

The Banerji Protocol

**A new method of treatment of  
brain tumors with  
Ruta and Calcareo Phosphorica**

Prasanta Banerji  
Pratip Banerji



THE P.B.H.R. FOUNDATION

**PBH Research Foundation**



Dr. Prasanta Banerji & Dr. Pratip Banerji at the CCC2000 conference of mind body medicine at Arlington, USA.



## Preface :

**S**amuel Christian Friedrich Hahnemann, the founder of Homeopathy, published the results of his findings in 1796 in a paper entitled "Essay on the New Principle for Ascertaining the Curative Power of a Drug". 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 Homeopathy, dilution of medicine is done either in the generally accepted ranges (molecular dilution) or beyond the generally accepted quantitative range (Ultra-molecular ranges). These dilutions are accomplished by succussion and /or trituration of medicine at each stage of dilution.

Hahnemann's Homeopathy has no specific remedy for any disease by name, but it has a specific for each individual case of disease. Ten cases of Tuberculosis may require, ten different remedies, where as ten different disease conditions may require the same drug if the symptoms are more or less alike. This approach of treating patients on the basis of symptoms only is basically a must in long standing chronic symptoms, not corresponding to fixed nature, changing from patient to patient. A specific drug cannot be useful for each case.

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 on proving. Finally only one is selected as a result of practical experience.

The idea of specific homeopathic medicine for a disease according to symptoms has been endorsed and propagated by us and the treatment form is now thoroughly modified by considering the laboratory-based and imaging data to select a specific medicine for a particular disease. In this new method of treatment we do not adhere to Hahnemann's dictum of "Single, simple and minimum".

In this new method of treatment we do not mind prescribing mixtures of remedies or frequent repetitions of the remedies when required. This is never followed in conventional homeopathy. The combination of two potentized medicines, we use, are made in a meaningful way based on years of clinical experiments and observations by us. They are mixed for special advantages in treatment, so that the aggravation due to drugs can be checked, side effects of the medicines can be abated, and quick and uneventful recovery can be ensured in a much shorter time.

Our Foundation is at present doing collaborative research work with some researchers of The MD Anderson Cancer Center on the action of Homeopathic medicines on various cancer cell lines e.g., Brain Tumors, Breast Cancers and so forth. The National Institutes of





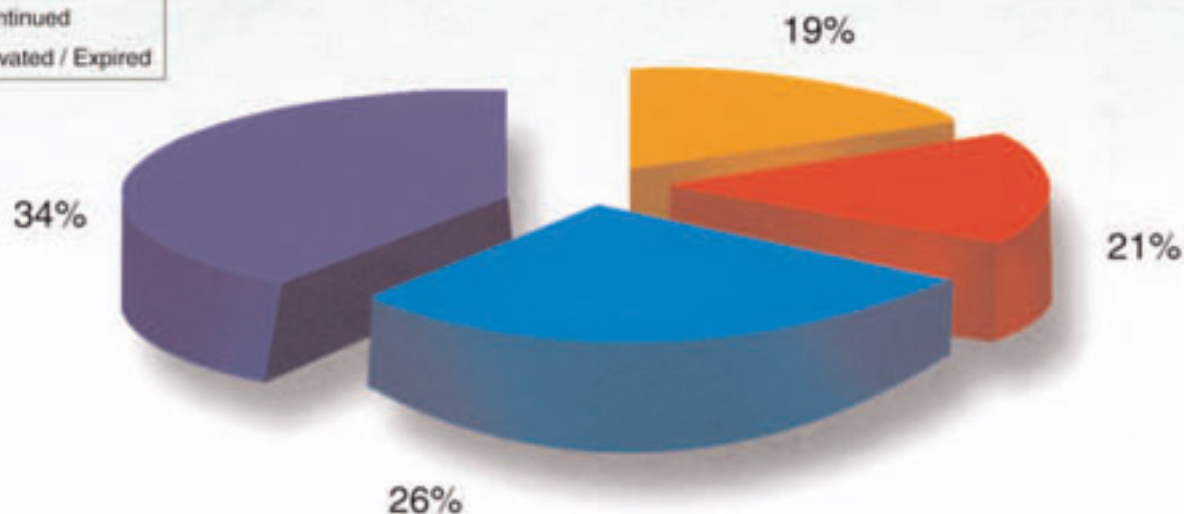
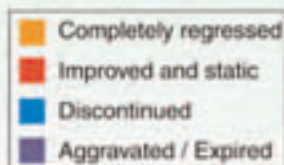
Health (NIH), USA, is also very interested in our research into various types of cancer and had asked us to produce records of our successes. This we had done by submitting a "Best Case Series" on Cancer to the National Center for Complementary and Alternative Medicine (NCCAM) and the National Cancer Institute (NCI) at the NIH. The NCI, USA, is at present devising a "Prospective Outcomes Monitoring Study for Bronchogenic Carcinoma" at our clinic in India, with a view to arrive at a protocol for treatment of these cases so as to lay the ground work for clinical trials in the US.

Scientific progress demands that we continuously carry on more and more experiments on numerous patients with medicines and keep observational records. In fact, based on our experience, a vast amount of observational facts has piled up which has given us confidence in prescribing frequent doses, and sometimes mixing or alternating medicines, wherever necessary.

We have treated thousands of cancer patients in the last three decades. We are showing you some outcomes of our treatment in the recent past.

This is the general outcome of treatment of more than 17324 cancer patients from 1990 to 2005 at our clinic. This graph shows that in 19% cases the malignant tumors were completely regressed which appeared to us to be very significant. In 21% cases they were static or improved after treatment.

#### Results of treatment of 17324 Malignant Tumor cases (1990-2005)





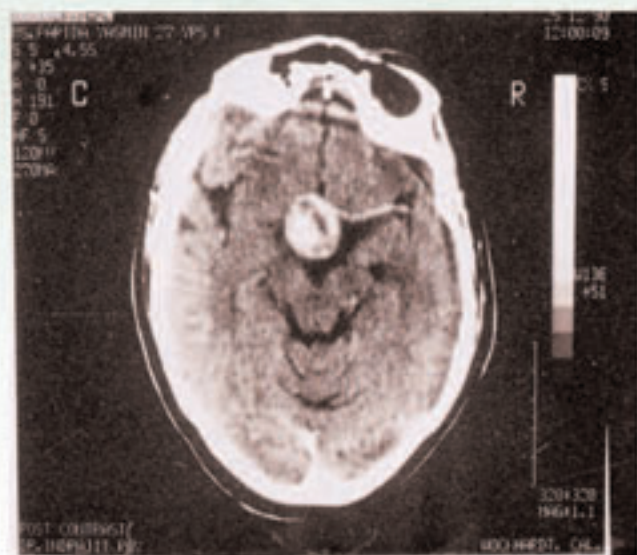
In our Research Foundation, brain tumor cases are treated successfully with Homeopathic medicines. In our long clinical experience, we could give relief to a large percentage of cases, some of which subsequently exhibited complete regression. The cases have been treated by the medicines *Ruta graveolens 6c* and *Calcarea Phosphorica 3x*.

In our observation for the last 30 years, these medicines have the definite power to reduce and cure Intracranial SOL. It may be interesting to note that some successful *in vitro* experiments have been done with this combination of medicines at the MD Anderson Cancer Center in Houston and a scientific paper has already been published in this line.

### Some of our early cases of brain tumors successfully treated by us:

Here we shall give accounts of two cases treated by us utilizing all medical reports and information kept documented over the years, including CT scans before and after treatment.

F.Y., female, aged 27 years in December 1990, was suffering for four years, since 1986 from occasional attacks of headache. She had a severe attack of headache, worse on the left side, on 17<sup>th</sup> December, 1990. This was accompanied by swooning and hazy vision when she came to us for her treatment on 29<sup>th</sup> December, 1990. Clinically the Patient was recorded to have haziness of vision, pain and weakness of the right side.

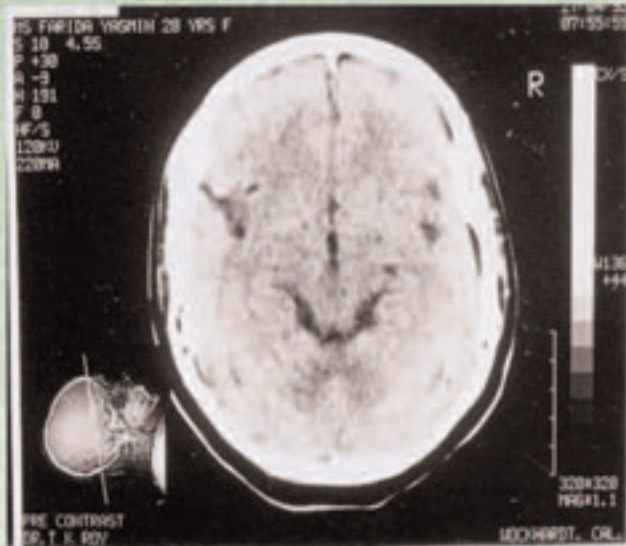


C.T. Scan of the Brain dated 25.12.1990

The C.T. Scan of the Brain dated 25.12.1990 showed, "The most significant abnormality is the presence of a mixed attenuating (hypo and hyperdense) well circumscribed mass at suprasellar and intrasellar region producing marked expansion of the sella slightly more on left side. The fairly large mass measures about 2.2 cms in AP, 3.54 cms in transverse and 3.37 cms vertically as maximum dimensions. ?Craniopharyngioma, ??Pituitary macroadenoma".



After undergoing treatment with us with the medicines *Ruta graveolens 6c* and *Calcarea Phosphorica 3x*, the haziness of vision improved from the first month of the commencement of the treatment and now vision has been completely restored. The Patient has completely recovered from the pain and weakness of the right arm. She is now healthy and normal and enjoying life.

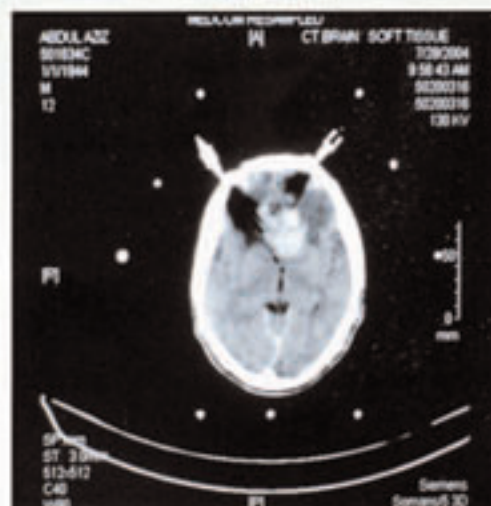


C.T. Scan of the Brain dated 27.04.1992

The C.T. Scan of the Brain dated 27<sup>th</sup> April, 1992 showed "Follow up case of a fairly large intrasellar mass with predominantly suprasellar extension now showing complete disappearance of the inhomogeneously enhancing mass leaving behind normal appearances of the Pituitary gland and suprasellar cistern, since the last scan done on 25<sup>th</sup> December, 1990".

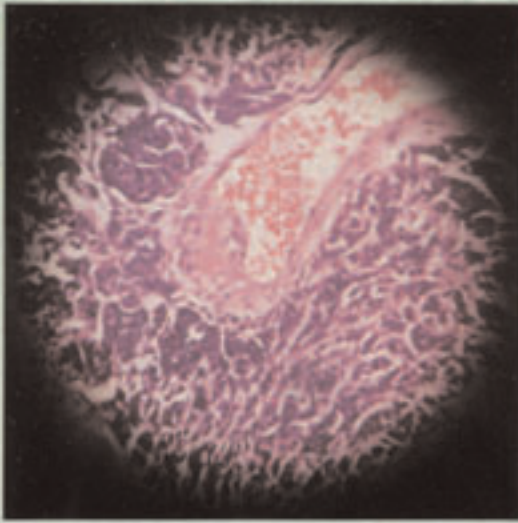
The husband of the Patient visited us at the clinic recently. We learnt from him that the patient is keeping well.

AA aged 60 years, married gentleman came to us on 03.08.2004 and presented with gradual weakness of the left side of the body and limbs; Sleeplessness; Irritability and easy anger since 2 months. Before coming to us as per his initial observations, C.T. Scan of Brain done on 28.07.2004 .... Impression: "...Multicentric Glioma...."



C.T. Scan of the Brain dated 28.07.2004





Histopathology slide

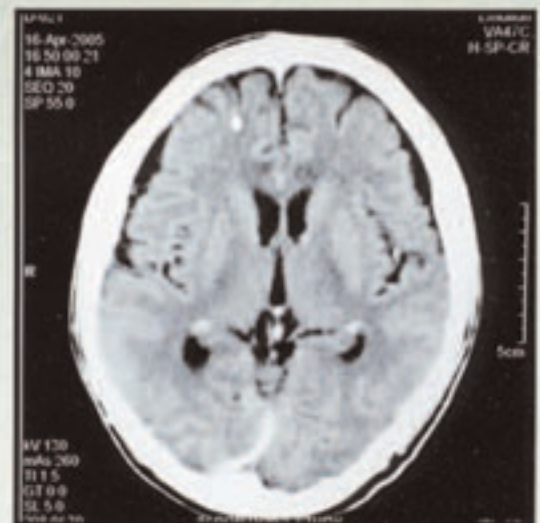
Stereotactic biopsy done on 29.01.2004... from right internal capsule – "...High grade neoplasm ... Glioma ."

C.M.C. Hospital Vellore's report on 29.07.2004...Suggestive of "Corpus collosum and right parietal periventricular high grade Glial Neoplasm?"

After undergoing treatment from us with the medicines *Ruta 6c* two doses a day, *Calcarea Phosphorica 3X* two doses a day, all his clinical symptoms were gone within 7-8 months. Till now patient is leading a trouble free, normal life but still continuing his medication.

C.T. Scan of Brain (Plain & Contrast Study) done on 16.04.2005 shows "...Hypodense areas and calcification in right frontal region. As compared to previous C.T. scan of Brain done on 25.07.2004, the mass has almost resolved."

There were recurrent boils during treatment.



C.T. Scan of the Brain dated 16.04.2005

## How *Ruta* and *Calcarea Phosphorica* act-

Rutin, the active ingredient of *Ruta*, is known for its antioxidant and anti-inflammatory activities and also for reducing oxidative damage in a rodent model. In addition, *Ruta* is also known to protect from DNA strand breaks and to prevent mutagenesis. Calcium phosphate activates phospholipase, which cleaves phosphalidylinositol biphosphate, a membrane-bound molecule that activates the protein kinase C.



Picture of *Ruta Graveolens* Plant





## **Abstract of paper published in the International Journal of Oncology 23: 975-982, 2003**

"Although conventional chemotherapies are used to treat patients with malignancies, damage to normal cells is problematic. Blood-forming bone marrow cells are the most adversely affected. It is therefore necessary to find alternative agents that can kill cancer cells but have minimal effects on normal cells. We investigated the brain cancer cell-killing activity of a homeopathic medicine, Ruta, isolated from a plant, *Ruta graveolens*. We treated human brain cancer and HL-60 leukemia cells, normal B-lymphoid cells, and murine melanoma cells in vitro with different concentrations of Ruta in combination with  $\text{Ca}_3(\text{PO}_4)_2$ . Fifteen patients diagnosed with intracranial tumors were treated with Ruta 6 and  $\text{Ca}_3(\text{PO}_4)_2$ . Of these 15 patients, 6 of the 7 glioma patients showed complete regression of tumors. Normal human blood lymphocytes, B-lymphoid cells, and brain cancer cells treated with Ruta in vitro were examined for telomere dynamics, mitotic catastrophe, and apoptosis to understand the possible mechanism of cell-killing, using conventional and molecular cytogenetic techniques. Both in vivo and in vitro results showed 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. We propose that Ruta in combination with  $\text{Ca}_3(\text{PO}_4)_2$  could be used for effective treatment of brain cancers, particularly glioma."

## **Present scenario of brain tumor cases treated by our medicines:**

### **Recurrence of Brain Tumors may be prevented with Ruta and Calcarea Phosphorica**

#### **Abstract:**

Recurrence of brain tumors after surgery, radiation and chemotherapy is a common problem, although many conventional and alternative therapies are available. Recently our treatment of brain tumors with Ruta 6 and Calcarea Phosphorica 3X is gaining popularity in India and most of these patients are utilizing our treatment without any other form of conventional intervention. However, in other countries our treatment is now being used mainly to prevent recurrences. We have analyzed 147 case records available to us till date (India 76, USA 44, other countries including UK, Canada, Spain, Italy, Sweden, Australia, New Zealand, The Netherlands, Turkey, Israel, Malaysia, Pakistan, etc. 27) who have used our medicines only to prevent recurrences without any concurrent conventional therapy. The analysis showed that our medicines have a definite role in preventing recurrence of brain tumors in 66.74% cases. In Oligodendroglioma the prevention was excellent. However, in brainstem gliomas the prevention was comparatively less.



## Introduction:

Recurrences of brain tumors are a common phenomenon and although some differences have been found regarding recurrences in different types of brain tumors, in overall aspects, it has been found to be very high.

Although chemotherapy mainly with Temozolomide and / or radiotherapy is helpful at least to some extent in prevention, so far there is no significant change in the outlook and most of the patients with brain tumors die even after all possible means are employed to contain the recurrence.

Throughout the globe, approximately 176,000 new cases of brain and other CNS tumors were diagnosed in the year 2000, with an estimated mortality of 128,000 (Parkin et al, 2000). Estimated 18,820 new cases and 12,820 deaths from brain and other nervous system tumors has been recorded in the United States in 2006 (American Cancer Society.: Cancer Facts and Figures 2006. Atlanta, Ga: American Cancer Society, 2006. Last accessed August 7, 2006). Brain tumors account for 85% to 90% of all primary central nervous system (CNS) tumors (Levin et al, 2001) and the Surveillance, Epidemiology, and End Results (SEER) database for 1996 to 2000 showed incidence of primary invasive CNS tumors in the United States is 6.6 per 100,000 persons per year, with an estimated mortality of 4.7 per 100,000 persons per year.

At present a significant number of brain tumor patients are suffering due to recurrences. This also creates a multifactorial negative impact on the families of such patients. Thus we have been working for a relatively long time to find out any means by which we may prevent the recurrences. Our long search for some chemicals which may help in the process revealed two important chemicals, Ruta 6c and Calcarea Phosphorica 3X which may help in this regard. In this paper we shall try to give some details regarding our work with these chemicals to prevent recurrences of malignant tumors in the brain.

## Materials and Methods:

Patients with brain tumors: Although there are many patients with brain tumors through out the globe, it is not possible to study new medicines on them except in some exceptionally good Phase I and Phase II trials with all precautionary infrastructures for management of any immediate or delayed adverse effects that may arise.

Thus, we looked for any suitable medicine in hundreds of different extracts used in the homeopathic pharmacopoeia which have not been explored properly after its initiator – Dr. Samuel Christian Friedrich Hahnemann passed away about 200 years ago. These



chemicals are absolutely harmless when used in dilutions, nevertheless at these very high dilutions there are documented evidences of good biological effects. (Banerji and Banerji, 2001, Sen Pathak et al, 2003)

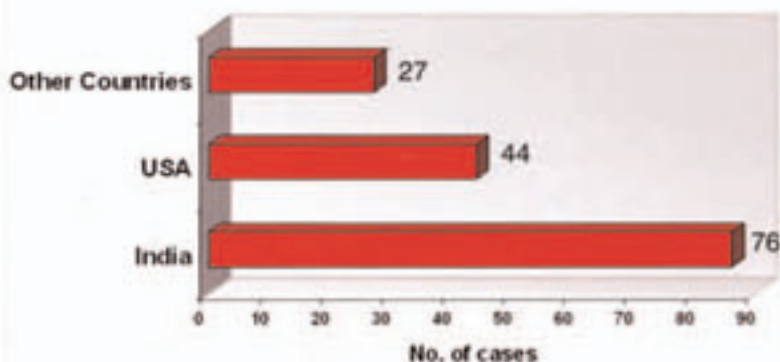
As both the authors are engaged in medical practice with these homeopathic medicines in India, it was easier for them to select medicines for brain tumors among myriads of preparations. It was hitherto unknown before its publication by them and others (Banerji and Banerji, 2001, Sen Pathak et al, 2003) that Ruta 6c and Calcarea Phosphorica 3X are effective in brain tumors.

After publication of our initial work (Banerji and Banerji, 2001, Sen Pathak et al, 2003), thousands of persons suffering from brain tumors flocked not only in our private clinics but also outside India where interested persons started providing support to brain tumor patients regarding specific treatment developed by us for brain tumors (The Brain Tumor Foundation, USA).

As a multitude (running into a few thousand) of patients already take our treatment of Ruta 6c and Calcarea Phosphorica 3X for their brain tumors and as a significant number of them were benefited with our treatment, which was observed not only at our centre in India but also in others parts of the world, we are now interested to look into the preventive aspects of these medicines against recurrences of brain tumors after surgery in India as well as in other countries. In some other countries around the world such as the UK, Canada, Spain, Italy, Sweden, Australia, New Zealand, The Netherlands, Turkey, Israel, Malaysia, Pakistan, etc. (Please see Table 1 & Chart 1)

Country	No. of patients treated to prevent recurrences of brain tumors
India	76
USA	44
UK, Canada, Spain, Italy, Sweden, Australia, New Zealand, The Netherlands, Turkey, Israel, Malaysia, Pakistan, etc.	27
Total	147

Chart 1 : Number of brain tumor cases in different countries





In India, these medicines are approved by the Government and we are authorized to treat these patients, however, we followed the standard protocol of patient's consent, ethical committee clearance, review of patients by eminent oncologists of the city, proper follow-ups following inclusion and exclusion criteria and proper management of adverse cases. Outside India, there are some supportive centers (The Brain Tumor Foundation), and many of them contacted us and followed the treatment schedule with all backup investigational and medical supportive services by the doctors of the patients own country. They have been very cooperative and sent us all the monitoring data and pictures as per our protocol.

Among these patients, 57 (38.8%) patients were of astrocytoma and other gliomas, 28 (19.0%) patients were of meningioma, 20 (13.6%) patients were of pituitary adenoma and 42 (28.6%) were of other varieties.

64 (43.5%) patients were of Grade IV, 36 (24.5%) patients were of Grade III, and 47 (32.0%) patients were of Grade II. There was no patient belonging to Grade I.

## The Medicines:

As mentioned previously we have used two chemicals *Ruta 6c* and *Calcarea Phosphorica 3X* as per the Indian and British Homeopathic Pharmacopoeia. They were procured directly from Holistic Remedies Pvt. Ltd, Mumbai, India (in collaboration with Bioforce A.G. Switzerland).

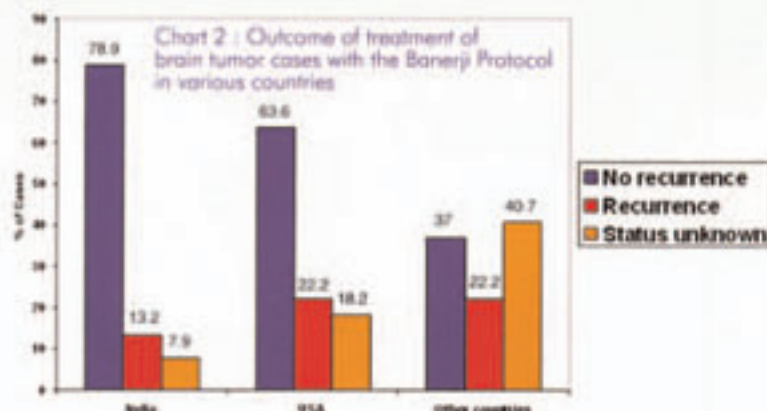
## Dosage:

1. *Ruta graveolens 6c*, one dose = 2 drops in 1 teaspoonful of drinking water, two doses daily.
2. *Calcarea Phosphorica 3X*, 1 dose = 2 Tablets (each 1 grain), two doses daily.

## Follow up:

All the patients were followed up for at least one year from the beginning of the treatment with our medicines.

## Results:







## Indian scenario :

In India all patients were directly treated by us after their surgery and no chemotherapy or radiotherapy was given to any of these patients. The outcome of our treatment in Indian patients is given in Table 2. (see also Chart 2). There was no recurrence in 78.9 % patients, recurrence occurred in 13.2 % patients and proper assessment could not be made in 7.9 % patients.

Table 2 : Cases treated in India (N=76)	
No recurrence	78.9% cases
Recurrence	13.2% Cases
Status could not be judged properly	7.9% cases

In patients suffering from Oligodendroglioma, preventive role of these medicines were found better (100%) than in patients with GBM (66.7%), and in general we observed that 60 patients (78.9%) out of 76 patients were benefited with our treatment.

## US scenario :

In USA, the data and all other records of 44 similar patients were available to us. The outcome of our treatment in patients suffering from brain tumor in USA is given in Table 3. (see also Chart 2). There was no recurrence in 63.6 % patients, recurrence occurred in 22.2 % patients and proper assessment could not be made in 18.2 % patients. Thus in general we observed that 63.6 % patients were benefited with our treatment.

Table 3 : Cases treated in the US (N=44)	
No recurrence	63.6% cases
Recurrence	22.2% Cases
Status could not be judged properly	18.2% cases

## Patients of other countries :

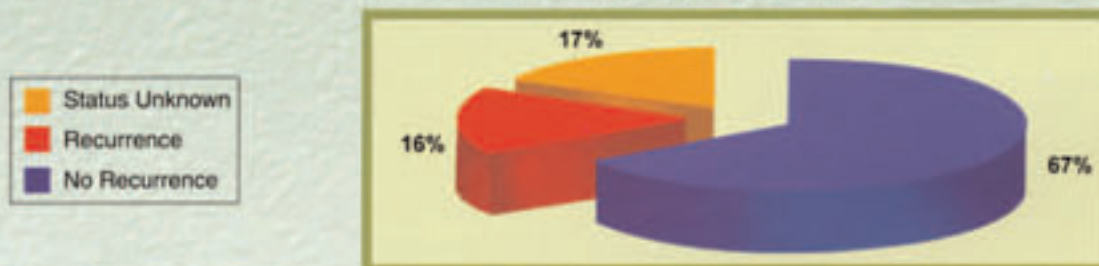
We have records from other 27 patients belonging to other countries (Table 1). The outcome of our treatment in patients suffering from brain tumor in other countries is given in Table 4. (see also Chart 2). There was no recurrence in 37.0 % patients, recurrence occurred in 22.2 % patients and proper assessment could not be made in 40.7 % patients. Thus in general we observed that 37.0% patients were benefited with our treatment.



Table 4 : Cases treated in other countries (N=27)	
No recurrence	37.0% cases
Recurrence	22.2% Cases
Status could not be judged properly	40.7% cases

Thus out of a total of 147 patients we observed that 98 patients (66.74 %) were benefited with our treatment.

Chart 3 : Outcome of treatment of brain tumor cases with the Banerji Protocol (Total Cases)



### Discussion :

A recurrence of brain tumors after surgery is a major problem throughout the globe and so far there is no effective solution in sight. Our attempt to fulfill this gap was found very encouraging with a benefit rate to prevent recurrences as high as 66.74%. However, when we compared our results for patients treated by us in different geographical locations, we found better results in India and USA than in other countries taken together. The exact reason for this is difficult to ascertain, however in India and in the US there are treatment and supportive centers respectively but in other countries these facilities are not available and the patients undergoing treatment from us usually have to depend on online consultations only. Thus it is possible that they either could not follow the proper protocol or have access to proper medicines as per the Indian or British Pharmacopoeia, which are easily available in India and the US.

However, we have been encouraged to find that almost all these patients, including some of those which have undergone a down hill course, completely co-operated with us in all possible ways. Many of them interacted not only through the internet, media etc. but also to the NIH, USA, requesting them to adopt our protocol for all cases suffering from brain tumors.

Regarding possible mechanisms of actions of medicine details are given elsewhere (Sen Pathak et al,2003); however we are presently monitoring cytokines to find clues besides the proven telomeric change in the genetic levels (Sen Pathak et al,2003).





THE P.B.H.R. FOUNDATION

Thus our findings clearly indicate that this simple medical treatment with Ruta 6c and Calcarea Phosphorica 3X is able to prevent recurrences in brain tumors in a significant number of patients. This treatment is very convenient and economical and we highly recommend giving this treatment to all patients suffering from brain tumors.

## References :

Banerji P, Banerji P. Intracranial Cysticercosis: an effective treatment with alternative medicines. *In Vivo*. 2001 ;15(2):181-4.

Levin VA, Leibel SA, Gutin PH: Neoplasms of the central nervous system. In: DeVita VT Jr, Hellman S, Rosenberg SA, eds.: *Cancer: Principles and Practice of Oncology*. 6th ed. Philadelphia, Pa: Lippincott Williams & Wilkins, 2001, pp 2100-60.

Parkin DM, Bray F, Ferlay J, et al.: Estimating the world cancer burden: Globocan 2000. *Int J Cancer* 94 (2): 153-6, 2001.

Pathak S, Multani AS, Banerji P, Banerji P. Ruta 6 selectively induces cell death in brain cancer cells but proliferation in normal peripheral blood lymphocytes: A novel treatment for human brain cancer. *Int J Oncol*. 2003; 23(4):975-82.

## Our future plans :

At present we are working on immunomodulators in brain tumors and their changing pattern during treatment by our medicines. However, our future plans are to find out the exact reason of failure in some cases and to provide another alternative therapy if this protocol fails. Initial work on this line has already been completed and we have noted that in failure cases Bitter Orange preparation can act marvelously (patent applied); thus increasing further successes. We shall continue our study in this line to improve it further.

## About The PB Homeopathic Research Foundation (PBHRF)



PBHRF - Clinic & Research Foundation

In interaction with the masses of patients the Drs. Banerji often came across people who are grossly under-privileged. These patients are quite incapable of treating themselves to expensive investigative devices like CT scans, MRIs, ECG or even a comparatively reasonably-priced test like a blood test. In aid of such people and also for the sake of accuracy in the treatment, it was decided to finance these pathological tests. Thus in 1992, the PB Homeopathic Research Foundation was set up.



The aim of this Foundation is to establish Homeopathy as a scientific and effective mode of Medicine. This Foundation offers comprehensive health care as well as scientific establishment to bring Homeopathy to its rightful position as the medicine of the masses.

## Collaborative research



Dr. Jeffrey D. White, Dir. OCCAM, NCI, USA & Dr. Prasanta Banerji, Managing Trustee, PBHRF at NCI, USA



Dr. Jeffrey D. White, Dir. OCCAM, NCI, USA, Dr. Prasanta Banerji, Managing Trustee, PBHRF, Dr. Pratip Banerji, Dep. Trustee, PBHRF cured cancer patients in Kolkata, India

**The PB Homeopathic Research Foundation is based in Kolkata and is at present in collaborative research with the following Institutes of world renown:**

- + the University of Texas MD Anderson Cancer Center at Houston, USA, on the action of Homeopathic medicines on various cancer cell lines such as brain tumors, lung and breast cancers and so forth
- + the laboratory of the Professor of Pathology and Director, Image Cytology Diagnostic Laboratory, The University of Texas MD Anderson Cancer Center in Houston on Bronchogenic carcinoma
- + the laboratory of the Director, Cancer Research Unit, VA Medical Center, University of Kansas on Breast cancers
- + the Department of Pharmacology at the Anadolu University in Eskisehir in Turkey on the action of our specific medicines on different brain tumor cell lines since the last one year.

Elaborative research work is also going on and thousands of cancer patients have benefited from The Banerji Protocol of Treatment in the last four decades.



Drs. Banerji & Dr. Jeffrey D. White with Dr. Vinod Kochupillai, HOD, Medical Oncology, AIIMS, New Delhi



## Research Papers presented in International Scientific Forums



Dr. Prasanta Banerji at the 7th International Conference of Anticancer Research 2004, Corfu, Greece



Dr. Pratip Banerji at the 7th International Conference of Anticancer Research 2004, Corfu, Greece

Corfu - Backed by four decades of research behind them Dr. Prasanta Banerji & Dr. Pratip Banerji presented their success stories in various international homeopathic conferences. It was during the 5th International Conference of Anticancer Research, Corfu, Greece, in the year 1995, they first caught US attention. The global impact was felt immediately after the Banerji's, the only homeopathic practitioners among 1200 physicians attending the Greece conference, presented 16 brain tumor regression cases and cure with homeopathic medicines.

The University of Texas MD Anderson Cancer Center in Houston – The US department of alternative medicine followed the cases presented in Corfu with lab trials using Banerji's homeopathic medicine on cancer cells at the The University of Texas MD Anderson Cancer Center (MDACC) in Houston. Dr. Sen Pathak, Prof. of Cell Biology & Genetics, at the University of Texas MD Anderson Cancer Center, Houston, collaborated in this joint research between the PBHRF and the MDACC. The research work is now complete and published. In vitro studies with our medicines have shown brilliant results in killing brain cancer cells while activating the normal cells. The paper entitled "Ruta 6 selectively induces cell death in brain cancer cells but proliferation in normal peripheral blood lymphocytes: A novel treatment for human brain cancer" was jointly published with Pathak S, Multani AS, of the Department of Molecular Genetics, M.D. Anderson Cancer Center, Houston, USA., in the October 2003 issue of the International Journal of Oncology.

National Cancer Institute, NIH, US - At present, the world leaders in the field of medical research are the American Universities. These institutions, due to their vast resources, today control all future trends in medical technology. One such mammoth institution is the US government's National Cancer Institute which launched its Best Case Series Program in 1991 to seek out alternative approaches to cancer treatment and support prospective research projects utilizing therapies identified through this program.



Dr Prasanta Banerji, Founder & Managing Trustee, PBHRF, & Dr Pratip Banerji, Co-founder & Deputy Managing Trustee, PBHRF, submitted their Best Case Series to NCI in March 1998. The Banerji's put together 12 cases; "not our best cases", said Dr Pratip Banerji, "but most complete". It was a retrospective examination of 12 cases involving patients with various malignancies, of which, seven cases were of lung cancer. NCI accepted the series as complete in March 1999, and their presentation to the CAPCAM (Cancer Advisory Panel for Complementary and Alternative Medicine) occurred in July 1999. "Our sole purpose in submitting the Best Case Series was to tread a positive path in the establishment of homeopathy as a well-publicized and effective mode of complementary and alternative medicine treatment," said Dr Prasanta Banerji. This resulted in a first ever tie-up of an US health institution with any branch of alternative medicine for research on cancer treatment. The letter of agreement, signed with PBHRF by US-based National Cancer Institute's office of Cancer Complementary and Alternative Medicines (OCCAM) and The National Institute of Health, Maryland, is the world's first letter of agreement that recognizes the importance of homeopathy in the treatment of lung cancer.

Dr. Prasanta Banerji and Dr. Pratip Banerji were invited to present papers at a conference "Comprehensive Cancer Care 2000" sponsored by the National Cancer Institute (NCI) and National Center for Complimentary and Alternative Medicine (NCCAM) of the NIH, U.S.A. on June 09th – 11th 2000 at Arlington, VA, U.S.A. There they presented a paper entitled "Malignant Tumors: Restoration to health by Homeopathic Medicines." This was very well accepted by the audience in the conference.

At New Delhi 2001. Indian Science Congress, Millennium – In the year 2000, Dr. Prasanta Banerji and Dr. Pratip Banerji, were invited to present the theme scientific paper of the conference entitled: "Homeopathic treatment of Tuberculosis". Another paper was presented at the same conference by Dr. Pratip Banerji entitled: "Malignant Tumors: A Homeopathic Approach". This conference was attended by most of the leading scientists of India and there was an overwhelming response to both the presentations.

A Paper Entitled "Intracranial Cysticercosis: An effective treatment with alternative medicines" by Drs. Prasanta and Pratip Banerji was published in the journal "In Vivo" of the International Institute of Anticancer Research, Attiki, Greece, Volume 15, Issue No. 2, 2001.

### **Welcoming new collaborators:**

Although at present there are many collaborators in our Country and outside but we always welcome new collaborators for more perfection of our protocol.





## Profiles

### **Dr. Prasanta Banerji, Founder & Managing Trustee, PBHRF**

PRASANTA was the second son of Dr. Pareshnath Banerji. Dr. Prasanta Banerji passed his I.SC from Vidyasagar College, Kolkata and then he studied in the INSTITUTE OF HOMOEOPATHY, Mihijam. After getting his fellowship

from the Institute in 1956 he became a full-fledged doctor and practiced in his father's clinic at MIHIJAM, Bihar. Around 1958 it occurred to him that a wider field would give him more scope to utilize his knowledge of Homoeopathy all over the country and benefit the teeming millions to avail of the opportunities for cheaper means of treatment for the cure of their illness. He thought of Kolkata as a venue for his practice. Dr. Prasanta Banerji migrated to Kolkata in the year 1958 and established a clinic in Kolkata. By 1986, the pressure of work made it a necessity to establish a second clinic.

Dr. Prasanta Banerji inculcated the same prescription form as introduced by his father Dr. Pareshnath, modified and improved it into a concrete treatment form bringing lucidity and user friendliness in homeopathy. He made homeopathy easier to learn and practice thus demystifying it. This allowed replicability in the science. It is due to his sole efforts in this respect, that the modern scientific establishment has finally recognized and accepted the Banerji protocol of treatment using homeopathic medicines into mainstream healthcare.

### **Dr. Pratip Banerji, Co-Founder & Deputy Managing Trustee, PBHRF**



Dr Pratip Banerji, the fourth generation homeopath in the family, did his post graduation from London College of Classical Homoeopathy. After post graduation, Pratip was invited to appear before the Board of the British Registrar of Complementary Physicians, which he did. Thereafter he received a letter from the Board asking him to give the address of the place where Pratip would like to set up his practice in the UK, so that the Board could refer patients

to him. But Pratip returned to India to set up his own practice in Kolkata to follow the footsteps of his father and serve his countrymen.

Dr. Pratip Banerji brought scientific approach and international standards to allow verifiability of their research data. The process of data accrual and documentation according to the highest international standards was introduced by him. This has made their research acceptable to the international scientific community. His vision into the future of homeopathy has greatly encouraged the PBHRF in its research collaborations with premier international scientific establishments thus gaining a foothold for homeopathy in the international mainstream medical platform.