

Homeopathy: Treatment of Cancer with the Banerji Protocols

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1. Introduction

Looking back into the history of mankind, one is often startled to find the emergence of some outstanding personalities at different intervals of time. Their thoughts and futuristic viewpoints revolutionized the existing perspective in the fields of science, philosophy and social order. The embodiment of such a personality in the field of medicine was Samuel Christian Friedrich Hahnemann, the father of homeopathy. He was born on the 10th April 1755 in the small town of Meissen, near Dresden in Germany. A doctor in the conventional medicine of his time, by 1790 he was recognized as one of the most distinguished physicians of his generation and was appointed physician to the king. Soon however, he became dissatisfied with contemporary medical ideas and the often cruel practices that ensued, as well as the drugs being prescribed. He realized that many of these medicines owed their pride of place in the *Materia Medica* due to their very biologically active nature, which could easily occasion death or produce new diseases on whomever they were applied. Disillusioned, Hahnemann renounced his practice of medicine. While engaged in translating a treatise on herbal medicine, he felt dissatisfied with the explanation given for the cure of malarial fever by giving cinchona bark. He took the drug himself in order to investigate the changes induced by it on his healthy system. Peculiarly, the symptoms of malaria made their appearance in him, one after the other, but without the chilly rigor. This reminded him of Hippocrates' aphorism, "*Similia similibus curentur*," meaning "*Let likes be cured by likes*" (Hobhouse, 2002).

Hahnemann felt convinced that the drug, which was the best agent to cure malarial fever, produced in him the initial symptoms of that fever. He then investigated the action, on healthy human beings, of as many as 50 more drugs over a period of six years. He recorded the symptoms produced, and compared them with the symptoms of diseases against which they were used successfully.

1.1 What is homeopathy?

In 1776, Hahnemann published the results of his findings in a paper entitled "Essay on the new principle for ascertaining the curative power of drugs." In this, he postulated the most important principle of homeopathy, stating, "*Every powerful medicinal substance produces in the human body a kind of peculiar disease, the more powerful the medicine, the more particularly*

marked and violent the disease. We should imitate nature, which sometimes cures a chronic disease, by superadding another, and employ in the disease (especially chronic) we wish to cure, that medicine which is able to produce another very similar artificial disease, and the former will be cured similia similibus." In 1810, he published *The Organon of the Rational Art of Healing*, his greatest book, wherein he elucidated systematically the methods and principles of a system of medical treatment to which he had given the name of "Homeopathy" (Hahnemann, 1982).

The homeopathic approach is holistic, that is, while treating a patient a homeopath will consider not only the disease, but the whole constitution of the patient. The patient is treated as a whole. To know about homeopathy we should know what "*individualization*" and "*similimum*" mean because these two are the basic tenets on which selection of homeopathic medicines depends, as practised and taught from the time of Hahnemann.

What is "*individualization*"? Every individual person is different from the other physically, mentally, constitutionally and in their likes and dislikes. In general, we may find some persons alike, but all individuals have their own special features. "*Similimum*" means the most similar medicine as per symptoms narrated by a patient. After noting down the symptoms of a patient the physician thinks of a few medicines out of which he finds one medicine which appears to be the most similar to the symptoms narrated, considering the mental and constitutional status for that particular individual. In classical homeopathy only a single medicine is given in a single dose and then the patient is observed for his/her response.

Classical homeopathy has, therefore, no specific remedy for any disease by name, but it has specificity for each individual case of disease. A specific drug cannot be used for a specific disease. In general, when a homeopathic physician examines a patient, only a few medicines come to his mind. This small group of medicines exhibits similar symptoms when given to healthy subjects for pharmacological testing (a process called "proving".. Finally only one is selected as a result of practical experience and this procedure requires a long and intense interrogation of the patient. In an interesting study of homeopathic diagnosis and treatment, it was shown that a typical classical homeopathic initial consultation took 117 +/- 43 minutes for each adult patient and 86 +/- 36 minutes for each child patient. Theoretically there should be only one such medicine considering the entirety of the patient (Becker-Witt, et. al., 2004).

The homeopathic drug is not administered in usual pharmacological doses, but in minute doses prepared according to certain principles. These medicines are produced using various plant extracts, salts, animal products, minerals etc. and then diluting the extracted mother tincture or the crude materials, per pharmacopoeial methods. These solutions are serially diluted and succussed (agitated) until the desired potency is produced. Greater dilution leads to greater potency of the medicine. The crude or slightly diluted extract when ingested by healthy volunteers produces symptom complexes that mimic various diseases. The symptoms produced and recorded are a result of the dynamic action of drugs on healthy volunteers or "*provers*." The symptoms produced by the drug in provers are exactly what the potentized medicine is prescribed for in the sick.

1.2 The central problem of classical homeopathy

Although classical homeopaths believe that the above-described method of selecting medicines is essential to the worth of their medical system, the central problem is, whether a

correct *similimum* can be selected by such a method of individualization. The subjective symptoms elicited in the typical two-hour initial consultation are often “lost in the translation.” Thus, should a patient be examined separately by different homeopaths on the same day, he will be perplexed to find that none of them seem to agree as to the so-called “*similimum*.” Then how can individualization be explained logically and used to benefit the suffering population? Do all the medicines suggested by various homeopaths for a patient behave as a *similimum* for that particular case? Obviously not! Then what is the solution to this central question of how the correct medicine should be determined? The answer is to rationalize the selection of medicines based on previous experience and experimentation and to develop routine treatment protocols following a scientific method for selecting medicines. Another practical problem may be mentioned here. If a homeopath examines six or eight cases daily, he may have to charge high fees from each individual patient for maintenance. This will put homeopathy out of reach to the suffering population who really need it. At the same time, with such a small number of patients, a homeopath hardly gets enough clinical experience to become a true physician. It is common knowledge that experience makes a doctor.

Scientific validation of the efficacy of homeopathic medicines, which are nontoxic and inexpensive - making them ideal as “the People’s Medicine” - has been stalled due to the inability to conduct clinical trials using standardized treatment protocols with these medicines. The true healing potential of homeopathy, then, has been repeatedly challenged and denied by mainstream medicine because of this problem. Thus, this system of medicine is at risk of being delegated to the archives of history.

1.3 The Banerji Protocols

In the clinics of our research foundation, we do not practice classical homeopathy. We have developed a method of treatment in which specific medicines are prescribed for specific diseases. Diseases are diagnosed using modern state-of-the-art scientific methods. This is done because modern diagnostic approaches incorporate and help in the selection of medicines so that specific medicines can be easily prescribed for specific diseases. With the passage of time and the availability of new diagnostic tools like ultrasonography, magnetic resonance imaging, cancer biomarkers and other advanced tests, we have been able to further streamline the treatment protocols. The efficacy of this approach is reflected by the encouraging results of our new method of treatment, which we call the “Banerji Protocols.” We often combine two potentized medicines and use the combination in our practice. This combination of two potentized medicines is made in a meaningful way based on years of clinical observations by us. Medicines are combined for special advantages in treatment, so that the aggravation due to the medicines can be checked, side effects of the medicines abated, and quick and uneventful recovery can be ensured in a much shorter time. We will discuss the Banerji Protocols in more depth later in this chapter.

2. The global use of homeopathy

Homeopathy currently is used in over 80 countries around the world. In several countries including India, Mexico, Brazil and the UK homeopathy is integrated into the healthcare systems. In the United States, homeopathic remedies are regulated as nonprescription

drugs, which give them a unique status over other natural therapies and supplements. Homeopathy is very popular in the UK, where the Royal Family has had homeopathic physicians since the 1830s. In England, as many as 45% of conventional MDs refer patients to homeopaths and the treatment is part of the National Health Scheme (NHS). In France, 40% of the population use homeopathy. Thirty thousand French doctors use homeopathic medicines, there are twenty thousand pharmacies providing them, and 32% of French family physicians use homeopathy. In Italy, homeopathy is the most popular alternative therapy, used by 86% of the population. In Germany 25% of family physicians use homeopathy, and non-MD homeopaths are eligible for licensure and until recently were reimbursed by the National Health System. Nine million people use homeopathy in Brazil. In 1985, homeopathy was included among the therapeutic options offered at the outpatient facilities of the Brazilian public health system. Fifteen thousand Brazilian doctors practice homeopathy (Marino, 2008).

In Asia, the homeopathic medical system is very popular, especially in India, Pakistan and Sri Lanka. The epoch-making statement of Mahatma Gandhi, *"Homeopathy.... cures a larger percentage of cases than any other method of treatment and is beyond doubt safer and more economical and most complete medical science,"* added another feather to the cap of homeopathy. In India today there are 162 degree colleges teaching homeopathy and the largest pool of homeopaths in the world – over 200,000 doctors practice homeopathy. About 100 million people use homeopathy (Ghosh, 2010; Singh, 2005). This is a very conservative estimate because in the 1950s and 1960s there were not many conventional doctors available for the treatment of the masses. In that era, most village school masters and scholars educated themselves in this economical and easy to administer treatment form. Thus homeopathy had a much further reach amongst the general population than conventional medicine. Of India's 1.16 billion population, approximately 70% live in villages and rural areas, where access to expensive conventional medical facilities is limited (World Health Organization, 2006).

3. History of homeopathy in India

Seen through the mist of years, the early history of the advent of homeopathy in India is a fascinating episode. As early as 1810, some German missionaries landed in Bengal. They used to distribute homeopathic remedies among the poor people to alleviate their sufferings. Slowly the elite of society recognized its efficacy and many civil servants and military personnel became amateur homeopaths. On the other hand, due to the efficacy and affordability of the medicines, in the rural environment many school teachers also took to reading the homeopathic materia medica and prescribing to their village communities. In 1852 John Martin Hoenigberger, who was initiated into homeopathy by Hahnemann himself in Paris in 1835, published a book which gave a glimpse of the beginning of Indian homeopathic practice in Lahore, at the court of Maharaja Ranjit Singh. In his chronicles, he gives a vivid account of his successful treatment of Maharaja Ranjit Singh's chronic disease of partial paralysis (Hoenigberger, 1852).

During the second half of the nineteenth century some homeopathic dispensaries were opened in Bengal and in the south. The pioneer in this field in Calcutta was Rajendralal Dutta (1818-1889). He belonged to a scholarly and aristocratic family of Bengal. He engaged a French doctor, Dr. Tonnerre, and placed him in charge of a homeopathic hospital and

dispensary in Calcutta in 1852. Unfortunately, this venture failed. Subsequently Rajen Dutta himself took up the cudgel and started practice in homeopathy. Among his illustrious patients may be mentioned the great early social reformer Pandit Ishwarchandra Vidyasagar and Raja Radhakanta Dev Bahadur. Rajen Dutta cured Pandit Vidyasagar of a migraine which the conventional system had failed to cure. Furthermore the cure of a gangrenous ulcer of Raja Radhakanta Dev Bahadur created a sensation in Calcutta at the time.

In order to strengthen the roots of homeopathic practice in India, Dutta looked around for a suitable person of eminence. His efforts were crowned with success when he was able to persuade Dr. Mahendralal Sircar, medical doctor and skeptic of homeopathy, to test its scientific efficacy and curative potential. In his experiment, administration of homeopathic medicines became effective even when Dr. Sircar's conventional medicine failed. Thus Dr. Sircar became converted to homeopathy and carved a niche for it in the medical history of India. A number of allopathic doctors started homeopathic practice following Sircar's lead. The Calcutta Homeopathic Medical College, the first homeopathic medical college, was established in 1881. This institution took on a major role in popularizing homeopathy in India (Ghosh, 2010).

Gradually homeopathic dispensaries opened in other cities like Benares and Allahabad, and by the beginning of the twentieth century homeopathy had spread all over India. In 1973, the Government of India recognized homeopathy by setting up the Central Council of Homeopathy (CCH) to regulate its education and practice. Now, only qualified registered homeopaths can practice homeopathy in India. At present, in India, homeopathy is probably the most popular system of medicine, due to the fact of its easy administration in the home setting and its affordability.

4. Cancer and homeopathy

The role and efficacy of homeopathic medicines for treatment of malignant tumors is largely unknown and unproven so far. Homeopathic therapy is mainly used for supportive cancer care and some have suggested an integration of this therapy with conventional methods (Kassab, et al., 2009). However, in numerous studies, it has been found that orthodox medicine is not meeting the needs of some patients and that Complementary and Alternative Medicine (CAM) may wholly or partly substitute for conventional medicines. Most patients indicate that their problems improve with CAM (Ernst, 2005; Frenkel, 2010).

Cancer is a subject of great concern because there is a lack of effective treatment even in the 21st century. Along with a search for conventional solutions, researchers are actively trying to identify treatment options offered by various systems of complementary and alternative medicine, including homeopathy. We believe that the Banerji Protocols have an important role to play in this effort.

A comprehensive worldwide survey of studies of the use of complementary and alternative medicine by cancer patients concluded that its use is common and widespread. Within this broad arena of therapies, homeopathy is consistently listed as one of the systems chosen by patients with cancer (Ernst, 2000). A large descriptive survey of cancer patients in Europe found that on average 35.9% were using some form of complementary or alternative therapy. Homeopathy was the most commonly used of these therapies in Belgium and was in the top five choices in six other countries. In other European countries, it was second only

to herbal medicines. In France, a recent study in an oncology department revealed that 34% of the patients were using complementary medicine and homeopathy was the most frequently used of these (Träger-Maury, 2007). Homeopathy is one of the eight most popular complementary therapies used by cancer patients in the UK (Chang, 2011).

A recently reported European study conducted a prospective one-year observational study of cancer patients comparing one cohort of 259 patients under homeopathic treatment with a matched cohort of 380 patients undergoing conventional treatment. Outcomes compared included quality of life (QOL), fatigue, and anxiety/depression. The researchers found a significant improvement in quality of life in the homeopathy group after three months and a continued improvement after twelve months. The conventionally treated group had no improvement in one QOL scale after three months and a slight improvement in the other QOL scale; at twelve months there was a slight increase in one indicator and a decrease in the other. Fatigue and anxiety/depression were not improved in the conventionally treated group; fatigue but not anxiety/depression improved in the homeopathy group (Rostock, et al., 2011). A meta-analysis of all clinical studies on cancer treatment outcomes using homeopathy (Milazzo et al., 2006) found that all studies examined were investigating the use of homeopathy for adjunctive symptom treatment, not as primary antitumor treatment.

There are a number of *in vitro* and *in vivo* studies, however, that have investigated the antitumor activity of homeopathic medicines. In India, the laboratory of Khuda-Bukhsh has reported a significant anti-tumor effect of homeopathically prepared *Chelidonium* and *Lycopodium* (Banerji, A., et al., 2010; Pathak, S. et al., 2006). In America, several studies have reported the *in vitro* antitumor effect of five homeopathic remedies used for treatment of prostate cancer. There was a 23% reduction in tumor incidence, and for animals with tumors, there was a 38% reduction in tumor volume in homeopathy-treated animals versus controls (Jonas, W.B., 2006). However, in another study there were no direct cellular anticancer effects demonstrated in these researchers' *in vitro* and *in vivo* studies (Thangapazham, R.L., 2006). A third study examined *in vivo* effects on mice treated with homeopathically prepared *Sabal serrulata* and clearly demonstrated a biologic response to homeopathic treatment as manifested by cell proliferation and tumor growth. Two other homeopathic medicines tested did not show similar anti-tumor effects (MacLaughlin, B.W., 2006). Another study done in India reported that homeopathic drugs retarded liver tumor growth in mice and reduced the incidence of chemically-induced sarcomas and also increased the life span of mice harboring these tumors (Kumar, K.B., 2007). What we see in this review of laboratory research of homeopathy is consistent reports of its effectiveness in slowing tumor growth in mice without a clear mechanism of action being demonstrated.

Our own studies done in collaboration with American researchers at the M.D. Anderson Cancer Center, University of Texas must be mentioned at this point, for they have demonstrated plausible biological mechanisms for the antitumor effects of the homeopathic medicines tested. In one report we described 15 patients diagnosed with documented intracranial tumors who were treated exclusively with the homeopathic remedies *Ruta graveolens 6c* and *Calcarea phosphorica 3X* without additional chemotherapy or radiation. Of these 15 patients, six of the seven who had glioma showed complete regression of the tumors. In this study we also reported that these medicines stimulated induction of survival-signaling pathways in normal lymphocytes and induction of death-signaling pathways in brain cancer cells. Cancer cell death was initiated by telomere erosion and

completed through mitotic catastrophe events (Pathak, S., 2003). More recently we reported a study of four homeopathic remedies that we use for treating breast cancer against two human breast adenocarcinoma cell lines (MCF-7 and MDA-MB-231) and a cell line derived from immortalized normal human mammary epithelial cells. The remedies exerted preferential cytotoxic effects against the two breast cancer cell lines, causing cell cycle delay/arrest and apoptosis. These effects were accompanied by altered expression of the cell cycle regulatory proteins, including downregulation of phosphorylated Rb and upregulation of the CDK inhibitor p27, which were likely responsible for the cell cycle delay/arrest as well as induction of the apoptotic cascade that manifested in the activation of caspase 7 and cleavage of PARP in the treated cells (Frenkel, et al., 2010).

5. Evolution of the Banerji Protocols

Research in homeopathy and the introduction of Homeopathic medicinal mixtures in India are due to the late Dr. Pareshnath Banerji, nephew of illustrious Pandit Ishwarchandra Vidyasagar, who himself happened to be an ardent follower of homeopathy after his above-described cure. Dr. Banerji started his charitable clinic in a remote village, Mihijam, situated in the border of Bihar in 1918 and soon became a legend. He achieved phenomenal success against all kinds of disease. He could declare with certainty that he would cure both acute and chronic conditions of innumerable common people, who congregated at his village clinic seeking relief from all variety of illnesses. Treating his patients gratis, he naturally had to deal with a vast number of patients every day. If he had followed the classical homeopathic approach to case assessment, he would have been able to examine at most a dozen patients a day. 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. For the remaining 20%, he gave the greatest importance to symptoms narrated by the patients themselves. Thus he achieved success through sheer practical experience. He did not always adhere to Hahnemann's dictum of "*Single simple and minimum.*" He did not mind prescribing mixtures of remedies or frequent repetitions of the remedies when required.

5.1 The Banerji Protocols: What are they?

Homeopathy as a school of medicine is very young, only 200 years old. Our family has been associated with it for over 150 years. *It can be said that the Banerji Protocols are the fruit of a cumulative experience and careful analysis of observed trends in patient – medicine interaction and the translation of the same into a system of prescribing with a view to standardize and make easy the practice of an extremely complex system of medicine using ultradilute medicines.*

The use of specific medicines in specific potencies, in fixed dosage patterns, eliminates the necessity for any guess work on the part of novice practitioners and is always a tremendous help for even seasoned doctors. Our approach is more diagnostic than individualistic, i.e. more objective than subjective. These protocols are easy to learn and since the focus is on the diagnostic approach the case-taking time is shortened. 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 also makes the treatment affordable to the weaker sections of society, making it "The People's Medicine." For any scientific medical system it is a rule that

interventions should be repeated with almost the same result – meaning, a treatment should have replicability - and the Banerji Protocols fulfill this criterion.

5.2 The Banerji Protocols (BP) in the treatment of cancer

In our clinic in Kolkata, India, an average patient turnout of 1000 to 1200 a day gives us a clear perspective as to disease and treatment trends in the population we serve. We treat an average of 10 to 15% of our patient turnout - 120 to 200 cancer cases a day – whose suffering from this dreaded disease has helped us to formulate set protocols for their treatment. At present, patients from more than seventy countries follow the Banerji Protocols for treatment of their cancer through the website www.pbhrfindia.org, seeking online medical advice and treatment. In our clinics we are privileged to have the opportunity to treat every type of cancer and every stage of the disease. The majority of our patients opt to take only our treatment without any conventional treatments and we also have patients who use our medicines as adjunct therapy along with or after conventional treatments fail. We often also have patients who come to us to seek relief from the various side-effects of conventional chemotherapy and radiation. Our protocols for the different types of cancer are mostly customized according to the location and tissue type, and the specific medicines, in their specific dilutions and dosage patterns, have been standardized by us.

5.3 The Banerji cancer treatment protocols

The main objective we follow while taking on the treatment of our cancer cases is to provide them with a better quality of life and, if possible, to provide a permanent cure. 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 have 1st line, 2nd line and in most scenarios 3rd line medicines already thought out and designated. This is complemented by preset medicines to give palliative relief to the suffering of the patients brought on by accompanying symptoms. This is the basis of the Banerji Protocols, where quality of life is given paramount importance. The medicines that we use for different types of cancer are listed in detail in Table 1, but require an insight into cancer care for the practitioner in terms of pathology and the cause and effect of the morbid situation affecting the individual.

Type of Cancer	First line	Second line	Third line	Related Symptoms	Symptomatic treatment
Brain	Ruta graveolens 6C, 2xday Calcarea phos 3X, 2xday			Seizures, headache	Arnica montana 3C + Cuprum metallicum 6C
				Confusion	Helleborus 30C liq. 2xday
				Cerebral edema	Lycopodium liq. 30C 2xday
				Hemoptysis	Ferrum phos 3X 5 tablets SOS
				Pleural effusion	Lycopodium 30C liq. 3xday

Type of Cancer	First line	Second line	Third line	Related Symptoms	Symptomatic treatment
Breast cancer	Phytolacca 200C 2xday Carcinosin 30C, on alternate night	Phytolacca 200C 2xday Carcinosin 30C, on alternate night Conium maculatum 3C, 2xday	Stop the above medication and start with a new protocol Thuja occidentalis. 30C, 2xday	In aggressive open ulcer with offensive discharge	Psorinum 1000c on alternate morning and Antimonium crudum 200c + Arsenicum album 200c 4xday
Esophageal carcinoma	Condurango 30C liq. 4xday	Nitric Acid 3C liq. 2xday Carbo animalis 200C liq. 2xday	Staphysagria 30C liq. 6xday		
Prostate cancer	Thuja occ. 30C 4xday Carcinosin 30C, on alternate night	Medorrhi-num 200C 2xday Cantharis 200C 2xday	Conium mac. 1000C liq. 1xweek Sabal serrulata Q liq. 2xday Carcinosin 30C, alter-nate nights	Hematuria	Geranium maculatum Q liq. 3xday If this fails then Hamamelis virginica Q liq. 4xday
Prostate (cont'd)				Dysuria	Chimaphila umbellata Q liq. every 1to 2 hours
Pancreas cancer	Carduus mar. Q liq. & Conium mac. 3C liq. every 3 hours alternately Chelidonium majus 6X liq. 3xday	Hydrastis Q liq. & Chelidonium 6X liq. every three hours alternately			
Liver cancer	Hydrastis canadensis Q liq. & Chelidonium majus 6X liq. every 3 hours alternately Conium maculatum 3C, 2xday	Myrica Q liq. & Hydrastis canadensis Q liq. every 3 hours alternately Carduus marianus Q liq. 2xday			
Rectal cancer	Nitric acid 3C liq. 6xday	Hydrastis 200C & Mercurius solubilis 200C, every 3 hours alternately	Thuja occ. 30C 2xday	Involuntary stool	Veratrum album 200c every 3 hours

Type of Cancer	First line	Second line	Third line	Related Symptoms	Symptomatic treatment
Stomach cancer Stomach (cont'd)	Arsenicum alb. 3C liq. 15 minutes before food. plus Hydrastis Q liq. 2xday	Conium maculatum 3C, 2xday Hydrastis Q 2xday			
Uterus, Cervix, Ovary and Appendages cancer	Carbo animalis 200C, 3xday Arnica montana 3C, 3xday	Kreosotum 200C, 4xday	Kreosotum 200C, 4xday Conium maculatum 3C, 2xday		
Osteosarcoma	Symphy-tum offic. 200C, & Calcarea phos 3X, every 3 hours alternately Carcinosin 30C, on alternate nights	Ruta graveolens 200C, & Calcarea phosphorica 3X, every 3 hours alternately			
Colon cancer	Hydrastis Q liq. & Nitric acid 3C liq. every 3 hours alternately	Conium maculatum 3C & Hydrastis 200C every 3 hours alternately	Carbo animalis 200C, 4xday Ferrum phos 3X + Calcarea Fluorica 3X, 2xday	Bleeding per rectum	Hamamelis Virginica Q liq. SOS after every bleeding
				Palpable lump in abdomen	Conium maculatum 3C liq. 1xweek
Throat cancer – pyriform fossa and allied parts	Nitric acid 3C liq. 4xday	Hepar sulphur 200C 4xday Also Hydrastis Canadensis 200c 2xday	Thuja occ. 30C 2xday Kali muriaticum 3X, 4xday	Acute painful deglutition	Mercurius cyanatus 200C, 3xday
Tongue and Cheek cancer	Nitric acid 3C liq. 4xday	Nitric acid 3C liq. 4xday Cistus canadensis. 200C liq.	Mercurius cyanatus 200C liq. 1xday Kali muriaticum 3X, 4xday		

Table 1. Banerji Protocols for treatment of selected cancers. One dose is 2 pills, tablets or drops unless otherwise specified. In Europe, C is equivalent to CH or CK; X is equivalent to D or DH.

5.4 The data collection project of the PBHRF – A unique platform for the research community

In our research foundation the main research activity consists of recording in our electronic data base the treatment and response of all cases of various types of cancer and other life-threatening diseases treated at our clinics. To this end, we maintain a recently upgraded, state-of-the-art computer network with a high-end server and five nodes. Our system also has two stand-alones for internet access and image processing and storage. At present our patient database running on customized software on Oracle and MS Visual Basic has more than 20,000 cases inputted with more than half a million visits recorded. The data consists of approximately 60 cancer types by site, including two cases of cancer of the heart. This data is the epicenter of the PBHRF and makes us attractive to researchers from premiere institutions throughout the world. Clinicians and researchers from many of these institutions have visited our clinics for an insight into our way of treatment. This is an ongoing research initiative that has been active since 2002, though due to our access to cases prior to this date, we have been able to get a wider perspective from even earlier in our experience.

At present, we are in the process of collaborating with researchers from the National Cancer Institute of the United States with the desire to mine the data and use the information to understand better the sphere of efficacy, as well as to fine tune our protocols.

5.5 Cancer treatment outcomes at PBHRF with the Banerji Protocols

In the six months prior to preparation of this manuscript, we saw a total of 1856 cancer cases at PBHRF. Table 2 shows the types of cancer treated during this period.

TYPE OF CANCER	% total cases	# of cases
BRAIN	21%	385
LUNG	14%	260
BREAST	7%	129
GALL BLADDER	5%	98
STOMACH	5%	92
CERVIX	4%	71
ESOPHAGUS	4%	66
RECTUM	3%	55
TONGUE	3%	56
PANCREAS	2%	36
LIVER	2%	36
CHEEK	2%	35
PROSTATE	2%	31
OVARIAN	2%	31
NON HODGKIN'S LYMPHOMA	2%	31
OSTEOSARCOMA	1%	10
OTHER	21%	434
TOTAL	100%	1856

Table 2. Types of cancer cases treated at PBHRF in 6-month period, 2010-2011

Our overall aggregate retrospective data collected on over 20,000 patients with all varieties of cancer treated over an 18-year period (Figure 1) reveals that 21% of the cancers completely regressed, and 23% were improved or stable.

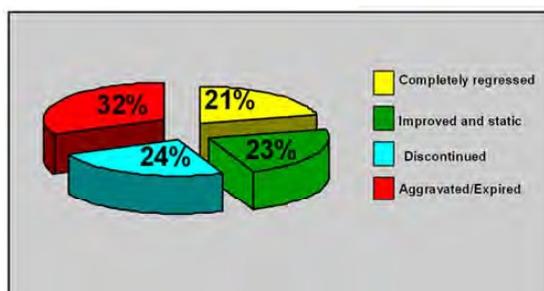


Fig. 1. Results of Treatment of 30,288 Malignant Tumor Cases (1990 – 2008)

Retrospective data collected over a one-year period on patients treated for lung, brain and esophageal cancer showed that complete regressions ranged from 22 to 32% (Figure 2).

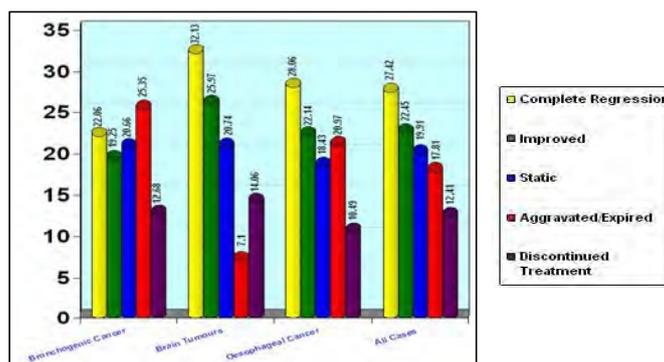


Fig. 2. Results of treatment of 1132 cases of lung, brain and esophageal cancers, August 2006-August 2007

6. Some case studies

We present below three cases, two of which, the lung cancer and the esophageal cancer case, were submitted to the National Cancer Institute of the United States for validation of the results, where they passed strict scrutiny and were presented before the Cancer Advisory Panel.

6.1 Case 1 – Lung cancer

Male, 47 years old, came to the clinic on 30th November 1994. He was suffering from chest pain with severe cough along with loss of weight for the last three months. On examination restricted respiratory movement on the left side with few localized crepitations were present in the upper part of the left chest. Chest X-ray dated the 18th of November 1994 showed "...a

well-defined large soft tissue density mediastinal mass in the left upper mediastinum...the lung fields are well expanded. Area of consolidation is seen in the left upper lobe.” (Figure 3)



Fig. 3. Case 1, Chest X-ray 18.11.1994

C.T. Scan of chest dated 19th November 1994 shows “an 8.0 cm x 6.4 cm well defined soft tissue mass...in upper mediastinum in left side...with air space consolidation of adjacent left upper lobe.” (Figure 4)



Fig. 4. Case 1, C.T. of chest 19.11.1994

C.T. Guided FNAC of mediastinal mass dated 24th of November 1994 showed “...malignant tumor.” (Figure 5)

After undergoing treatment from us with the medicines Kali Carbonicum 200c two drops thrice a week and Ferrum Phosphoricum 3x two tablets twice daily, patient became asymptomatic. X-ray dated 31st of January 1995 showed “...considerable shrinkage in the mediastinal mass...” (Figure 6).

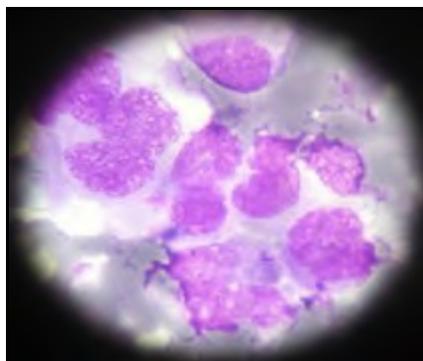


Fig. 5. Case 1, Histopathology 24.12.1994



Fig. 6. Case1, Chest X-ray 31.1.1995

X-ray dated 5th of July 1995 showed "...Gradual and excellent regression of the mediastinal mass since original X-ray of 18 November 1994." X-ray dated 9th January 1996 described only a "...small residual opacity still present."

At the National Cancer Institute it was described as a diagnosed case of Malignant Neoplasm. According to TNM classification of the tumor in this case, the growth was T2, N1, M0 – Stage II; if it was a case of metastasis from an unknown primary, then it would be staged at Stage IV. Additional chest X-rays were done on several occasions. The last was on 7th of January 1999, which showed complete resolution of the mediastinal tumor (Figure 7). There were no complications during treatment. We are still reviewing the case off and on but there has been no recurrence.

6.2 Case 2 – Esophageal cancer

Male, aged 75 years, was suffering for two months with difficulty in swallowing food, heartburn and belching, when he came to us for his treatment on 16th of December 1996.

Clinically the patient presented with dysphagia, heartburn and belching. His initial barium swallow showed almost complete obstruction of the esophagus, as shown in Figure 8.



Fig. 7. Case 1, Chest X-ray 7.1.1999



Fig. 8. Case 2, Barium swallow 17.10.1996

Endoscopy done on 29th November 1996 showed "...GE junction at 40cm. At 18 cm. is a growth extending up to 22cm. causing luminal narrowing." A biopsy dated 6th December 1996 showed "...moderately differentiated Squamous Cell Carcinoma" (Figure 9).

After undergoing treatment from us with the medicine Condurango 30c two drops twice daily, the patient's symptoms were resolved within two months. Now the patient is in good health and does not complain of dysphagia. Post treatment barium swallow X-ray of esophagus dated 12th July 1997 showed "...considerable improvement in the patency of the esophagus" (Figure 10). There were no complications during treatment.

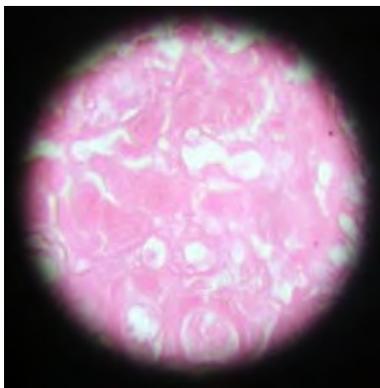


Fig. 9. Case 2, biopsy 29.11.1996

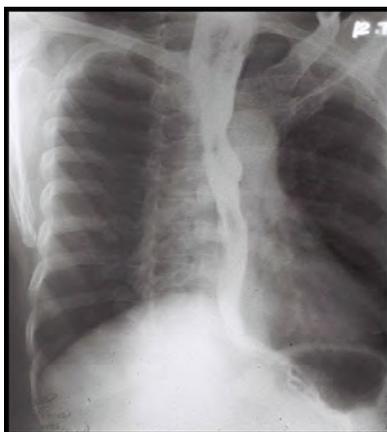


Fig. 10. Case 2, Post-treatment barium swallow 12.7.1997

6.3 Case 3 – Osteosarcoma

Male, aged 8 years, was suffering for 5 to 6 months with swelling in left knee and difficulty in flexing the knee, when he came to us for his treatment on 18th July 2003. On examination the patient presented with a non tender, firm to hard swelling over the left knee joint. X-ray of left knee joint dated 5th June 2003 showed “...a well defined eccentric lesion in metaphyses with sclerosis at edges - ? fibrous cortical defect/aneurismal bone cyst/lymphoma...” (Figure 11).

The child underwent histopathological examination of the swelling and the report dated 12th June 2003 showed “...Section shows histology of a high grade sarcomatous lesion showing many mitotic figures...Poorly differentiated sarcomatous lesion...” (Figure 12). At that time the parents of the child were advised at the Chittaranjan National Cancer Institute, Kolkata, to allow immediate “...above the lesion amputation...” of the affected leg.

After undergoing treatment from us with the medicines *Symphytum 200c* two doses a day, *Calcarea Phosphorica 3X* two doses a day and *Carcinosin 30c* one dose every alternate day,

the swelling gradually subsided and now the architecture of the knee has completely returned to normal. X-ray dated 16th December 2003 revealed "...gross healing at osteolytic area..." (Figure 13).



Fig. 11. Case 3, X-ray 5.6.2003

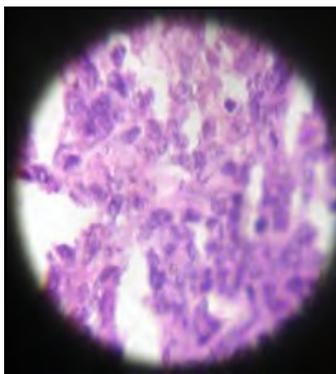


Fig. 12. Case 3, Histopathology 12.6.2003



Fig. 13. Case 3, X-ray 16.12.2003

Repeat X-ray dated 14th August 2004 showed "...remineralization seen at the lower third of left femur..." (Figure 14). He then reduced the doses and discontinued our medication after four months.



Fig. 14. Case 3, X-ray 14.8.2004

7. Worldwide interest in the Banerji Protocols

However, since 1997, there have been winds of change. It was this year when the National Institutes of Health (NIH) of the United States asked us to produce records of our successes as part of their Best Case Series programme for evaluating clinical data from alternative healthcare practitioners. We submitted complete records of cured cases in 1997, and our presentation of cases was accepted after detailed scrutiny by the National Cancer Institute (NCI) in 1999. Subsequently, we provided a six-hour presentation before a 17-member Cancer Advisory Panel. This panel included cancer specialists from all the leading American Comprehensive Cancer Centers, including the Washington Cancer Institute, The University of Texas M. D. Anderson Cancer Center, The Memorial Sloan Kettering Cancer Center, and The Johns Hopkins Medical Center. The panel accepted our presentation unanimously, and this was indeed a great victory for homeopathy (Banerji, 2008).

Since then we have had many visitors from the United States including: Dr. Jeffrey White, MD, Director, Office of Cancer Complementary and Alternative Medicine, National Cancer Institute; Dr. Moshe Frenkel, Associate Professor of Integrative Medicine and Medical Director of the Integrative Medicine Program, Division of Cancer Medicine Department of Palliative Care and Rehabilitation Medicine at the University of Texas M D Anderson Cancer Center; Dr. Elena Ladas, MS, RD, Director, and Dr. Kara M. Kelly, MD, Medical Director of the Integrative Therapies Program for Children with Cancer, Division of Pediatric Oncology, and others from Columbia University; and Dr. Barbara Sarter, now at the University of San Diego, who spent five months in Kolkata to study the Banerji Protocols and work with us when she held a faculty position in the Department of Family Medicine at the University of Southern California; she has a long background in conventional medicine, and also a degree in classical homeopathy.

An important aspect of the PBHRF's activities is research, and under its banner, Drs. Banerji have been involved in recent years in collaborative research projects with American institutes of international renown which include the University of Texas M. D. Anderson Cancer Center, Columbia University, and the University of Kansas Medical Center. Since 1977, Drs. Banerji have been invited to a large number of prestigious international conferences, symposia, seminars and meetings to deliver lectures, present papers, or discuss important aspects of their work. Patients from more than 70 countries at present follow the Banerji Protocols through the website www.pbhrfindia.org, seeking online medical advice and treatment.

Spain has assumed great importance for our work in recent years. In 2008, a three-member cancer support team from Spain undertook a week-long visit to PBHRF to acquire firsthand knowledge about the Banerji Protocols; two hold senior positions at the University of Barcelona, while the third runs a Valencia-based web portal for cancer support, which is visited by nearly 1000 persons daily, not only in Spain, but also in Spanish-speaking countries elsewhere in the world – with many enquiries on the Banerji Protocols.

The response of Spanish homeopaths, pharmacists and patients to the Banerji Protocols has been extremely enthusiastic. In 2008, Drs. Banerji made a presentation at a conference exclusively for classical homeopaths who enthusiastically welcomed the Banerji Protocols. A documentary film on Dr. Prasanta Banerji is now being made by two Spanish documentary film makers who have undertaken visits to Kolkata and Mihijam.

In 2009, Drs. Banerji visited Japan twice, and there are excellent prospects for the popularization of treatment in this country using the Banerji Protocols. They are scheduled to visit again by invitation from the Royal Academy of Homeopathy, for more seminars in October 2011.

8. Conclusion: Winds of change

Compared to conventional medicine, homeopathy has always suffered from a lack of credibility and recognition the world over, having been acceptable only to those who cannot afford the high costs of conventional medical treatment. However, since 1977, there have been winds of change. There has, on the one hand, been a perceptible lack of success of conventional medicine to cure various ailments and diseases – notably cancer - and, on the other, the serious – and growing – concern of researchers to identify options for medical treatment offered by various streams of alternative medicine, including homeopathy. It is here that the Banerji Protocols of treatment, based on the use of homeopathic medicines, have had an important role to play. Dr. Prasanta Banerji and Dr. Pratip Banerji, along with their assistants, together attend 1000 to 1200 patients every day, including 300 to 400 patients at their free clinic, in Kolkata. By so doing, they keep up the tradition of their revered forefathers, help make the Banerji Protocols a mode of medical treatment for the masses – the second important objective of the PBHRF — and ensure the collection, documentation and use in meaningful research in the years to come. The operations of the PBHRF and the development of the Banerji Protocols have been giving homeopathy a scientific basis and making it eligible for scientific research.

8.1 Looking at the future

To meaningfully serve medical science and humanity, homeopathy required a rebirth. Perhaps nothing can provide this better than the Banerji Protocols and the work of the PBHRF, both aimed at making homeopathy with the use of the Banerji Protocols scientifically acceptable.

Opposition to the Banerji Protocols and the work of the PBHRF from the scientific community and followers of classical homeopathy notwithstanding, everything augurs well for the rebirth of homeopathy. Much is required to make the Banerji Protocols and the role of the PBHRF known everywhere in the world.

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