

**Past history, if any** Nil

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**C.T.Scan of  
Brain dated  
31.12.2008**

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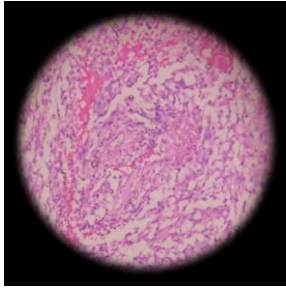
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**Stereotactic  
Biopsy dated  
02.01.2009**

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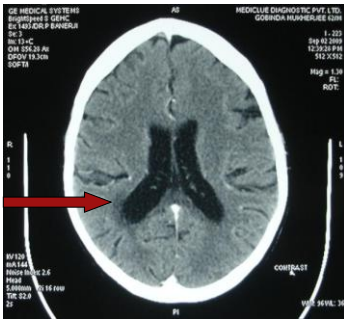
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**C.T.Scan of  
Brain dated  
02.09.2009**

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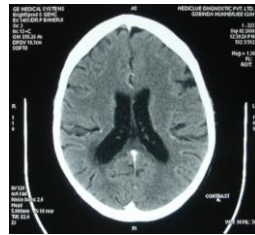
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**C.T.Scan of Brain  
dated 31.12.2008**



**C.T.Scan of Brain  
dated 02.09.2009**

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**Name** RK  
**Age** 2 years  
**Duration of illness** 2 months  
**Date of first visit** 18.12.2013  
**Chief complaints** Breathlessness,  
walking abnormality  
**Past history, if any** Nil



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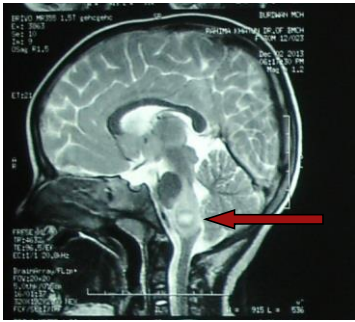
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**MRI of Brain dated 02.12.2013**



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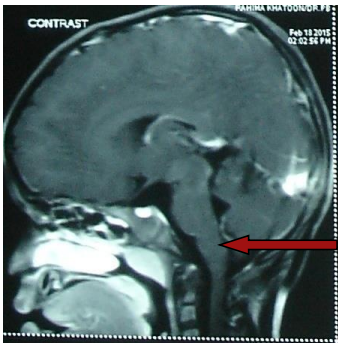
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**MRI of Brain dated 18.02.2015**



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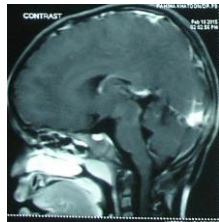
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MRI of Brain dated 02.12.2013



MRI of Brain dated 18.02.2015

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**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

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CT Scan dated 07.06.2008

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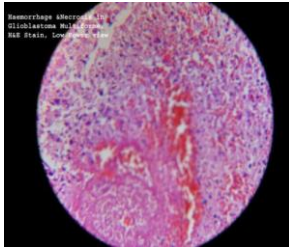
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**Stereotactic  
Biopsy dated  
05.07.2008**

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**CT Scan dated  
13.07.2010**

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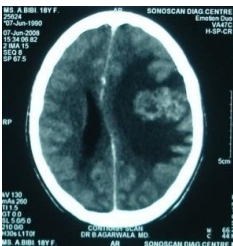
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**CT Scan dated  
07.06.2008**



**CT Scan dated  
13.07.2010**

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**Name** EM  
**Age** 14 years  
**Duration of illness** 2 months  
**Date of first visit** 24.04.2013  
**Chief complaints** weakness right hand  
with pain, headache,  
palpitation.  
**Past history, if any** Nil



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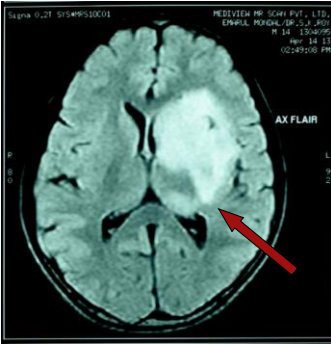
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**MRI of Brain  
dated  
14.04.2013**



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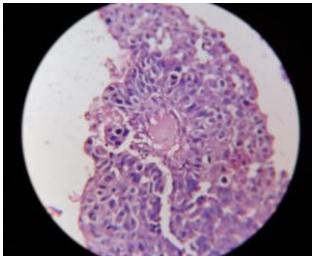
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**Stereotactic  
Biopsy dated  
20.04.2013**



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**MRI of Brain dated 03.05.2014**

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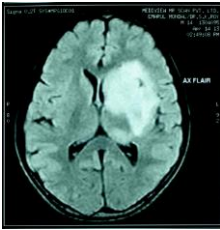
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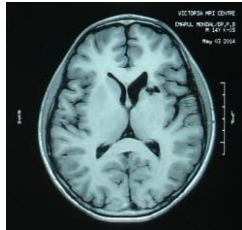
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**MRI of Brain dated 14.04.2013**



**MRI of Brain dated 03.05.2014**

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**Name** KK (BABY OF BK)

**Age** 11 days

**Duration of illness** Few days

**Date of first visit** 04.10.2004

**Chief complaints** Unusual increasement of head noticed since last few days with unusual behaviour.

**Past history, if any** Nil

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C.T. Scan of Brain dated 22.09.2004



C.T. Scan of Brain dated 08.05.2008

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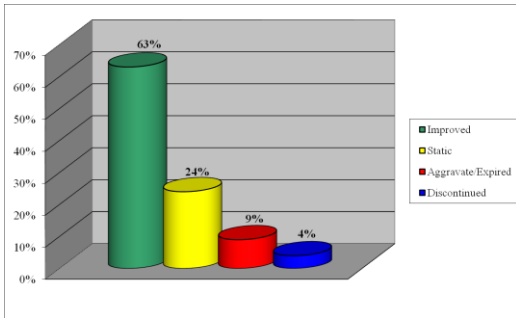
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### Brain Tumor/ Cancer last 10 years

(based on data collected from the year 2005 to 2014: 2218 cases)



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### Banerji Protocols™ for Brain Tumor/ Cancer

- Ruta graveolens 6C, 2 doses daily
- Calcarea Phosphorica 3X, 2 doses daily

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# Bone Cancer (Osteosarcoma)

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**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 Gaint cell tumor of left femur. Operation done on 16.08.2006



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**Before Operation**  
**X-Ray dated**  
**21.07.2006**



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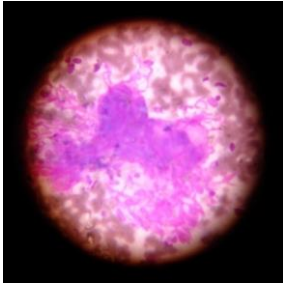
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**Histopathology  
dated 21.08.2006**

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**After Operation  
X-Ray dated  
22.05.2007  
(Recurrence)**

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**After taking our  
medicines  
X-Ray dated  
01.03.2013**

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X-Ray dated 21.07.2006  
(Before operation)



X-Ray dated 22.05.2007  
(After operation - recurrence)



X-Ray dated 01.03.2013



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**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



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X-Ray dated  
05.06.2003



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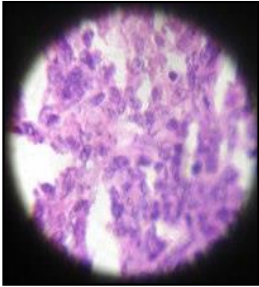
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**Histopathology**  
dated 12.06.2003



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**X-Ray dated**  
16.12.2003



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**X-Ray dated**  
14.08.2004



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X-Ray dated 25.08.2008

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X-Ray dated 05.06.2003



X-Ray dated 16.12.2003



X-Ray dated 14.08.2004



X-Ray dated 25.08.2008



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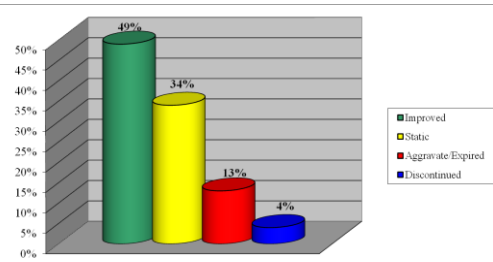
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### Bone Cancer / Osteosarcoma last 10 years

(based on data collected from the year 2005 to 2014: 198 cases)



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### Banerji Protocols™ for Bone Cancer/Osteosarcoma

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

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## Pancreatic Carcinoma

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<b>Name</b>	<b>PK</b>
<b>Age</b>	<b>47 years</b>
<b>Duration of illness</b>	<b>Sudden onset</b>
<b>Date of first visit</b>	<b>13.12.2010</b>
<b>Chief complaints</b>	<b>Pain in upper Abdomen, gas, acidity, sour belching</b>
<b>Past history, if any</b>	<b>Nil</b>

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USG dated 05.12.2010



USG dated 29.03.2011

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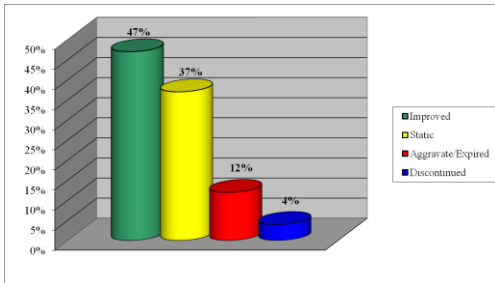
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### Pancreatic Cancer last 10 years

(based on data collected from the year 2005 to 2014: 108 cases)



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### 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.

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# Transitional Cell Carcinoma of the Bladder

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**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**

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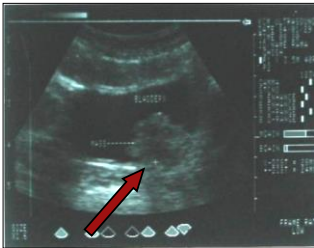
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**USG dated  
29.01.2004**

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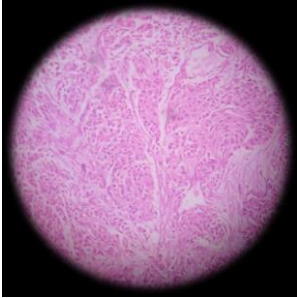
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**Biopsy dated  
14.02.2004**

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**USG dated  
28.03.2005**

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**USG dated 29.01.2004**



**USG dated 28.03.2005**

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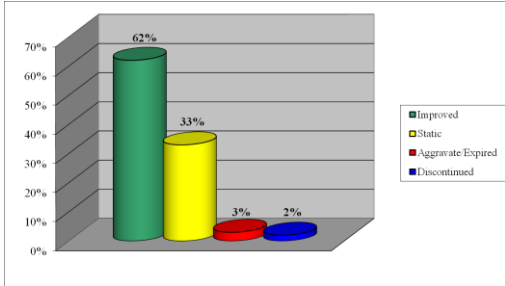
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### Urinary Bladder Cancer last 10 years

(based on data collected from the year 2005 to 2014: 370 cases)



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### Banerji Protocols™ for Urinary Bladder Cancer



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

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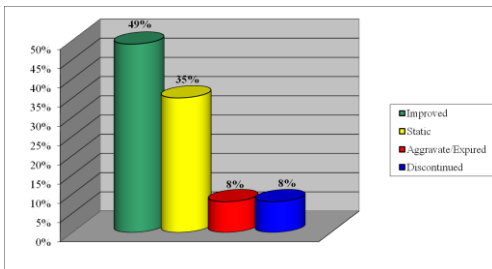
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### Stomach Cancer last 10 years

(based on data collected from the year 2005 to 2014: 328 cases)



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### Banerji Protocols™ for Stomach Cancer

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

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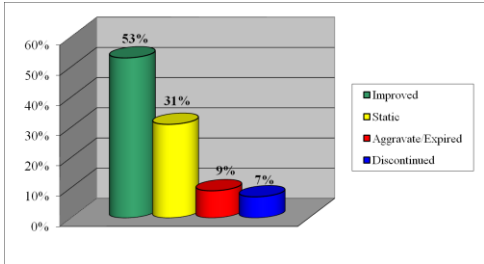
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### Ovarian Cancer last 10 years

(based on data collected from the year 2005 to 2014: 552 cases)




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### Banerji Protocols™ for Ovarian Cancer

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

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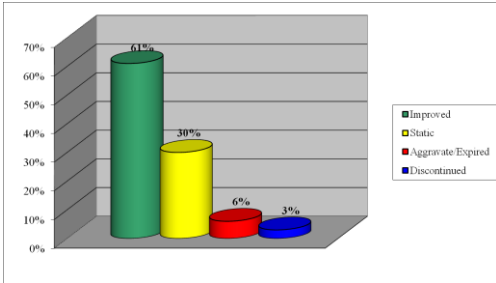
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### Renal Cancer last 10 years

(based on data collected from the year 2005 to 2014: 267 cases)



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### Banerji Protocols™ for Renal Cancer



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

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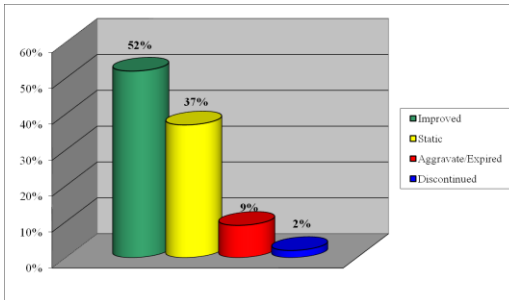
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### Rectal Cancer for last 10 years

(based on data collected from the year 2005 to 2014: 379 cases)



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### Banerji Protocols™ for Rectal Cancer

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

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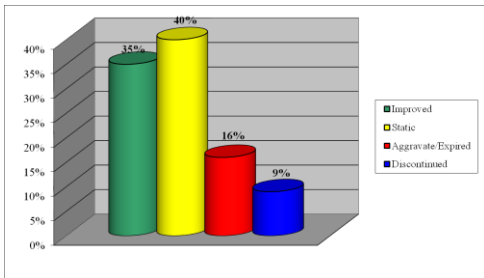
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### Liver Cancer last 10 years

(based on data collected from the year 2005 to 2014: 885 cases)



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### 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.

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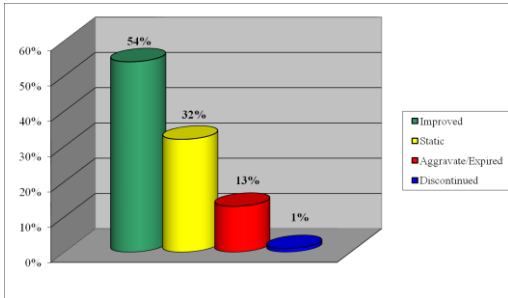
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### Cervix Cancer last 10 years

(based on data collected from the year 2005 to 2014: 947 cases)



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### Banerji Protocols™ for Cervix Cancer



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

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**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 evolutionary way to prescribe homeopathic medicines.**



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**“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**

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### Our team




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# Thank You

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