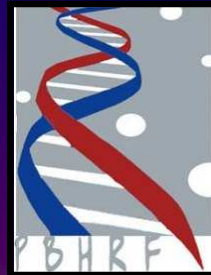


***“Contemporary thoughts, needs and the
Sublimation of Homeopathy”***

by

Dr. Prasanta Banerji

Dr. Pratip Banerji

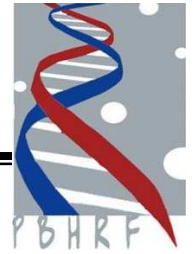


PBH Research Foundation

10/3/1 Elgin Road, Kolkata – 700020, India

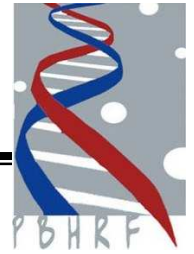
Email: info@pbhrfindia.org

Website: www.pbhrfindia.org

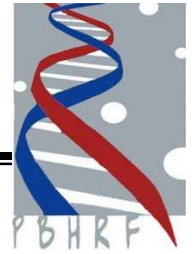


**Dr. Christian Friedrich
Samuel Hahnemann
Founder of Homeopathy**

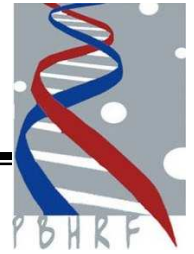
1755 - 1843



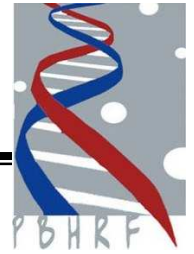
These changes were suppressed by Madame Hahnemann at the advice of some contemporary homeopaths, who with this single act stopped all progress in homeopathy for a long time.



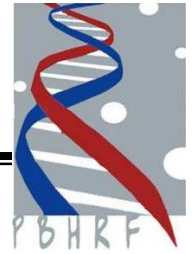
The 6th edition that was published is modified and incomplete as to what Hahnemann had originally intended.



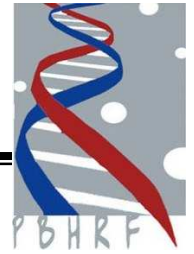
Later, when the book was finally published, it was modified to reflect the practices of the then current homeopaths and has lost the original thoughts of the great man.



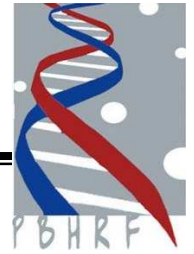
What is commonly known as Classical Homeopathy today is basically an effort to keep the practice of homeopathy unchanged from the time of Hahnemann. The problem with this is that homeopathy is a science.



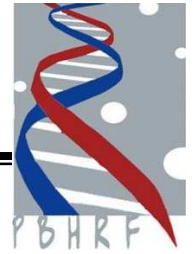
Thus science, as we know today embodies a process of continuous development in the course of which observational facts change with piling up of more statistics and with the betterment of the instruments and methods of observation.



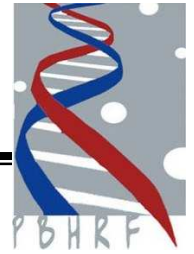
Newton's law of gravitation, ultimately yielded place to Einstein's general theory of Relativity, which correctly predicted more precise phenomena which were unexplained by Newton's Theory. Physical scientists neither accuse Einstein for changing Newton's ideas, nor do they write off Newton for not being more accurate.



This specific example has been given here to emphasize the fact that it does not violate a scientific attitude if we try to better the observations and statistics of Hahnemann. Neither does such an attempt imply disrespect or denial of the contribution of Hahnemann.

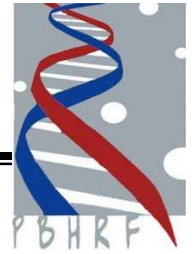


In fact, Dr. Constantine Hering says [Archive f.d. hom. Heilkunde, Vol. XVI., H.3, p. 92.], “I am universally regarded as a disciple and an adherent of Hahnemann, and I am willing to declare that I belong to those who adhere to him most faithfully and pay the most enthusiastic homage to his greatness, but I affirm also that from the time of my first acquaintance with homeopathy (1821) up to the present day (1837) I have never accepted a single one of the theories in the Organon as they are given”

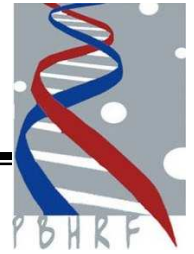


The fundamental principles of any scientific inquiry are often called “*working hypothesis*”.

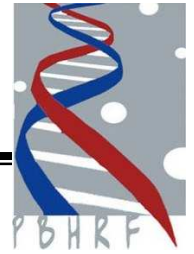
Hahnemann’s “*Similia Similibus Curentur*” was one such hypothesis.



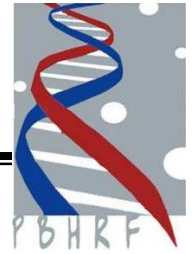
Thus the “*Single Simple Minimum*” medicine hypothesis may not be always correct although the “*Similia Similibus Curentur*” principle may be retained.



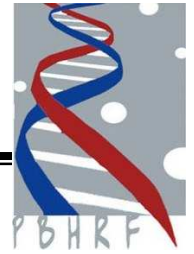
It is a scientific fact, that with the passage of a century after Hahnemann, the causes of the diseases have undergone mutations, the congested city civilization has given rise to more complexities and virulence to many diseases.



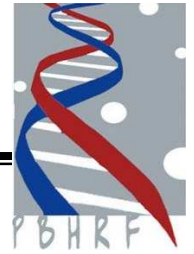
One should realize that no principle can be allowed to stand unless it is repeatedly tested by newer and still newer experiments. Even though millions of observers tend to bear out a principle, a single observation that contradicts it or is inconsistent with it must force its modification.



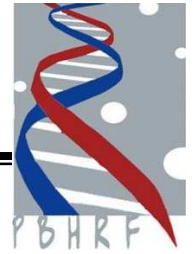
Thus Hahnemann's dictum of "*single simple and minimum*" based on Hippocrates hypothesis "*similia similibus curentur*" is not infallible. No matter how many times it has met its tests successfully, there can be no certainty that it will not be withdrawn by the next observation.



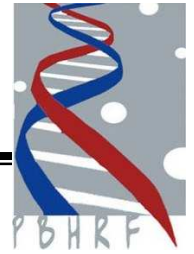
Truly science will never stand still. It is a panorama that subtly dissolves and recreates.



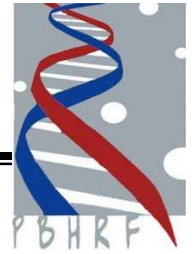
First and foremost is the need for standardization and replicability. The recognition that homeopathy is as scientific and efficient as conventional medicine needs to be highlighted. It is alarming that at present homeopathy is not within the first 50 options as career choices in India and gradually it is getting further and further behind.



A recent survey in June 2004 by Dr. Sushil Vats in Delhi revealed an alarmingly grim picture of the classical homeopathic practice. Out of the total of 3500 homeopaths in the city area, only 50% are into active practice and of these 50% have another source of income and of the remaining, only 10% have income worthy to survive in metros like Delhi.



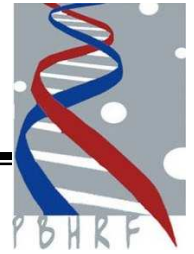
To establish a system so that is free from mysticism and more in consonance with nature is consistent with Hahnemann's dream of the future of homeopathy.



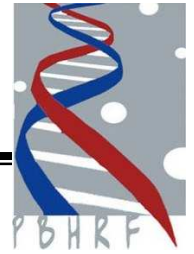
➔ **How can such minute doses of medicine, which have no molecular trace on testing with conventional instruments, produce any effect on the human body?**

➔ **Why do homeopaths use different medicines on different persons suffering from the same disease? They consider this as unscientific and say that it is only a placebo effect that makes a difference in the well being of the patient..**

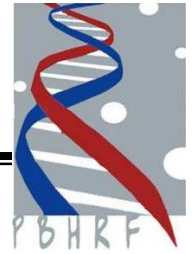
➔ **Where is the scientific proof that these medicines work?
In conventional scientific scrutiny, the current path followed is – first in the laboratory *in vitro* studies, next in the laboratory on *in vivo* animal studies and finally on human subjects. While homeopaths claim that the medicines are clinically proven, there is not enough proof available in scientific circles to justify the claim.**



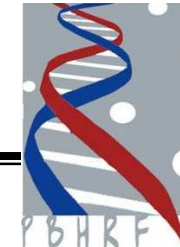
In conventional scientific scrutiny, the current path followed is – first in the laboratory *in vitro* studies, next in the laboratory on *in vivo* animal studies and finally on human subjects.



The scientist at MDACC experimented in their laboratory on different cancer cell lines and it is observed that 6c, 30c and even 200c dilutions kills cancer cells in laboratory slide. Which proves that the minute doses, which has no molecular trace, has definite effect.



The Banerji Protocols, giving fixed medicine protocols to patients suffering from the same disease, in a definite and fixed potency, in preset dosage patterns have demonstrated that these medicines work.



ONCOLOGY REPORTS 20: 69-74, 2008

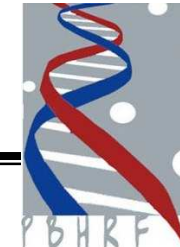
Cancer patients treated with the Banerji protocols utilising homoeopathic medicine: A Best Case Series Program of the National Cancer Institute USA

PRASANTA BANERJI¹, DONALD R. CAMPBELL² and PRATIP BANERJI¹

¹PB Homoeopathic Research Foundation, Kolkata, West Bengal, India;

²Saint Luke's Hospital and University of Missouri, Kansas City, MO, USA

Received February 21, 2008; Accepted April 23, 2008



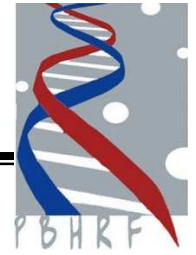
INTERNATIONAL JOURNAL OF ONCOLOGY 23: 975-982, 2003

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

SEN PATHAK^{1,2}, ASHA S. MULTANI¹, PRATIP BANERJI³ and PRASANTA BANERJI³

Departments of ¹Cancer Biology and ²Laboratory Medicine, The University of Texas M.D. Anderson Cancer Center, Houston, TX 77030, USA; ³PBH Research Foundation, 10/3/1 Elgin Road, Kolkata 700 020, West Bengal, India

Received April 16, 2003; Accepted May 28, 2003



in vivo

International Journal of In Vivo Research

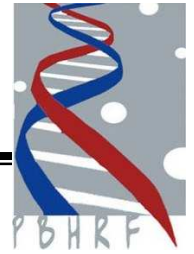
ISSN 0258-851X

Intracranial Cysticercosis: An Effective Treatment with Alternative Medicines

PRASANTA BANERJI and PRATIP BANERJI

PBH Research Foundation, 10/311 Elgin Road, Calcutta 700 020, West Bengal, India

Reprinted from
in vivo 15: 181-184 (2001)



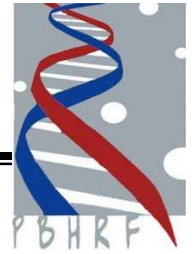
Research Collaboration

 **The University of Texas MD Anderson Cancer Center in Houston**

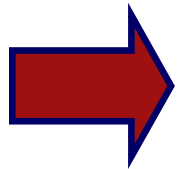
 **The University of Columbia in New York**

 **The University of Kansas Medical Center in Kansas City**

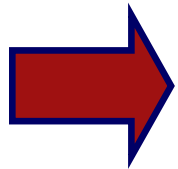
 **The University of Southern California in Los Angeles**



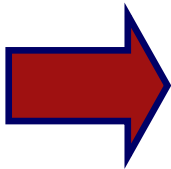
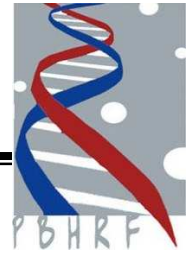
The Banerji Protocols: Why use them??



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.

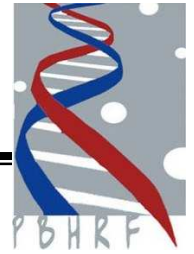


We have specific medicines with fixed dilution for every disease based on our experience of over 50 years of observations, which is very effective. There is enough data to vindicate our claims. Quick case taking and prescription in a few minutes.

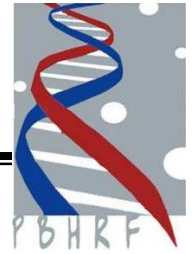
DIAGNOSIS



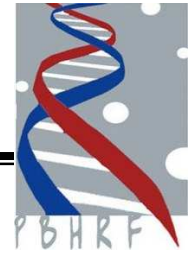
PRESCRIPTION



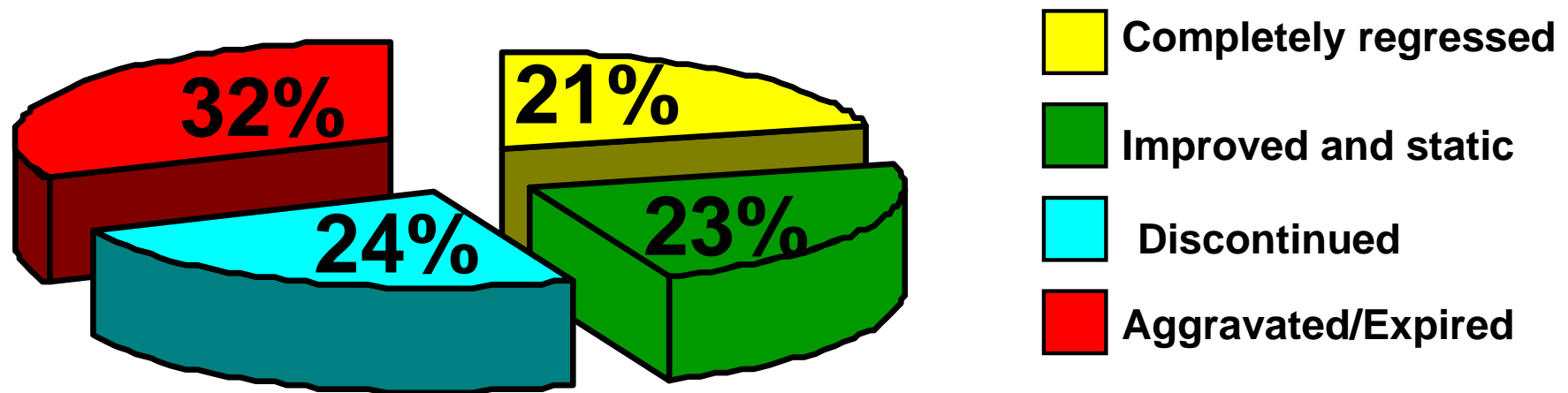
Our approach is more Diagnostic than Individualistic i.e. more objective than subjective. That is why it is easy to disseminate to medical students and the general public. In a short time more patients can be treated. Consequently, it makes the medicines affordable to the weaker sections of society making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

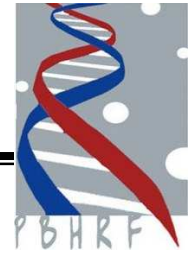


“The People’s Medicine”. In case of Science it is a rule that results should be repeated with almost same result: i.e. replicability, and The Banerji Protocols fulfill this. Any doctor can treat their patients armed with a ready reckoner which The Banerji Protocols can provide.

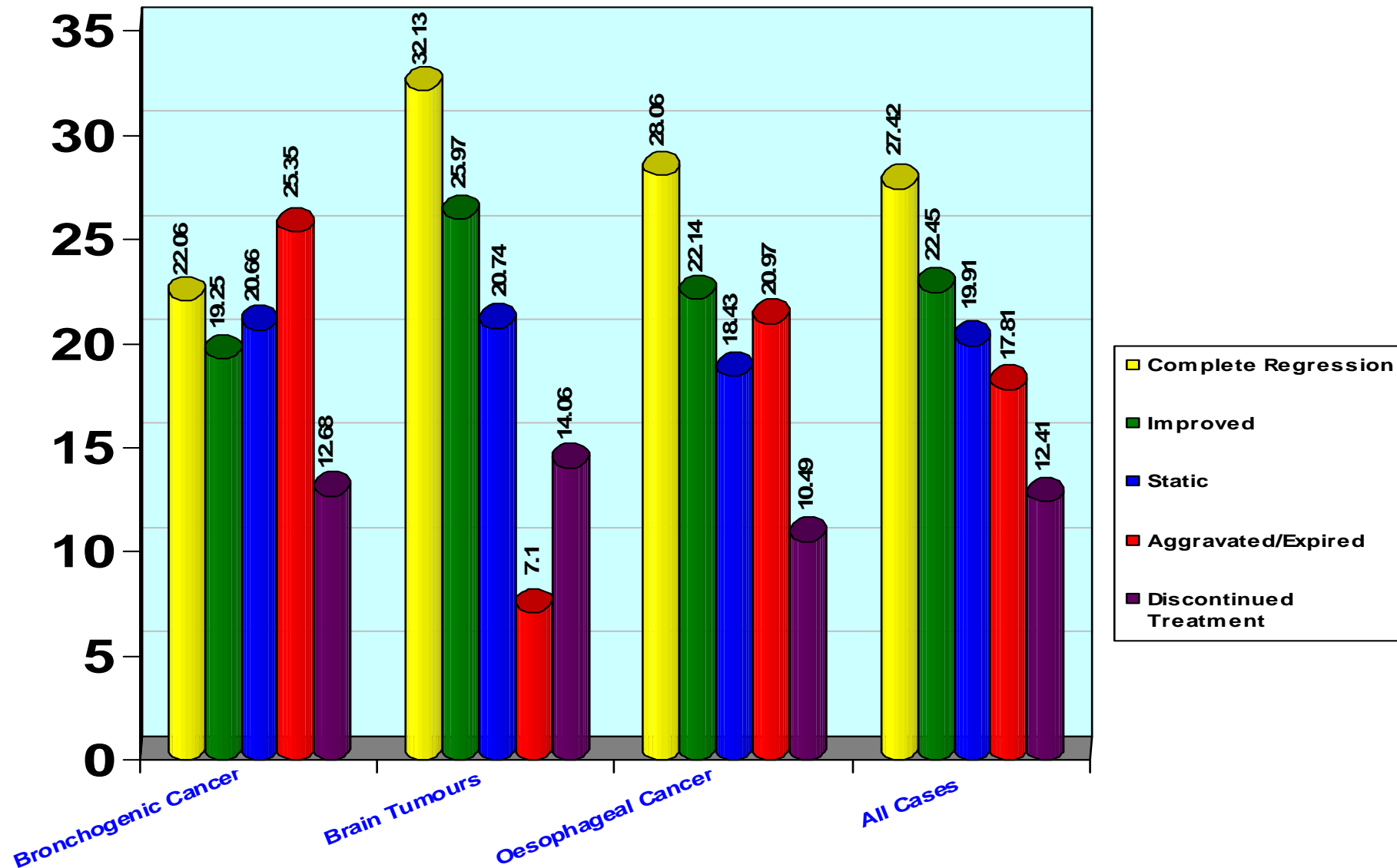


Results of Treatment of 21888 Malignant Tumour Cases (1990 – 2007)







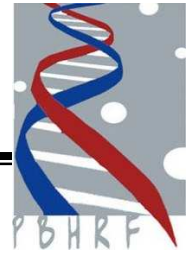
Results of treatment of 1132 cases of Lung Cancer, Brain Tumours and Oesophageal Cancers (Aug 2006 – Aug 2007)



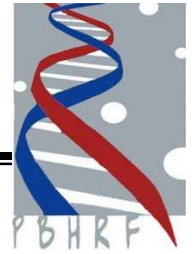


More than 60 countries all over the World using “The Banerji Protocols” through e-mail

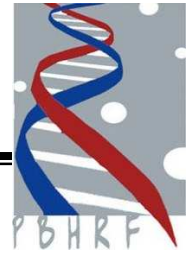
-  Major users
-  Minor users



A Presentation of Cases

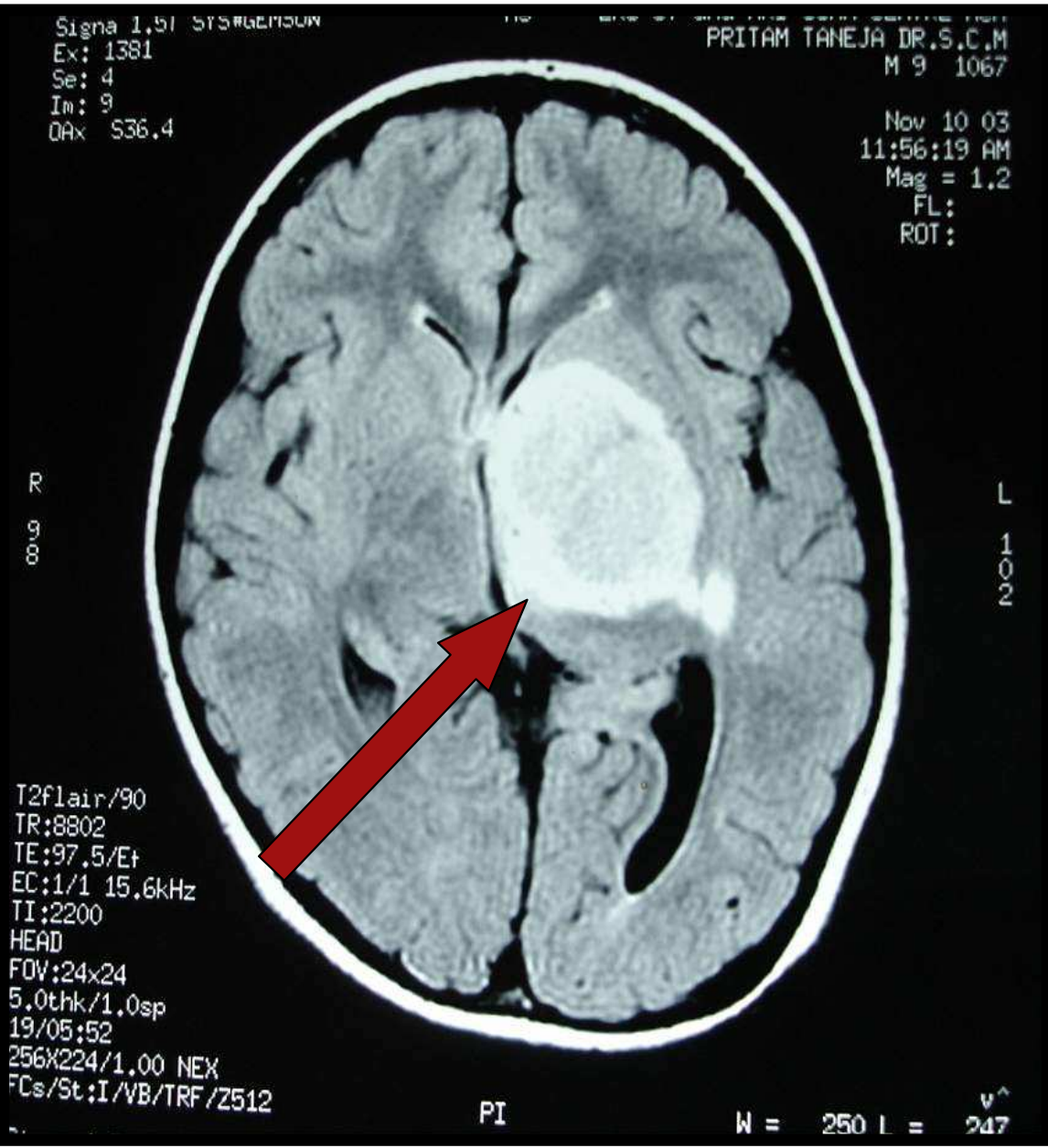
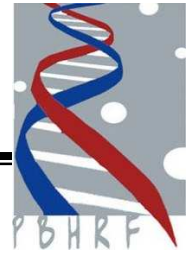


Intracranial Space Occupying Lesions

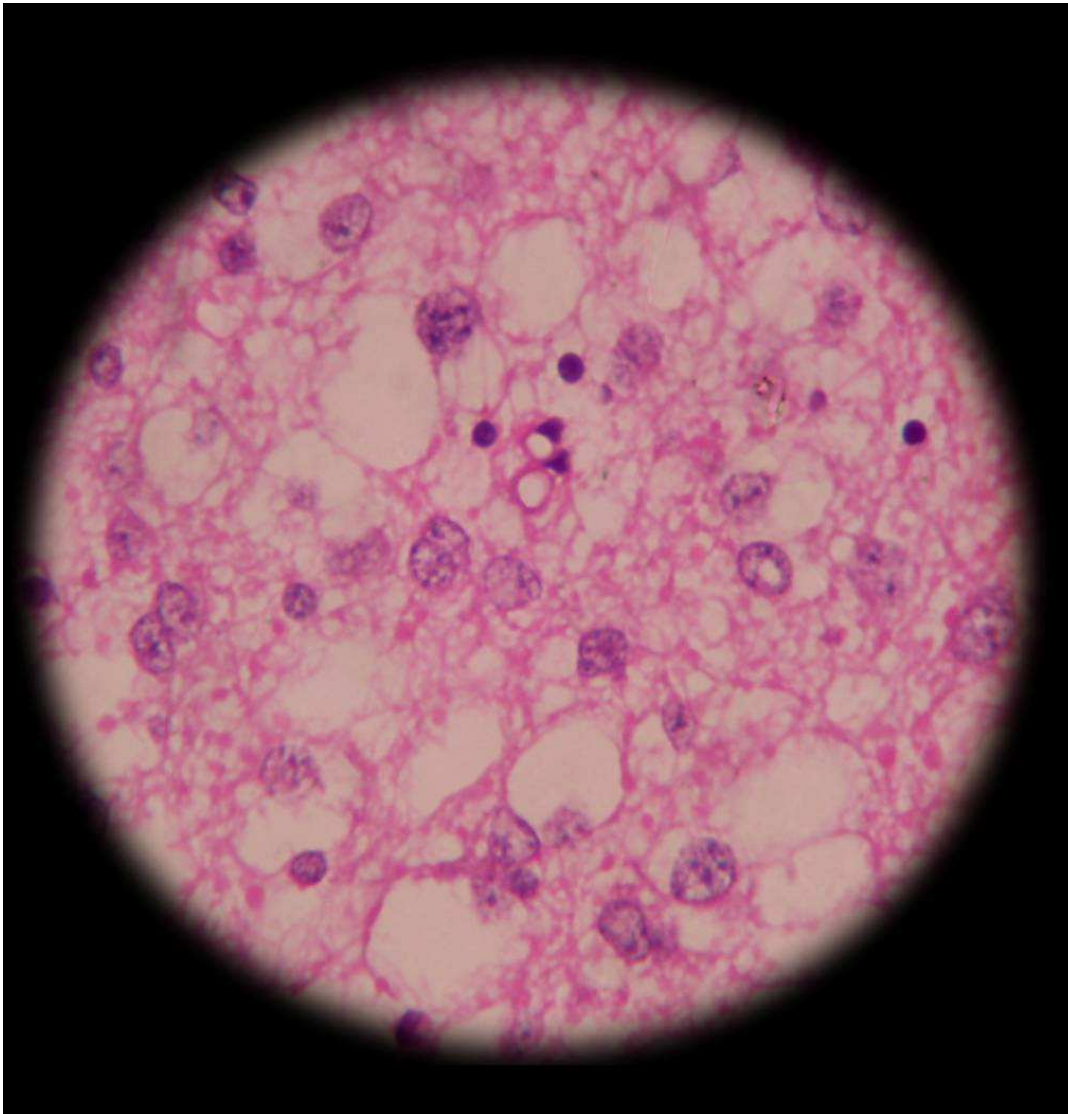


Name	PT
Age	9 years
Duration of illness	16 Months
Date of first visit	24.08.2004
Chief complaints	Gradual weakness of the right side of the body and limbs
Past history, if any	Nil

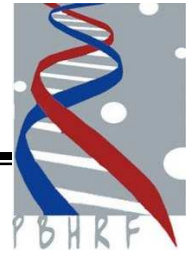
CASE NO. 1



**M.R.I of
Brain dated
10.11.2003**



**Picture of
Histopathology**

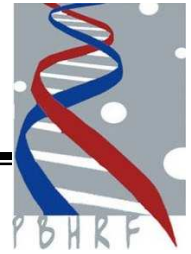


Treatment given

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

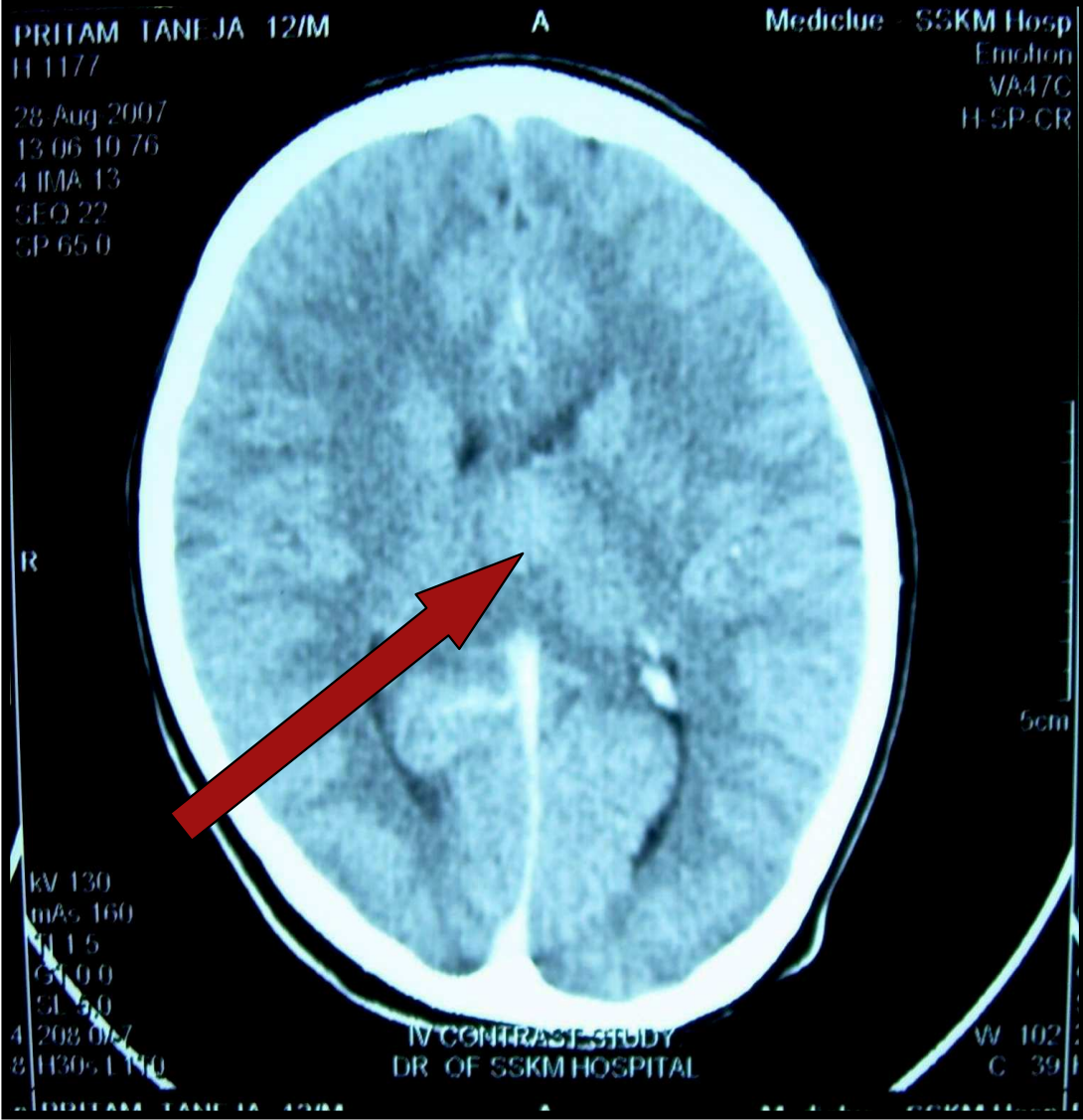
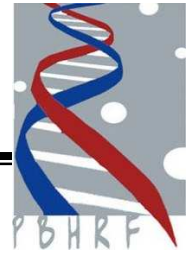
Now the patient is leading a trouble free normal daily life but he still continuing his medication in reduced doses.

CASE NO. 1



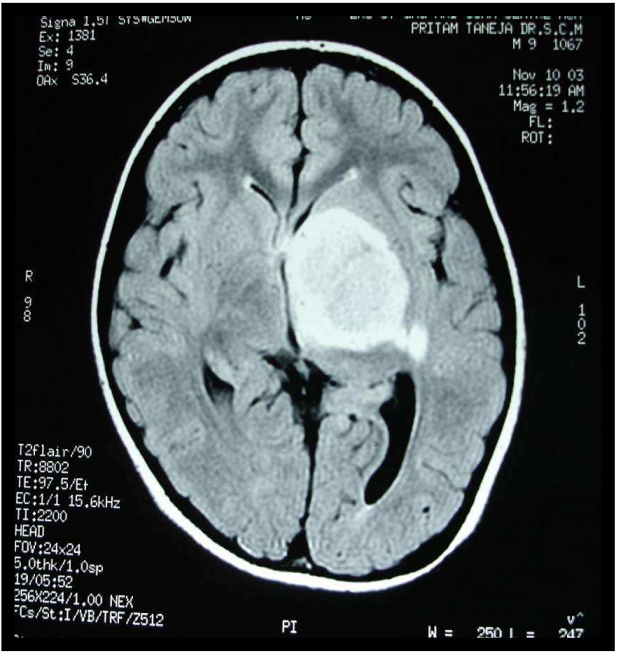
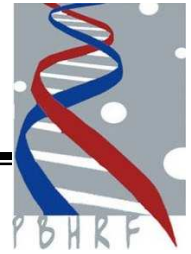
**C.T. Scan of
Brain dated
11.08.2005**

CASE NO. 1

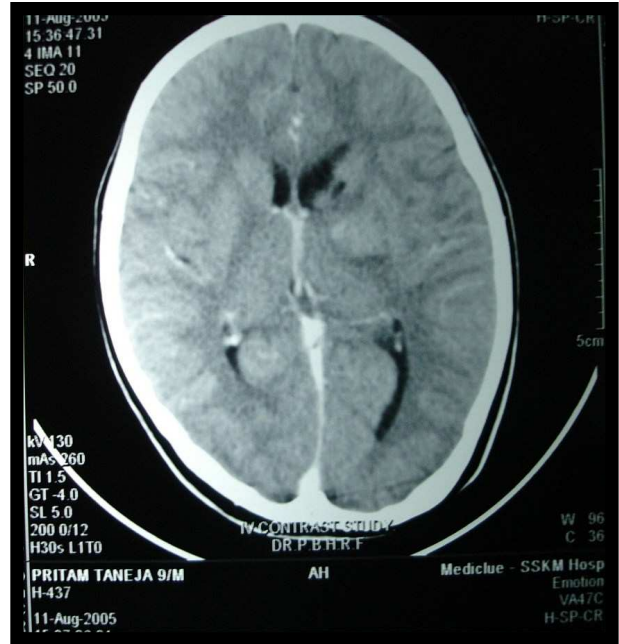


**C.T.Scan of
Brain dated
28.08.2007**

CASE NO. 1



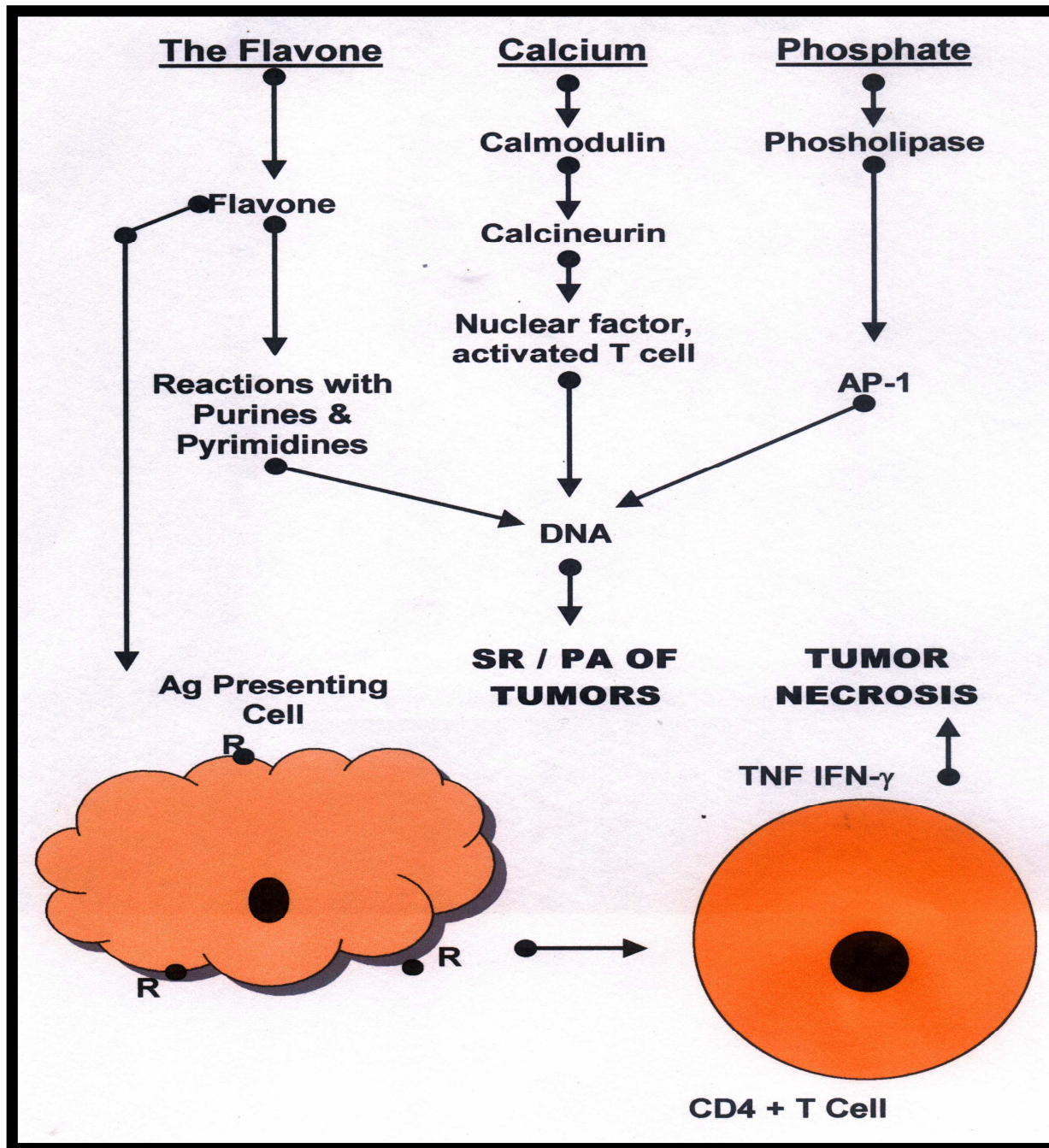
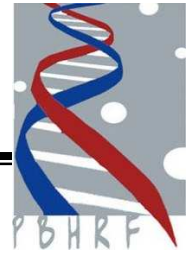
M.R.I of Brain dated 10.11.2003



CT Scan of Brain dated 11.08.2005

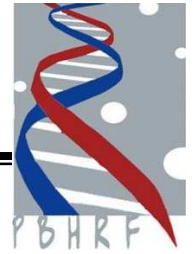


CT Scan of Brain dated 28.08.2007

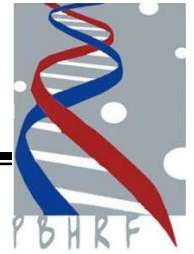


PROBABLE COMBINED EFFECT OF THE *RUTA GRAVEOLENS* (FLAVONE) AND CALCIUM PHOSPHATE ON NEOPLASTIC BRAIN TUMORS

TNF	Tumor Necrosis Factor
IFN-γ	Gamma Interferon
SR	Spontaneous Regression
PA	Prolonged Arrest
AP-1	A protein complex

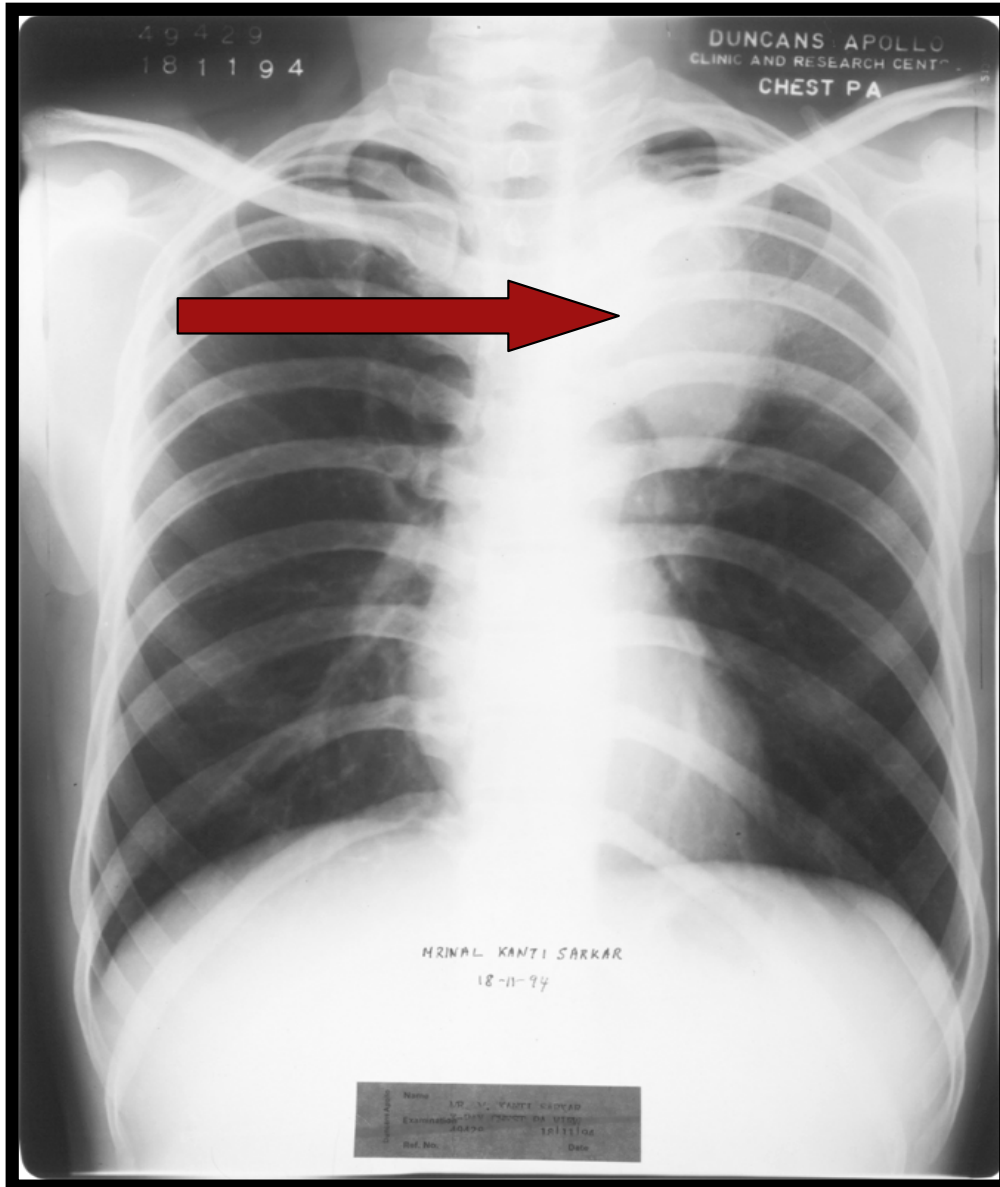
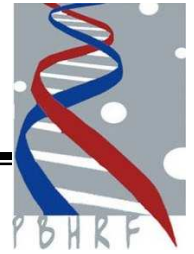


Bronchogenic Carcinoma



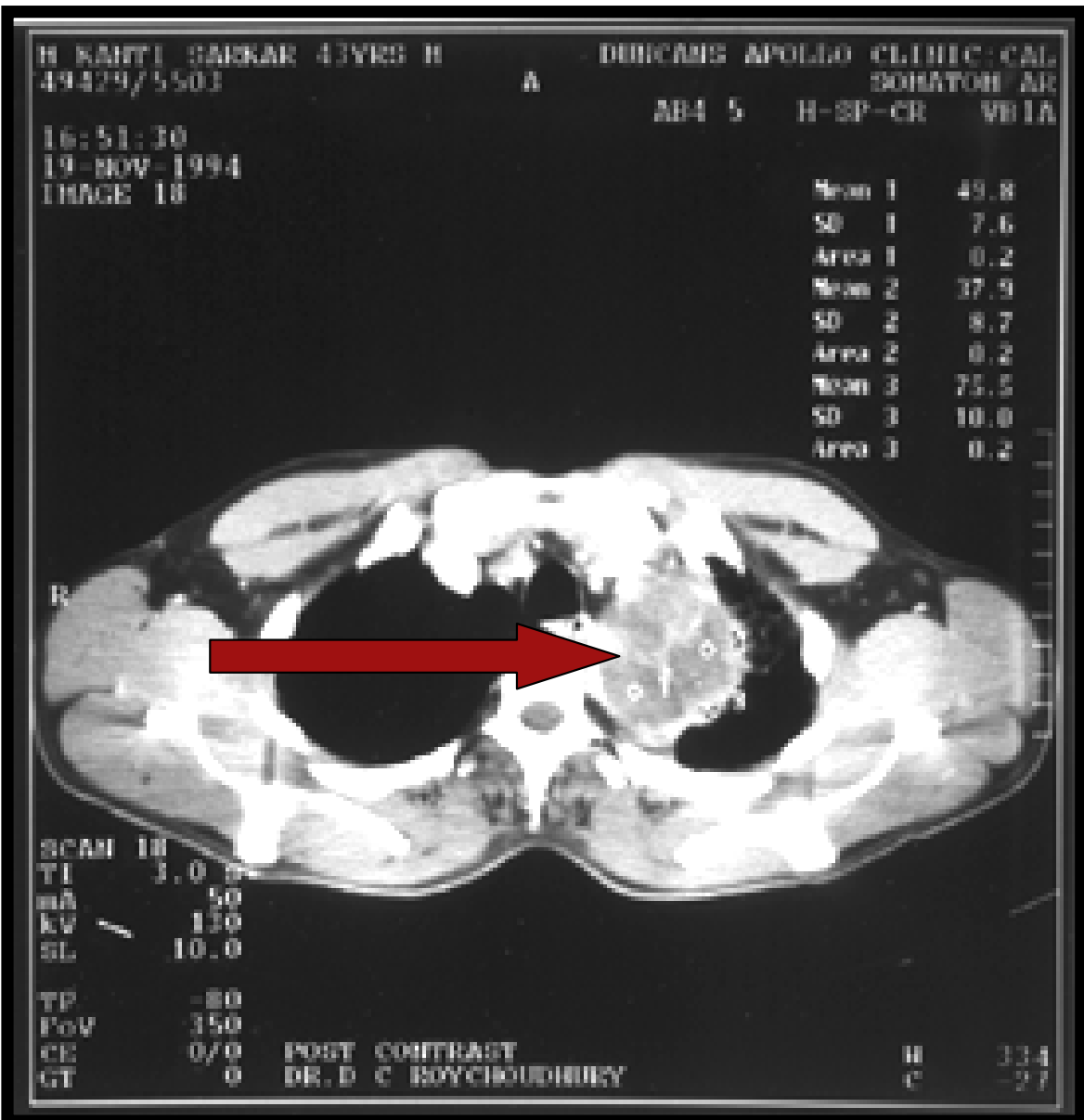
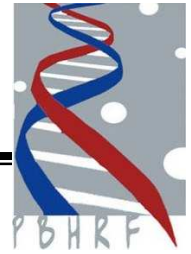
Name	MKS
Age	47 years
Duration of illness	3 months
Date of first visit	30.11.1994
Chief complaints	Chest pain with cough, Loss of weight
Past history, if any	Nil
Clinical Condition at the time of treatment	Patient presented with restricted respiratory movement in the left side and few localized crepitations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

CASE NO. 2

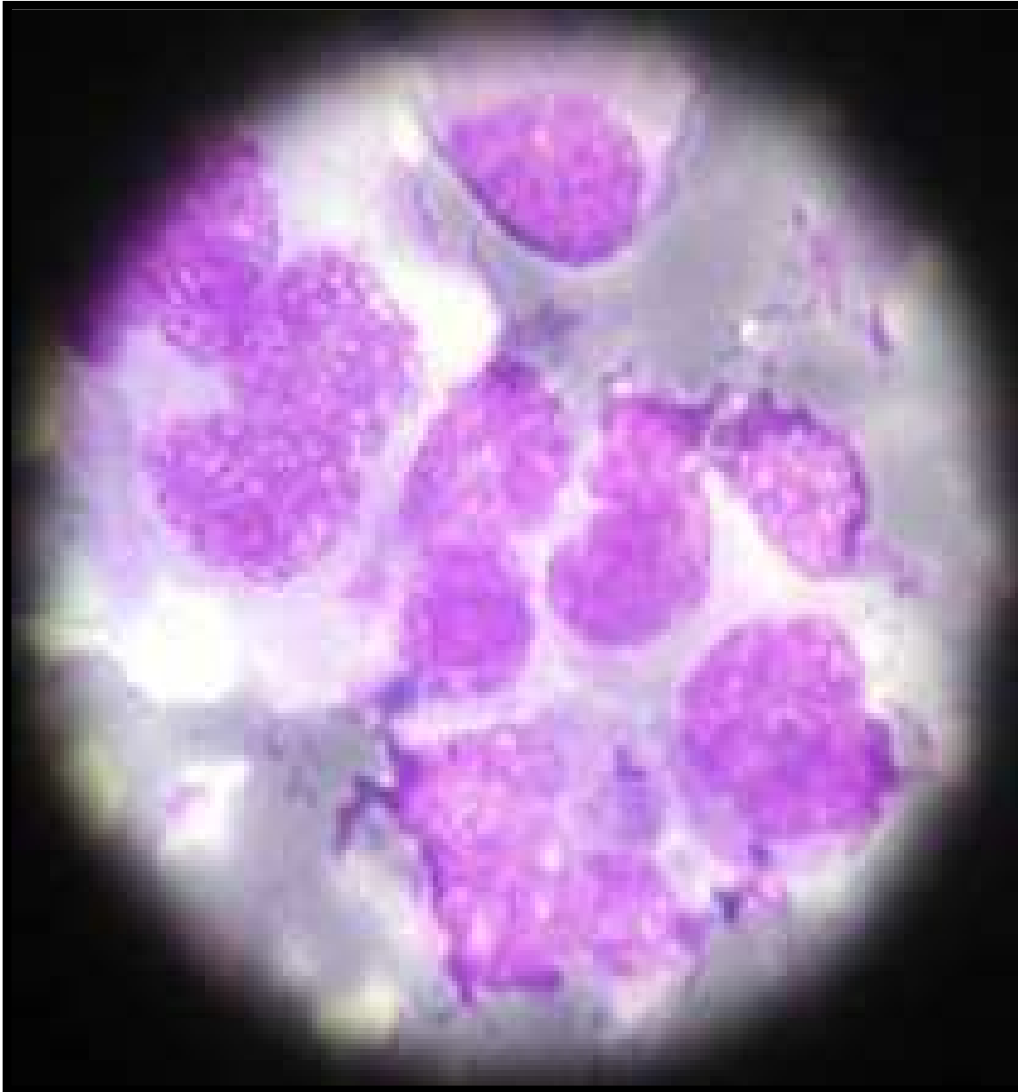


**Chest X-ray
dated
18.11.1994**

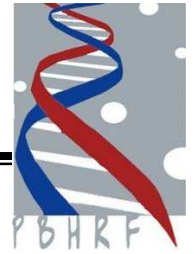
CASE NO. 2



CT Scan of Chest dated 19.11.1994



**Picture of
Histopathology**

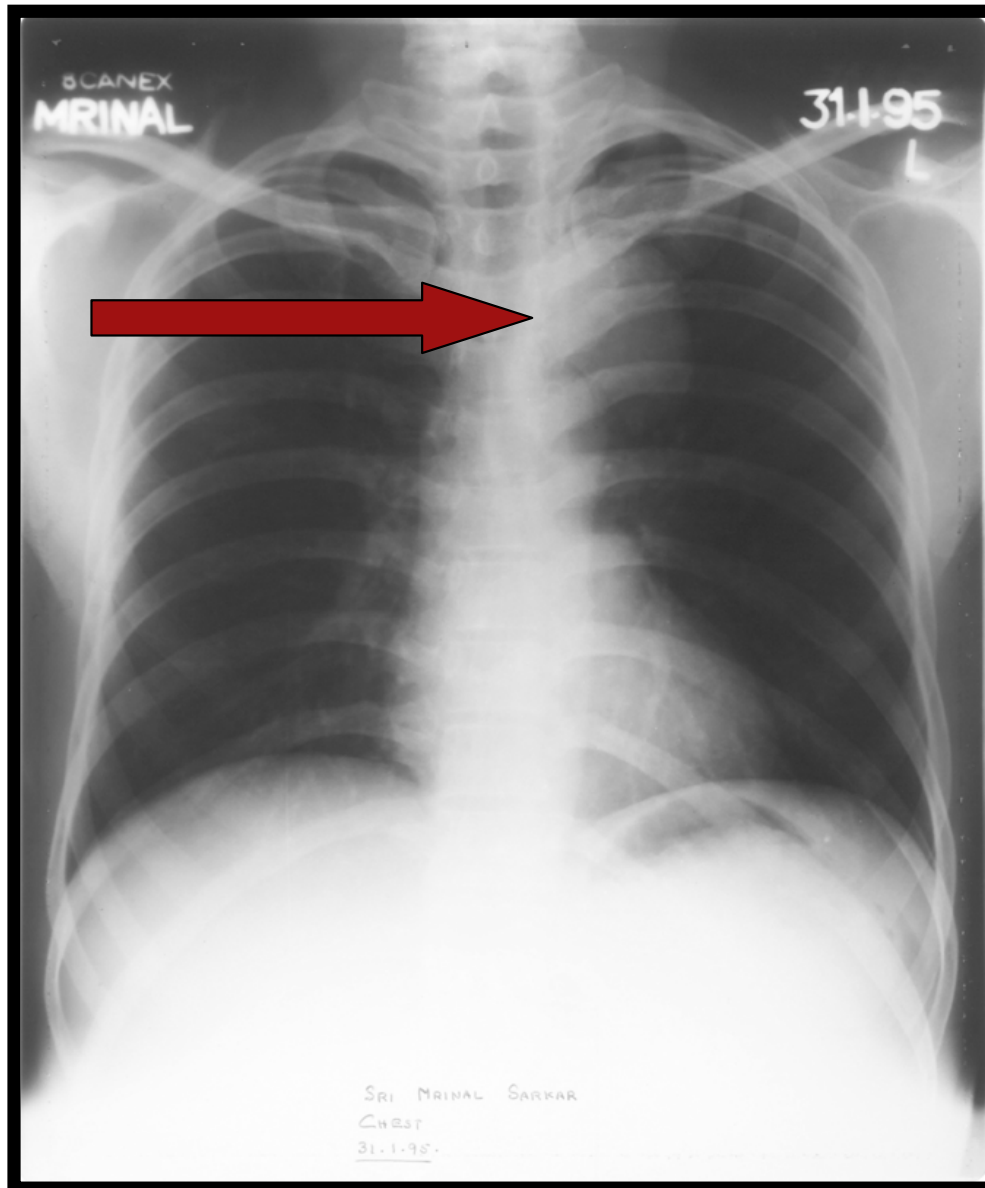
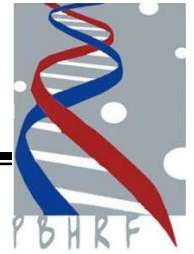


Treatment given

- 1. Kali Carbonicum 200c, 2 drops thrice in a week**
- 2. Ferrum Phosphoricum 3X, 2 tablets twice daily**

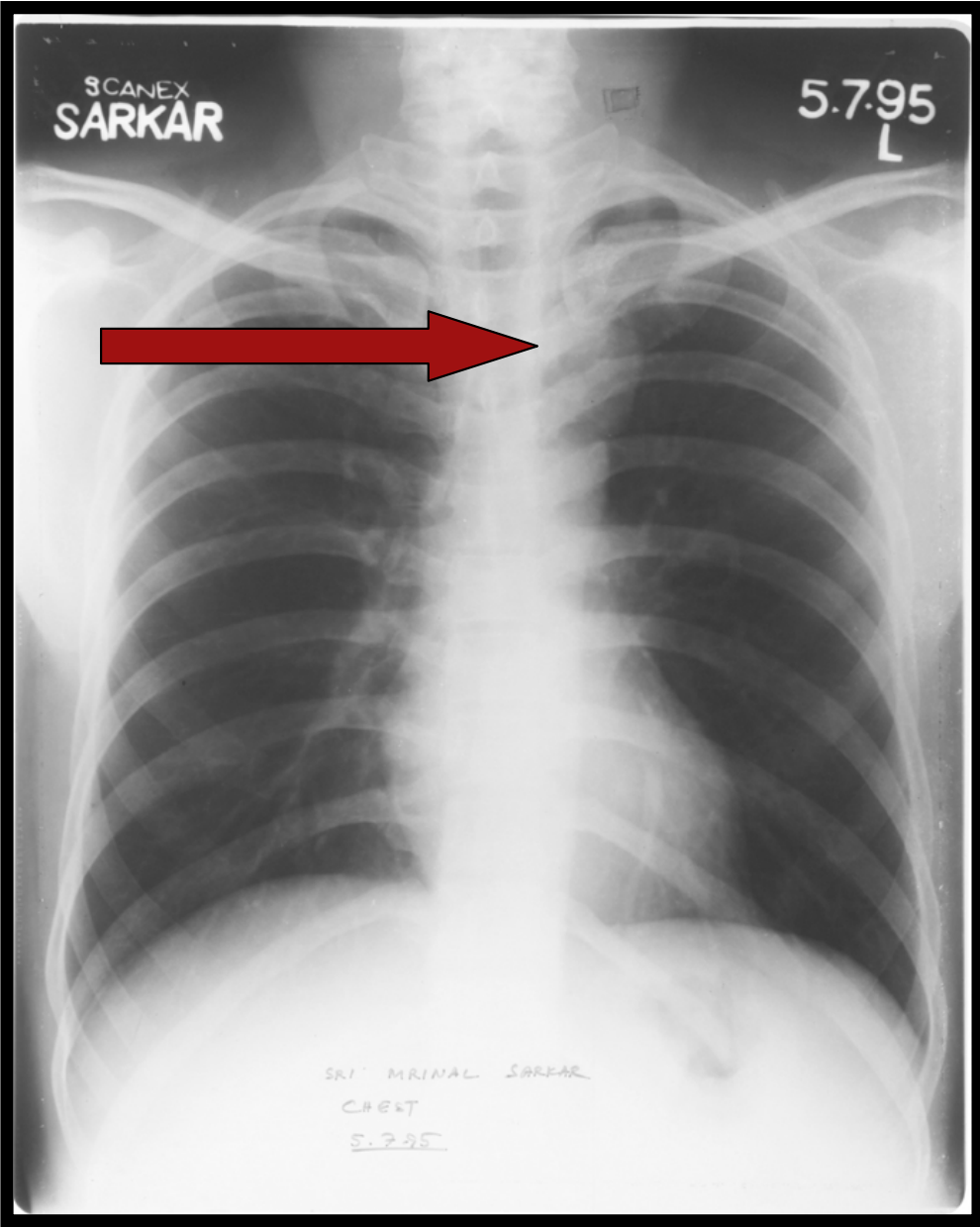
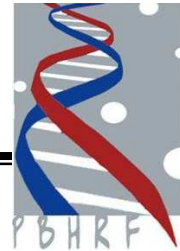
Patient is now asymptomatic and living his normal life without any medication.

CASE NO. 2



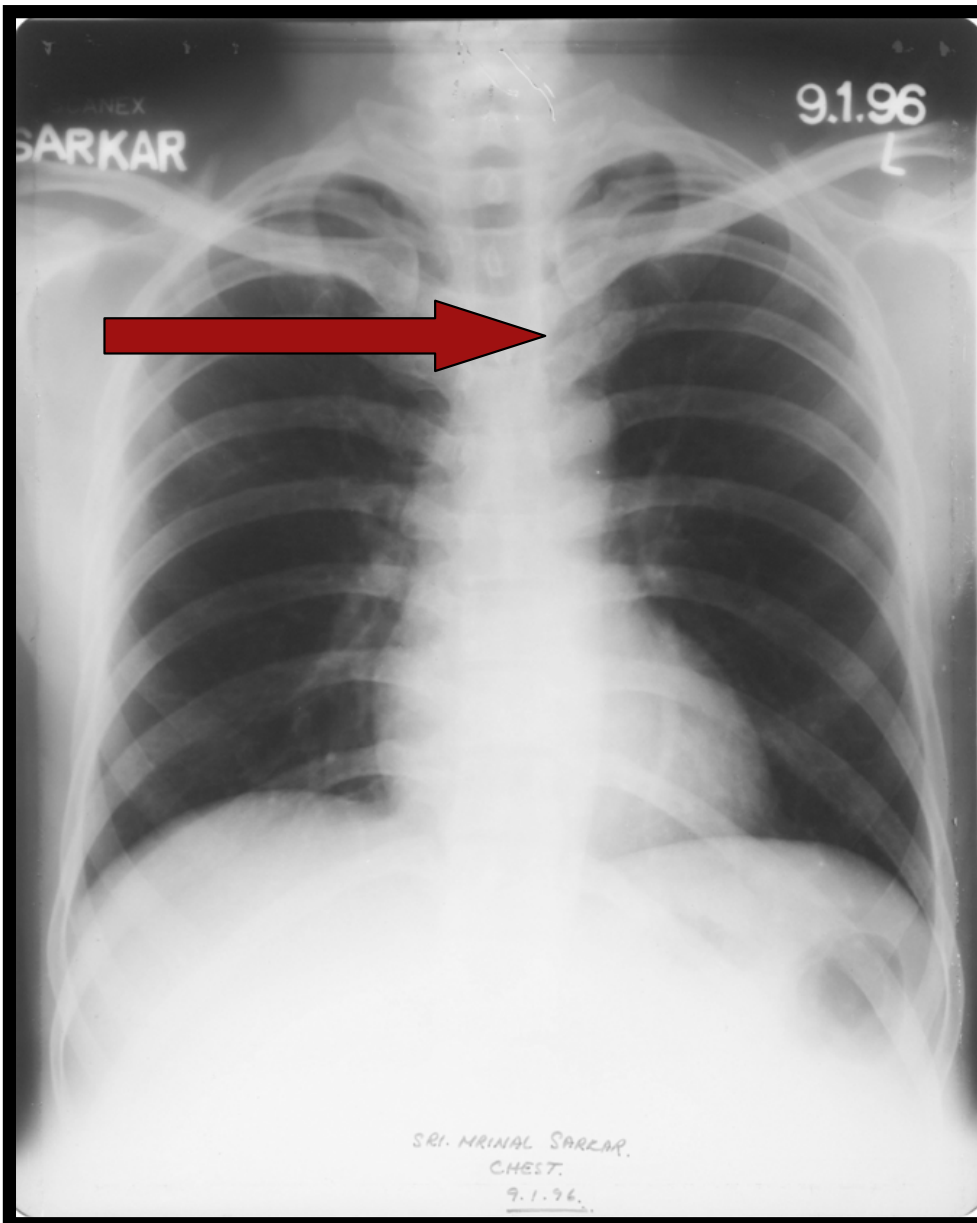
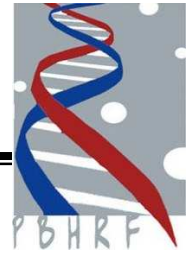
**Chest X-ray
dated
31.01.95**

CASE NO. 2

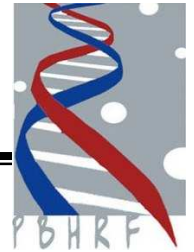


**Chest X-ray
dated
05.07.95**

CASE NO. 2



**Chest X-ray
dated
09.01.1996**



Case No. 1 MKS (Carcinoma of Unknown Primary. Possible Lung CA)

47 y.o. man who presented to PBHRF on 11/30/94 with a 3 month history of present illness. Chief complaints were: Chest pain with cough. Weight loss.

•*Diagnostic Evaluation:*

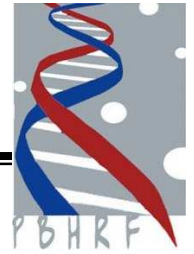
- Chest X-ray (11/18/94) - Left upper mediastinum mass**
- CT scan of Chest (11/19/94) - 8 x 6.4 cm mass in upper mediastinum on left. Consolidation of adjacent left upper lobe.**
- CT guided fine needle aspirate (11/24/94) - Cytology showed “Malignant tumor.”**

•*TNM Staging- American Joint Committee on Cancer Staging System:*

- Lung Cancer Staging (T2, N1, M0) – Stage II**
- If unknown primary then it is stage IV.**

•*Treatment:*

- Homeopathic medical treatment began 11/30/94. No other therapy.**



**Case No. 1 MKS (Carcinoma of Unknown Primary. Possible Lung CA)
[cont.]**

Follow-up:

Symptoms resolved.

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

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

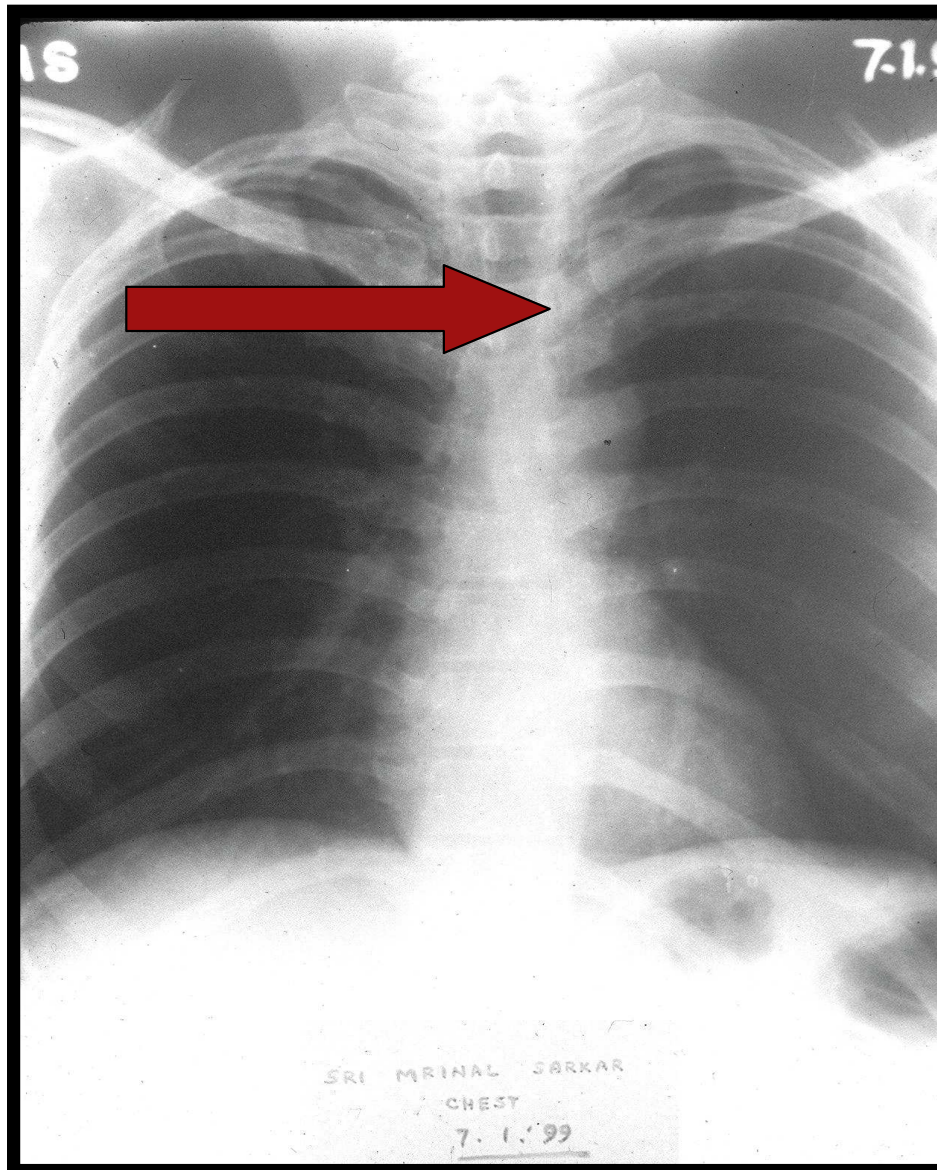
Chest X-ray (1/9/96) - "...small residual opacity still present."

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

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

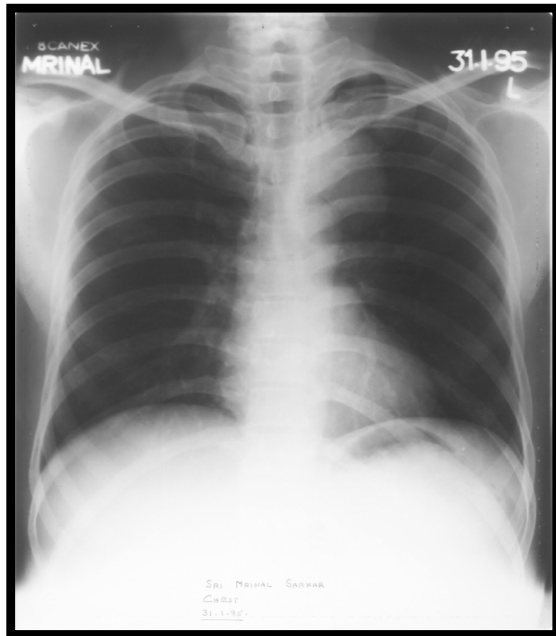
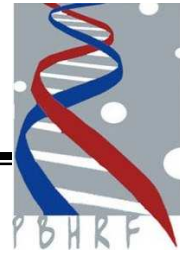
***OCCAM Assessment:* Documentation adequate for review by pathology, radiology and CAPCAM.**

***CAPCAM Comments:* Complete Documentation**

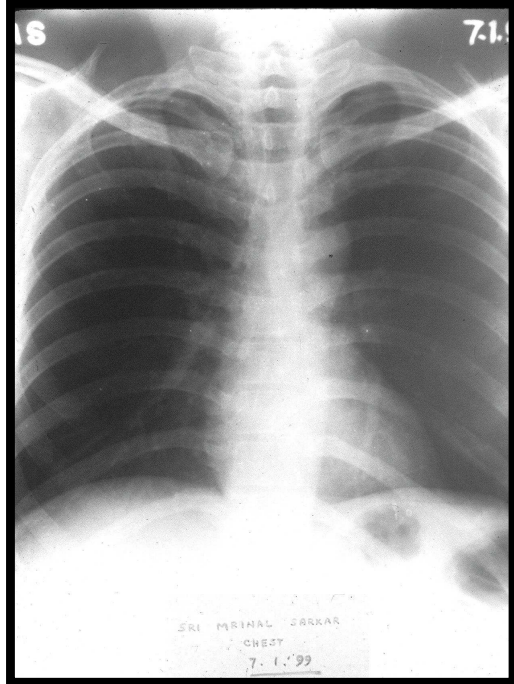
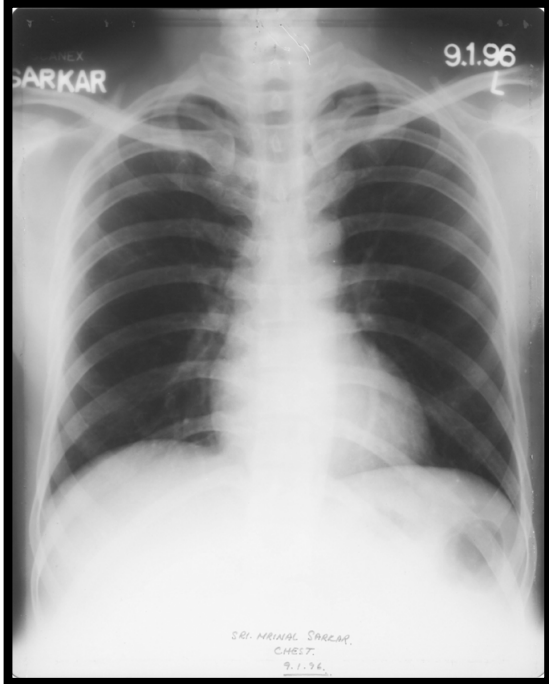
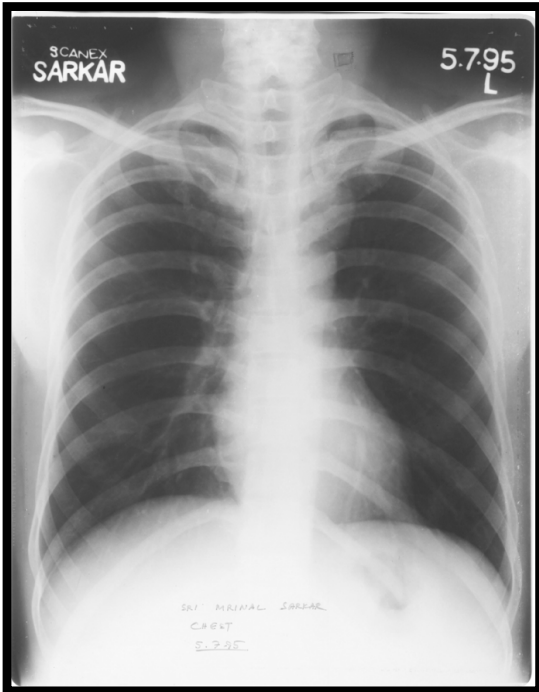


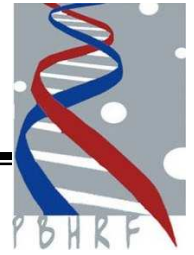
**Chest X-ray
dated
07.01.1999**

CASE NO. 2

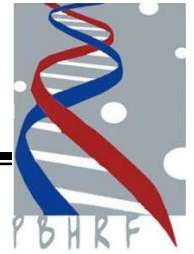


All plates together

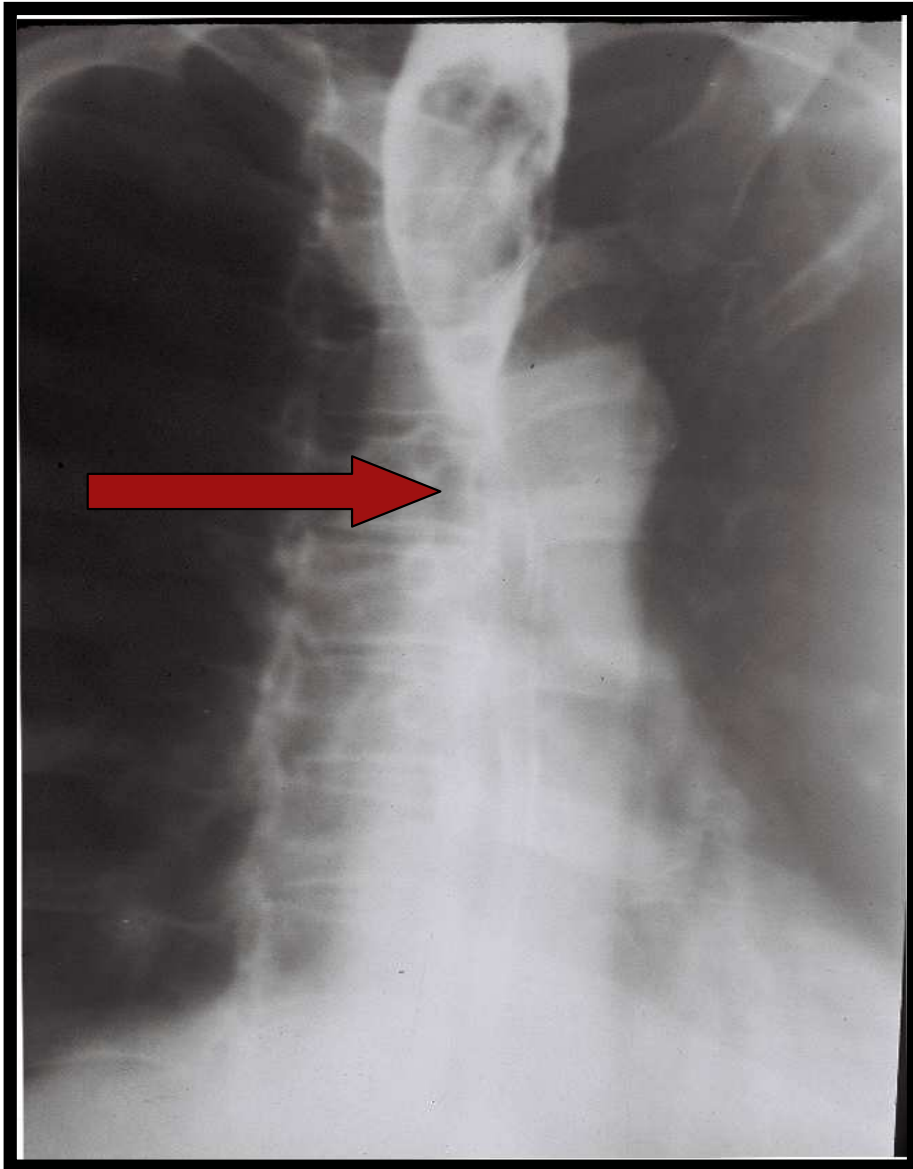




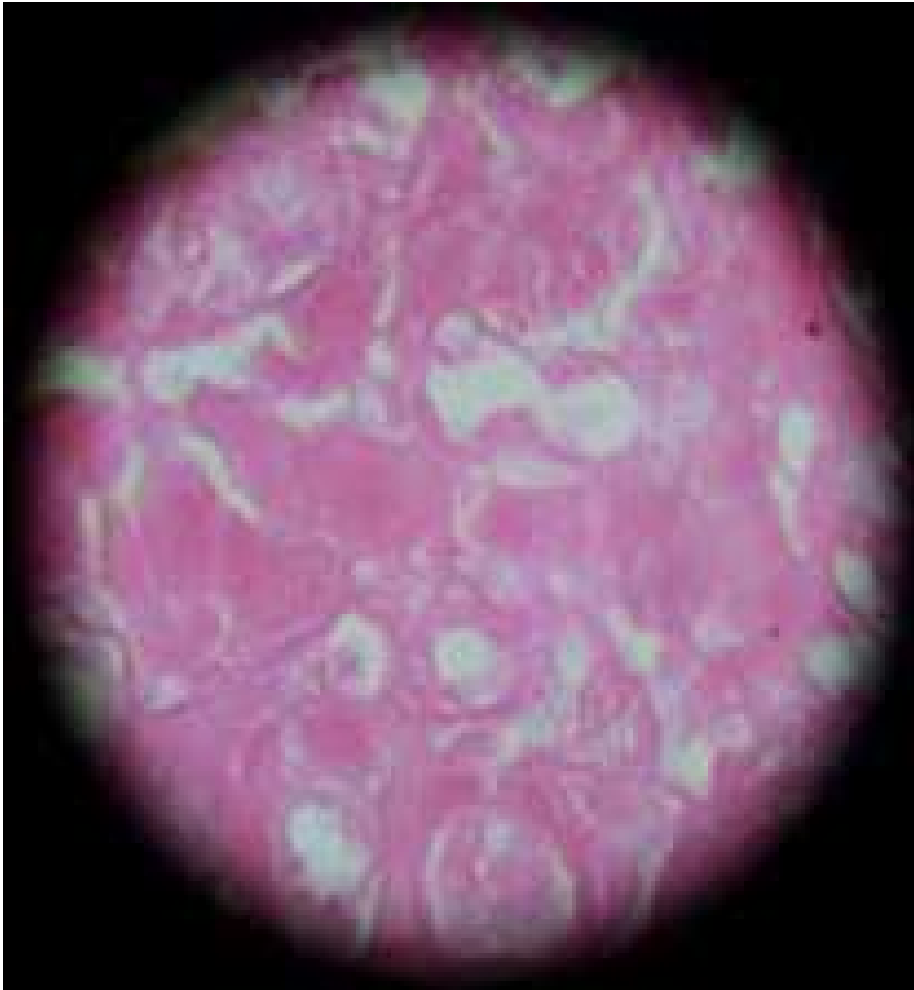
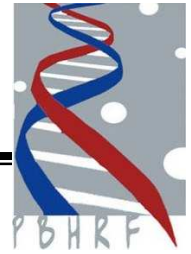
Esophageal Carcinoma



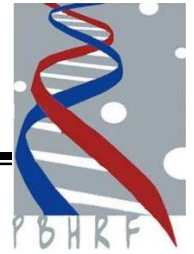
Name	SD
Age	75 years
Duration of illness	2 months
Date of first visit	16.12.1996
Chief complaints	Difficulty in swallowing food, heartburn and belching
Past history, if any	Nil
Clinical Condition at time of treatment	Dysphagia, heartburn and belching



**X-ray
Barium Swallow
17.10.1996**



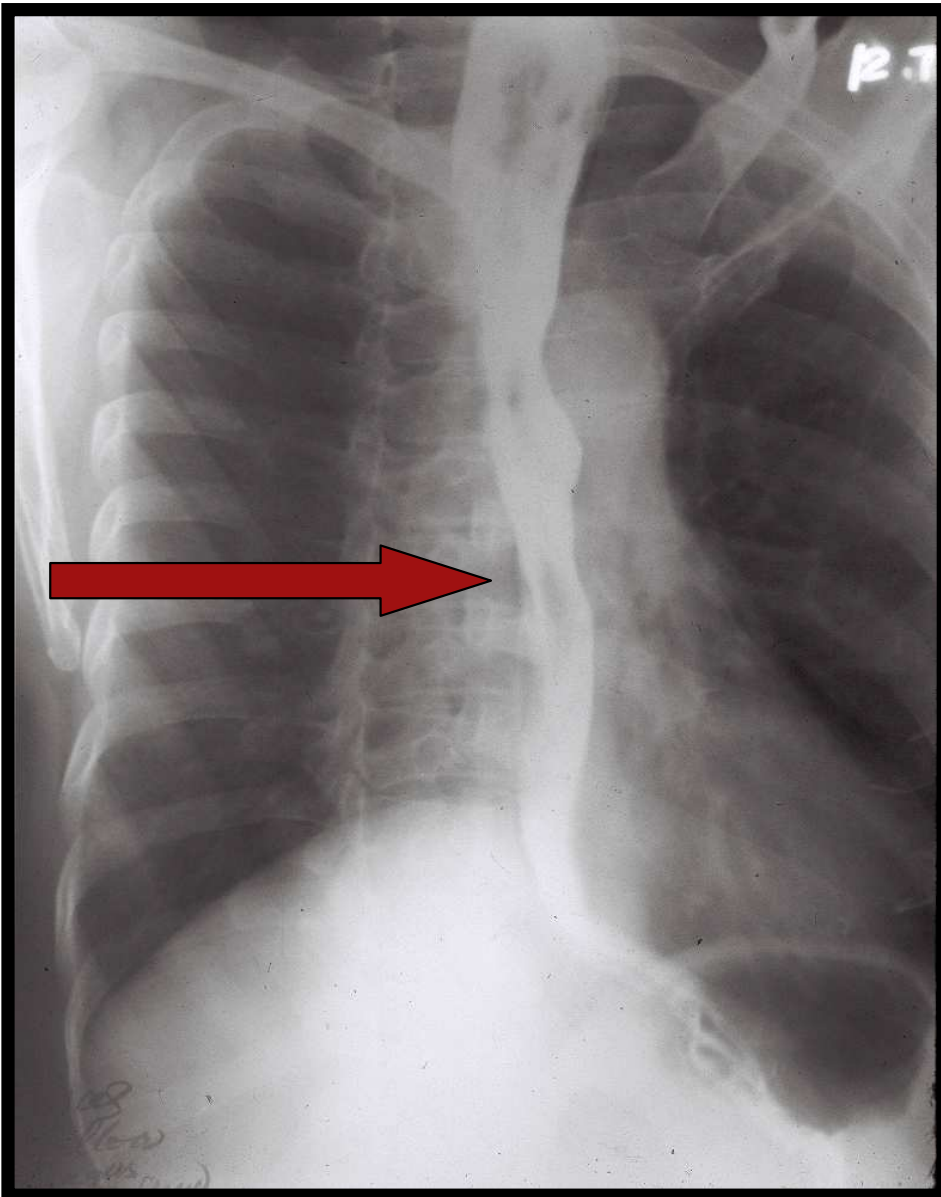
**Picture of
histopathology**



Treatment given

1. Condurango 30c, 2 drops twice daily.

Patient is now asymptomatic and living his normal life without any medication for last 10 years.



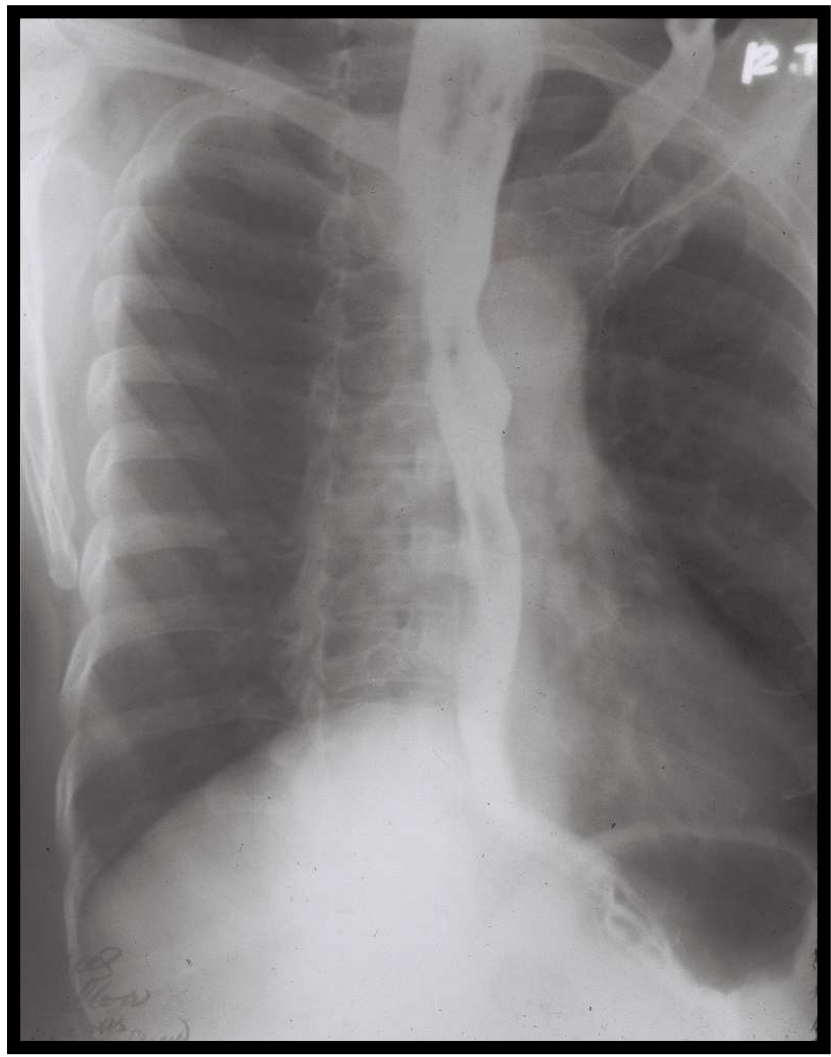
**X-ray
Barium Swallow
12.07.1997**

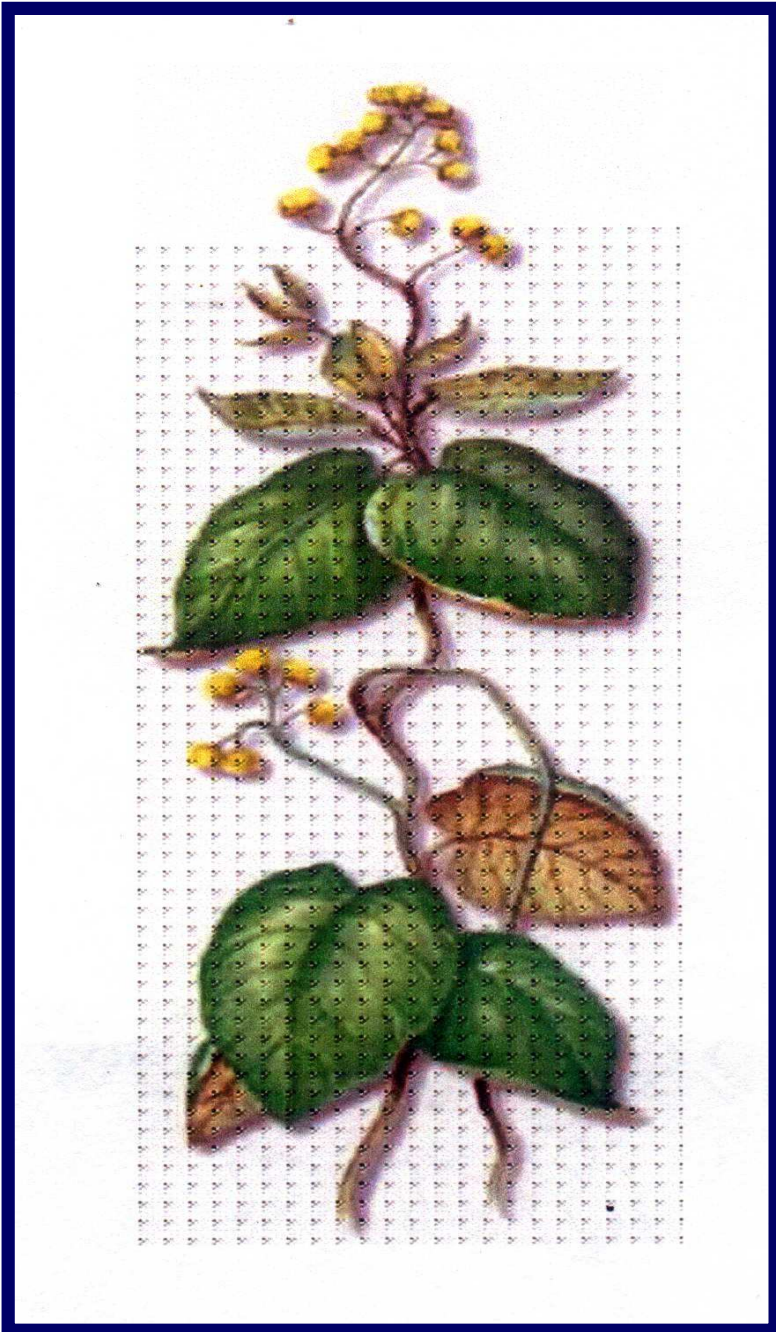
CASE NO. 3



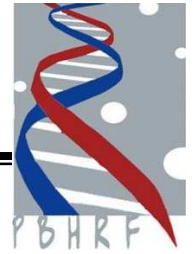
**X Ray Barium Swallow
17.10.1996**

**X Ray Barium Swallow
12.07.1997**

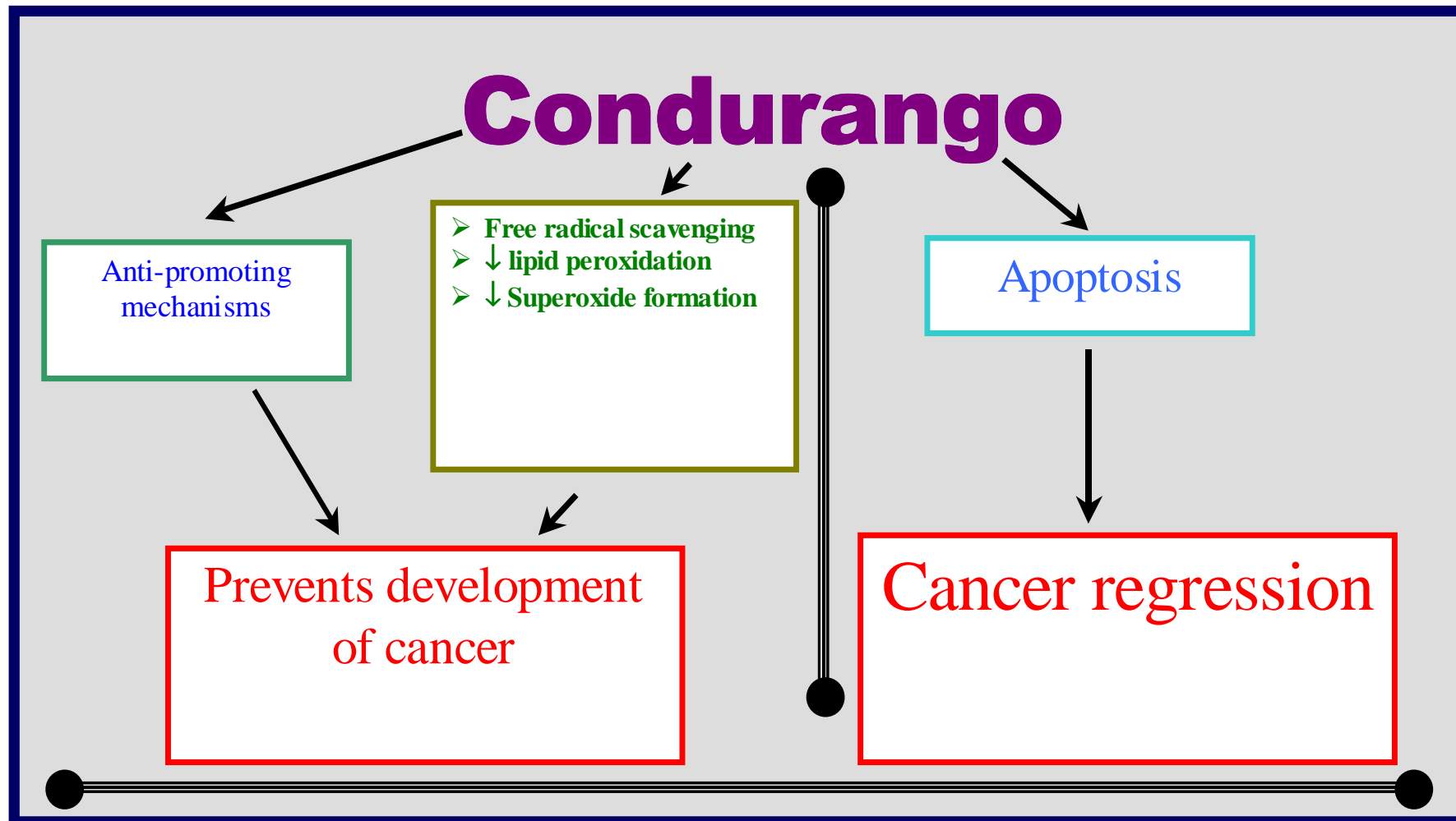


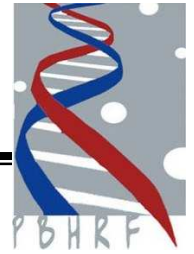


**Pictures of
*Marsdenia
condurango.***

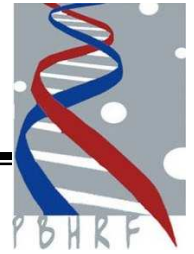


Probable Anti-Carcinogenic Mechanisms Of Condurango.



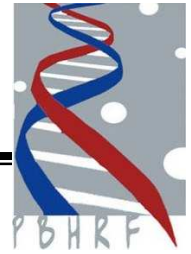


Osteogenic Sarcoma.

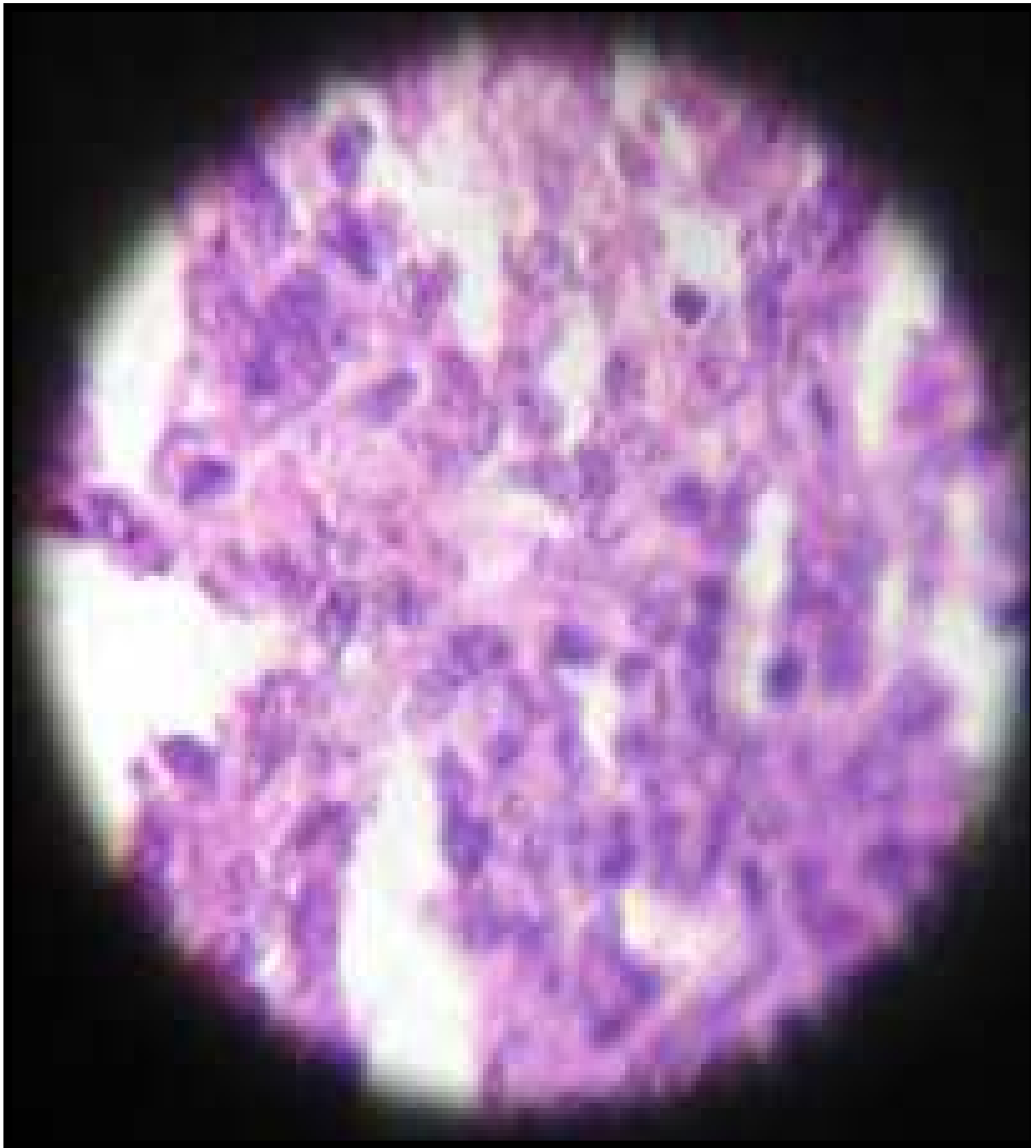
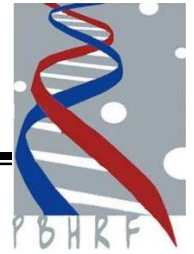


Name	MLM
Age	8 years
Duration of illness	5-6 months
Date of first visit	18.07.2003
Chief complaints	Swelling left knee, difficulty in knee flexion.
Past history, if any	Nil

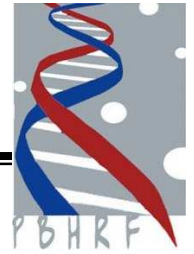
CASE NO. 4



**X-Ray dated
05.06.2003**



**Picture of
Histopathology**

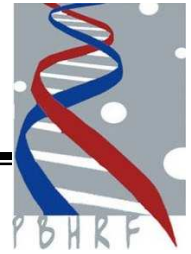


Treatment given

- 1. Symphytum Off 200c, 2 doses daily**
- 2. Calcarea Phos 3X, 2 tablets twice daily**
- 3. Carcinosisin 30c, a dose every alternate day.**

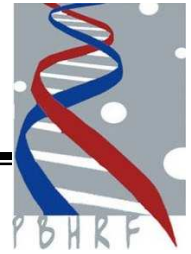
Patient is now asymptomatic and living his normal life without any medication for last 3½ years

CASE NO. 4



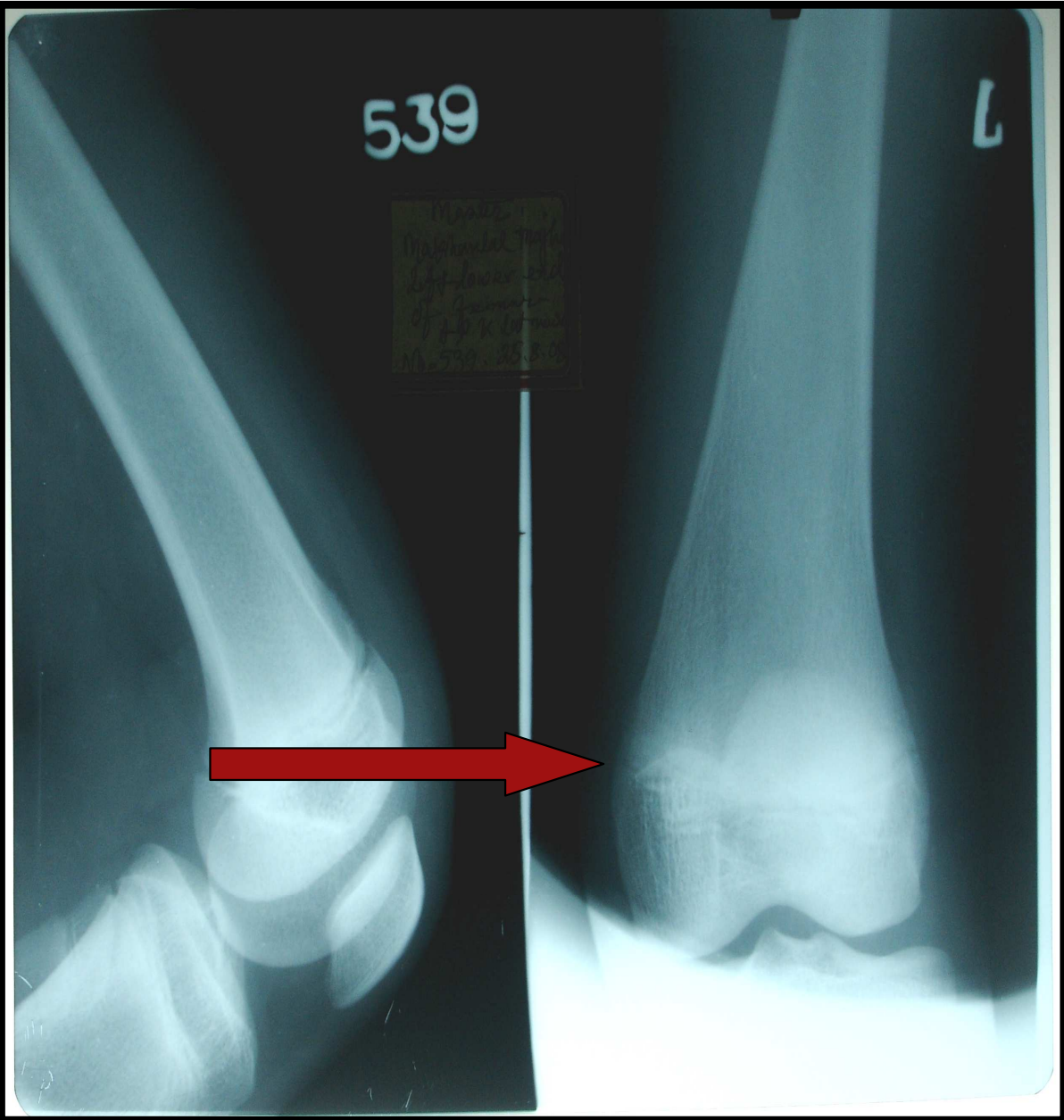
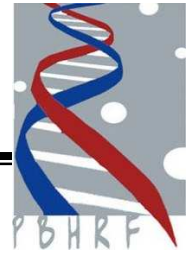
**X-Ray dated
16.12.2003**

CASE NO. 4



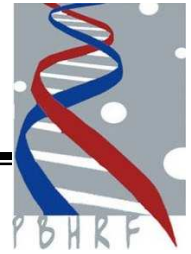
**X-Ray dated
14.08.2004**

CASE NO. 4

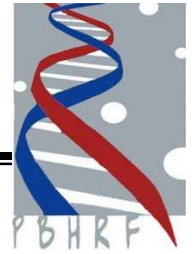


**X-Ray dated
25.08.2008**

CASE NO. 4



All Plates together



Acknowledgement

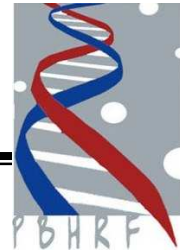
Doctors and other staff in our clinics

Dr. Gobinda Chandra Das

Late Dr. Shyamadas Chatterjee

Dr. Beena Thomas

Mr. Mukunda Shrestha



Thank You