

THE BANERJI
PROTOCOLS

A New Method of Treatment with Homeopathic Medicines

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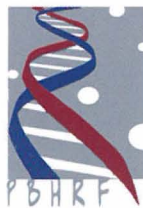
THE BANERJITM PROTOCOLS

A New Method of Treatment with Homeopathic Medicines

by

Prasanta Banerji

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Dr. Prasanta Banerji Homeopathic Research Foundation

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Dedication

We would like to dedicate this book to the memory of Mrs. Krishna Banerji,
the guiding light as well as the main anchor in our lives.
We know that she is still with us.

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Preface

This book is intended for the use of medical practitioners and anyone who is curious about finding a means to a healthy life, and aims at

- a. making widely known the “Banerji Protocols” of treatment with homeopathic medicines – an effective and time-tested system of treatment, based on not only the vast experience of four generations of a family involved in the practice of homeopathy since 1863, but also on research conducted by institutes of international repute, testifying to their effectiveness and scientific acceptance;
- b. projecting how the process of treatment with homeopathic medicines can be simplified, standardized and made more acceptable in terms of present-day needs to comply with standard protocols in medical and allied sciences and efficiency.
- c. addressing facts and myths about treatment with homeopathic medicines which have taken root during the last 200 years;
- d. establishing the Banerji Protocols of treatment with homeopathic medicines as a method of treatment for a greater population, owing to their cost-effectiveness;
- e. serving as a ready reckoner to practicing doctors for the treatment of various diseases and ailments; and
- f. encouraging young entrants in the field of medicine to view the Banerji Protocols of treatment with homeopathic medicines as being representative of a veritable “rebirth” of homeopathy — with excellent prospects for rewarding careers, based on the opportunities to treat more patients, in a shorter time frame, made possible by the efficiency of treatment under these Protocols.

In this book, the details given with regard to the treatment of various diseases and ailments will clearly reflect what the Banerji Protocols represent— the prescription of specific homeopathic medicines, in specified potencies and dosages, often with frequent repetitions, and also in combination with other medicines.

There are three steps in the selection of medicines:

1. the administration / application of the “first line of medicines” is expected to cure, or offer relief, in 80% of the cases;
2. in the remaining 20% of the cases, the “second line of medicines” should be administered first; and
3. thereafter, the “third line of medicines”, if the first and second lines of medicines do not give proper response, in a reasonable time frame.

Referred to in this book are some common, homeopathic medicines which may be administered as supporting medicines in the treatment of any disease – e.g. Belladonna 3C or Magnesia Phosphorica 3X or Hypericum Perforatum 200C for pain; and Ferrum Phosphoricum 3X or Hamamelis Virginica 200C for bleeding.

In this book, five types of homeopathic medicines have been prescribed:

- the mother tincture (θ) in liquid form;
- liquid potentized medicines;
- globules or pills in pill no. 40;
- medicines in powder form; and
- tablets.

The tincture, or liquid, form is denoted by Q or θ i.e., mother tincture, contains certain amounts of crude drug materials in alcohol. For Q or θ , 3 to 5 drops (unless otherwise specified) of the tincture in 2 or 3 teaspoonfuls (TSF) of water will make one dose. The mother tincture is then serially diluted and agitated in the following way:

- One part of the mother tincture + 99 parts of Alcohol + agitation = Dilution 1C.
- One part of Dilution 1C + 99 parts of Alcohol + agitation = Dilution 2C.
- One part of Dilution 2C + 99 parts of Alcohol + agitation = Dilution 3C... and so on.

Or

- One part of the mother tincture + 9 parts of Alcohol + agitation = Dilution 1X.
- One part of Dilution 1X + 9 parts of Alcohol + agitation = Dilution 2X.
- One part of Dilution 2X + 9 parts of Alcohol + agitation = Dilution 3X... and so on.

Globules which are soaked in, and medicated by, liquid medicines, are available in different sizes, and numbered 10 to 60; of these, we use the globules numbered 40. Two globules at a time are given by us as a dose.

In the case of medicines in powder form, these are usually triturations, and the process of potentizing the preparations is done according to the same ratios; five grains of powder will make one dose.

Medicines in powder form can be transformed into tablets; generally, one grain or five grain tablets are used.

At our clinics, we often use a combination of two potentized medicines served to the patients in the same bottle. These medicines are added to the globules one after the other in equal proportion. The plus (+) sign between two medicines in the protocol sheets means that this is a combination of the two medicines.

Before reading and using this book, it is vitally important for readers to acquaint themselves with the contents of the next section – “The Background”. It is only by so doing that they will be able to acquire the best perspectives with which to view our unique approach with homeopathic medicines.

It is also important to read the chapter “Banerji Protocols in the Treatment of Cancer”, bearing in mind the facts that cancer is the most common cause of death in the present-day world, that limited success has been achieved in combating cancer with conventional medicines, and that the effectiveness of our treatment of cancer under the Banerji Protocols has been scientifically proved and accepted, with our research collaborations on cancer treatment having been conducted during the last few years with several institutes of international renown.

Readers will find in the biographical sketch on Dr. Pareshnath Banerji the very inspiration behind the Banerji Protocols. It is unfortunate that very few people today know about his remarkable life, his values and his pioneering work which, we feel, should be brought to the knowledge of the medical community.

Dr. Prasanta Banerji
Dr. Pratip Banerji

The Background

The World Health Organization (WHO) defines health as a "...state of complete physical, mental and social well-being, and not merely an absence of disease or infirmity, with an ability to lead to a social and economically productive life...".

While this definition is straightforward, its interpretation is not simple, bearing in mind the complexities of present-day life. Attaining and maintaining high standards of health calls for a multi-dimensional approach and the participation of society as a whole.

It is undeniable, however, that the role of medical science is very important in the attainment and maintenance of high standards of health.

The mission of medical science is: to cure, when it is possible; when cure is not possible, to give relief and help the patient maintain a better quality of life (palliation); to prevent diseases... all of which aim to maintain good public health of the masses.

Systems of medicine may be conventional or unconventional. While the conventional system of medicine relates to the allopathic system, the unconventional systems are homeopathy, ayurveda, acupuncture, Chinese herbal treatment, and many more.

ABOUT DR. SAMUEL CHRISTIAN FRIEDRICH HAHNEMANN AND THE BIRTH OF HOMEOPATHY

Looking back into the history of mankind, one is often amazed to find the emergence of some outstanding personalities at different intervals of time. Their thoughts and futuristic (read as = unconventional) viewpoints revolutionized existing perspectives 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 (1755–1843), the father of homeopathy. He was born on the 10th of April 1755 in the small town of Meissen, near Dresden, in Germany. A doctor in conventional medicine, by 1790, he was recognized as one of the most distinguished physicians of his generation, and was appointed physician to the King of Germany. Soon, however, he became dissatisfied with contemporary medical ideas and the cruel practices that often 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 whomsoever 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. Strangely, 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".

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.

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”.

WHAT IS HOMEOPATHY?

Hahnemann (1755-1843) being its founder, homeopathy is a much younger and newer system of medicine than most others. Homeopathy is very different from other systems — in terms of its very perceptions about diseases and ailments, and their treatment and cure. 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. It is based on the treatment of the patient as a whole, and not on the compartmentalization of the human anatomy. 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 practiced and taught from the time of Hahnemann.

What is “individualization”? Every individual person is different from the other—physically, mentally, constitutionally, and in his or her 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.

The homeopathic drug is not administered in usual pharmacological doses, but in minute to ultra-molecular 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, as 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.

THE CENTRAL PROBLEM OF CLASSICAL HOMEOPATHY

The central problem of homeopathy is, whether a correct similimum can be selected by any such method of individualization. There are multiple problems in this approach:

- a) Homeopathy has no specific remedy for any disease by name, but it has specificity for each individual case of disease. 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?
- b) If a homeopath examines six or eight cases daily, he will have to charge high fees from each individual patient for his own 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. In an interesting study done by Becker-Witt et al in 2004, it was shown that a typical homeopathic initial consultation took 117 +/- 43 minutes for each adult patient and 86 +/- 36 minutes for each child patient.
- c) Lack of standardized treatment protocols has stalled scientific validation of the efficacy of homeopathic medicines. This has also produced an inability to conduct clinical trials owing to the mystique created in choosing medicines for administration to patients. For this reason, the true healing potential of homeopathy has been repeatedly challenged and denied by mainstream medicine and the scientific community. Thus, this system of medicine is at risk of being relegated to the archives of history.
- d) In its present form homeopathy is attracting less patients everyday due to long hours of questioning. Even after spending so much time in taking a case, the medicines suggested by various homeopaths for a patient do not behave as a similimum for that particular case. Hence due to lack of standardized treatment protocols it is denied by main stream medicines and the scientific community.
- e) Hence it is becoming less attractive and lucrative as a profession and many homeopaths are having to supplement their income by having an alternate career, such as teaching in schools, being insurance agents, etc. A survey in June 2004 by Dr. Sushil Vats in Delhi revealed an alarmingly grim picture of the 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.
- f) The curriculum of study in homeopathic colleges and universities are not producing doctors who are capable or have sufficient hands on experience or a standardized treatment approach. When these doctors complete their education and start their practice, they are floundering due to the fact that they are taught more philosophy and less practical application in the doctor-patient environment; in short, they are unable to treat the patients.

THE GLOBAL USE OF HOMEOPATHY

Since the time of Dr. Hahnemann, the growth in popularity of homeopathy has been slow and less widespread than it should have been – even though it is a safer, more easily administrable, and more economical system of medicine than others. The main opposition to homeopathy has come from the scientific community, based on the lack of standardization in the prescription of medicines – an important feature of “classical homeopathy” in which different medicines are prescribed on the basis of different symptoms of different patients. This feature alone has made it difficult, in fact impossible, to conduct research, draw conclusions, generalize and theorize on the basis of adequate data made available on the basis of standardization of prescriptions. Ironically, and intriguingly, “classical” homeopaths have themselves also been responsible for the slow growth in the popularity of homeopathy in another way: they have been rigid in their attitude and thoughts, and never regarded homeopathy as an evolving science in which changes may be required to be made on the basis of the availability of vast amounts of reliable data; in fact, they have suppressed the changes in the thoughts of Dr. Hahnemann himself in his later life in this regard.

Also, since the time of Hahnemann, there have been radical changes in conventional medicine. The most important of these relate to the development of antibiotics and sophisticated diagnostic techniques, and a tremendous growth in their acceptability and usage. The ability of conventional medicine to adapt and incorporate features and drug substances of other treatment systems has also contributed to the growth in its popularity. This growth has now assumed the form of a “rat race” for economic success at the cost of the suffering humanity – because treatment by the conventional system of medicine has become expensive and beyond the reach of the masses.

In spite of these deterrents, 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 non-prescription 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, and as many as 45% of conventional medicine 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 8.6% 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. Fifteen thousand Brazilian doctors practice homeopathy. In 1985, homeopathy was included among the therapeutic options offered at the outpatient facilities of the Brazilian public health system.

In Asia, the homeopathic medical system is very popular, especially in India, Pakistan and Sri Lanka.

HISTORY OF HOMEOPATHY IN INDIA

Because of the economy it offers, homeopathy can be readily associated with India where many in its large population cannot afford the high costs of treatment by conventional medicine.

Seen through the mists of time, the early history of the advent of homeopathy in India is a fascinating episode. As early as in 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 the 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 schoolteachers also took to reading the homeopathic *materia medicas* and prescribing medicines 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.

During the second half of the 19th century, some homeopathic dispensaries were opened in Bengal and in southern India. The pioneer in this field in Kolkata was Rajendralal Dutta (1818-1889). He belonged to a scholarly and aristocratic family of Bengal. He engaged a French doctor, Dr. Tonnere, and placed him in charge of a homeopathic hospital and dispensary in Kolkata in 1852. Unfortunately, this venture failed. Subsequently, Rajen Dutta himself took up the cudgels, and started practice in homeopathy. Among his illustrious patients may be mentioned the great early social reformer Pandit Iswarchandra Vidyasagar and Raja Radhakanta Dev Bahadur. Rajen Dutta cured Pandit Vidyasagar of a migraine which the conventional system had failed to cure. Moreover, the cure of a gangrenous ulcer of Raja Radhakanta Dev Bahadur created a sensation in Kolkata 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, a medical doctor and a skeptic of homeopathy, to test its scientific efficacy and curative potential. In his experiments, the 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.

Gradually, homeopathic dispensaries opened in other cities like Benares and Allahabad, and by the beginning of the 20th century, homeopathy had spread all over India. 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 1973, the Government of India systematized 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 its easy administration in the home setting and its affordability.

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. 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 schoolmasters 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.

EVOLUTION OF THE BANERJI PROTOCOLS

Dr. Pareshnath Banerji, being one of nine students to graduate from the University of Calcutta in the year 1910, did not join as District Magistrate, a position offered by the British Government for patriotic reasons. He also refused to accept the title of Rai Bahadur, later in his life. He wanted to serve his country and do something for the less than privileged of India. His knowledge and keen interest in chemistry lead him to develop a medicine for snake-bite, Lexin, which became very popular and was even exported to the South Americas. Pareshnath based himself in Mihijam where thousands used to come to him for homeopathic treatment every day. Treating his patients gratis, he naturally had to deal with a vast number of patients every day. He felt that if he was to use homeopathy to treat this huge patient population, he should devise a way to reduce the time per patient. If he had followed the homeopathic approach to case assessment, he would have been able to examine, at the most, a dozen patients a day. He found that about 80% of his patients suffering from common ailments were curable by specific homeopathic remedies. For the remaining 20%, he gave the greatest importance to symptoms narrated by the patients themselves. Thus, he achieved success through sheer practical experience.

Dr. Prasanta Banerji, son of Pareshnath, spent his childhood in such an environment where thousands of patients were not only treated free of charge, but free meals were cooked for the patients, who came from distant places. When Prasanta completed his education and started assisting his father. It is here that he got his first experience of the treatment of patients with the specific approach. Prasanta decided to relocate to Kolkata in the year 1960. That year he started his practice there. His practice grew exponentially and within 2 years he had to see 500 patients a day, this is when it occurred to him to standardize treatment protocols for every disease as per conventional diagnosis. He not only devised specific medicines for specific diseases like conventional medicine, he also realized that specific potencies and dosage patterns could also be determined – and this is the basis from which have arisen the Banerji Protocols. At this time, he realized the potential of the treatment form that he had created and started to present successful case studies at different international forums. For many years, Prasanta struggled against the disbelieving attitude of the conventional system of medicine towards homeopathy. Truly, the basis of this disbelief could not be said to be unfounded, as science must be constant and replicable. The concept of individualization is probably an impossible idea for the basic scientist even today, the fact that the homeopath prescribes 5 different medicines to 5 patients suffering from the same disease defies current ideas of a standardized protocol. This did not deter his efforts, as he continued full-heartedly in his mission to make known to the scientific community that his approach was different. This aspect of what is the Banerji Protocols allows conventional research, where the 5 patients suffering from the same disease are treated and regressed with the same medicine protocol and in the same potency with the identical dosage pattern.

Dr. Pratip Banerji, son of Prasanta, completed his BHMS from the Calcutta University and was placed 2nd in the University with Honors in Pathology and Materia Medica. He Post Graduated from the London College of Classical Homoeopathy (UK), and was awarded a Post Graduate Degree with a

Diploma in Teachers Training. He is also Doctor of Medicine, M.D.(Hom), from the JRN Rajasthan Vidyapeeth (Deemed University), Udaipur, India. After completing his degree in London, he had an offer to teach at the College and practice in the UK, but Pratip decided to come back to India and join his father Prasanta. From 1991, he started his own practice and took charge of the charitable clinic that had been started by Prasanta, seeing over 300 patients a day. Pratip got deeply involved in writing and documenting case studies and preparing scientific articles for peer-reviewed journals. He has brought scientific approach and international standards to allow verifiability of 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.

Ever since the completion of his education, Pratip has accompanied his father to every international scientific forum. Together they have attended and made dual presentations at many seminars and conferences, invited by conventional medical institutions and bodies all over the world.

THE BANERJI PROTOCOLS: WHAT ARE THEY?

The Banerji Protocols are a new system of Medicine, in which Specific Homeopathic Medicines are prescribed for Specific Diagnosis of Disease. It can be said that they are the fruits 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 homeopathic medicines.

At 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 our treatment protocols. The efficacy of this approach is reflected in 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.

The use of specific medicines in specific potencies, in fixed dosage patterns, eliminates the necessity for any guesswork 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 results — meaning, a treatment should have replicability – and the Banerji Protocols fulfill this criterion.

WINDS OF CHANGE

Compared to conventional medicine, homeopathy has always suffered from a lack of credibility and recognition the world over, having been acceptable usually 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 doing so, they help make the Banerji Protocols a mode of medical treatment for the masses. The second important objective of the PBHRF is to ensure the collection, documentation and use of vast amounts of data 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.

WORLDWIDE INTEREST IN THE BANERJI PROTOCOLS

It was in 1996 when the National Institutes of Health (NIH) of the United States asked us to produce records of our successes in the treatment of cancer as a part of their Best Case Series Program for evaluating clinical data from alternative healthcare practitioners. We submitted complete records of cured cases in 1998, 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 Banerji Protocols.

Since then, we have had many visitors from the United States of America, including Dr. Jeffrey D. 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 – in the USA, Canada, Germany, Spain, Portugal, Holland, Italy, Greece, Turkey, Japan and Brazil. Lectures and paper presentations apart, Drs. Banerji have had many scientific papers and monographs published, the most notable of them being an in vitro research study, jointly conducted with The University of Texas M D Anderson Cancer Center, USA, on the effectiveness of two Homeopathic medicines in destroying brain cancer cells while activating the normal cells, in the October, 2003 issue of the International Journal of Oncology. Patients from more than 90 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. Drs. Banerji and the PBHRF have been deeply involved in popularizing treatment under the Banerji Protocols, based on the use of Homeopathic or homeopathic medicines in Spain – and, by extension, to other Spanish-speaking countries – where they have received tremendous response. In 2008, a three-member cancer support team from Spain undertook a week-long visit to the PBHRF to acquire first-hand 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.

The operations of the PBHRF and the development of the Banerji Protocols have been giving homeopathy a scientific basis, and making the Banerji Protocols, based on the use of Homeopathic medicines, eligible for scientific research. Substantial progress has been made in this regard, as the undernoted facts will bear out:

- Conclusive proof about the status and the scientific basis of the Banerji Protocols has been provided to institutes as prestigious as the National Cancer Institute of USA, The University of Texas M D Anderson Cancer Center, the University of Kansas, Director of Cancer Research Institute, St. Luke's Hospital, Kansas, the Medical Director of St. Luke's Brain Tumor Center, the Columbia University, New York, Pediatric Brain Cancer Department.
- Talks for research collaborations are now in progress with important universities and medical institutes not only in the USA, but also in Spain, Japan and Israel.

Other internationally important achievements of Drs. Banerji and the PBHRF include:

- the presentation in 1998 – and acceptance by the US Government's National Cancer Institute (NCI) in 1999 – of 14 cases relating to patients with various kinds of malignancies, under the Institute's Best Case Series Program launched in 1991 to seek out alternative approaches to cancer treatment, and support research projects utilizing therapies based on this Program. (This represented the first ever tie-up of a US Government health institution with any branch of

alternative medicine for research on cancer treatment; moreover, the agreement signed between the PBHRF and the National Cancer Institute's Office of Cancer Complementary and Alternative Medicines (OCCAM) and the National Institutes of Health (NIH), USA, is the first document in the world which recognizes the importance of the Banerji Protocols in the treatment of lung cancer); and

- the presentation of a paper on "Possible Use of Homeopathic Medicines for Health Problems during Lunar Mission" at the Rutgers Symposium on Lunar Settlements", organized at the Rutgers University, USA, in June, 2007; Drs. Banerji's presentation received tremendous response (See Chapter 6).

DIFFERENCES BETWEEN HOMEOPATHY AND THE BANERJI PROTOCOLS

The Banerji Protocols do not follow the Cardinal Principles of Homeopathy as below:

Cardinal Principles of Homeopathy	Homeopathy	Banerji Protocols
1. Law of Similia	Yes	No
2. Law of Simplex	Yes	No
3. Law of Minimum	Yes	No
4. Theory of Chronic Diseases	Yes	No
5. Theory of Vital Force	Yes	No

Homeopathy was invented by Dr. Samuel Christian Friedrich Hahnemann, the father of homeopathy. He was born on the 10th of April 1755 in the small town of Meissen, near Dresden, in Germany. A doctor in conventional medicine, by 1790, he was recognized as one of the most distinguished physicians of his generation, and was appointed physician to the King of Germany. Soon, however, he became dissatisfied with contemporary medical ideas and the cruel practices that often 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 whomsoever 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. Strangely, 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".

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.

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”.

Homeopathy is a much younger and newer system of medicine than most others. Homeopathy is very different from other systems — in terms of its very perceptions about diseases and ailments, and their treatment and cure. 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. It is based on the treatment of the patient as a whole, and not on the compartmentalization of the human anatomy. 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 practiced and taught from the time of Hahnemann. These basic tenets are exactly what are not used by the Banerji Protocols. The Banerji Protocols are based on a Diagnostic approach, much like conventional medicine.

HOW THE BANERJI PROTOCOLS ARE SUCCESSFUL IN ADDRESSING THE ABOVE PROBLEMS THAT PLAGUE THE HOMEOPATHIC APPROACH

- a) 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. 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.
- b) The focus is on the diagnostic approach hence the case-taking time is shortened. In a short time more patients can be treated.
- c) The Banerji Protocols ensures replicability – the standardization of medicines makes it more acceptable to the scientific community. It is possible to conduct clinical trials.
- d) Easy to learn and disseminate to medical students and even experienced doctors. We have conducted teaching seminars in various cities in India such as Nagpur, Ranchi, Agartala etc.,
- e) A doctor following the Banerji Protocols can easily treat 50-70 patients a day. This makes it a viable profession.
- f) At present, we have an estimated many doctors trained in the use of the Banerji Protocols, both in India and abroad, and they are in private practice in many locations. These doctors on an average have 3 clinics each of which are attended by approximately 150 patients’ every day. In the main clinics at Elgin Road and Ashutosh Mukherjee Road, there is a daily footfall of 1000 to 1200 patients.
- g) The popularity of the Banerji Protocols are spreading rapidly all over the world and we are getting enquiries and being invited to teach this system from homeopaths and doctors all over USA, Canada, Spain, Portugal, Germany, Italy etc.
- h) At present we treat patients with every disease, via the internet, primarily different types of cancer in over 80 countries around the world, using only the Banerji Protocols.
- i) The cost of treatment by our medicines and protocols are much lower than any other system of medicine. The approximate cost for medicine for one month Banerji Protocols are `100.00, at

- present. The socio-economic impact is evident.
- j) We have successfully used the Banerji Protocols as an effective alternate to antibiotics in treating infectious diseases, producing no toxic side effects and bringing about rapid recovery. We have definite treatment for most of the infectious diseases like as Sinusitis, Tonsillitis, Bronchitis, Pneumonia, Tuberculosis, Meningitis, Otitis media (pus from ear), Gastro-enteritis (vomiting-diarrhea), Dysentery, and Urinary Infections amongst many others.
 - k) Viral infections such as common cold, influenza, measles, chickenpox, mumps, viral hepatitis (jaundice), viral meningitis etc. are very well treated with our treatment
 - l) We are not against surgery. Surgery is an art and science in itself. Surgery is called forth in conditions where medicines have a limited or no role, and where surgical aid and an operation can cure or improve the condition. There are a number of diseases that are labeled as 'surgical', where our Banerji Protocols work curatively and one can avoid surgery. Some such ailments are: Septic recurrent Tonsillitis, Piles, Anal Fissures, Fistula of different varieties, Appendicitis, Chronic Suppurative Otitis Media, Vocal cord nodules, Polyp in nose-ear, Kidney & Biliary calculi, Uterine Fibroids, Ovarian Cysts, Warts, Corns, etc.
 - m) In modern life, infections have diminished and various allergic disorders have grown rampant. The Banerji Protocols offer very effective treatment in all allergic diseases such as various skin diseases like Urticaria, Eczema, Contact Dermatitis, as well as gives excellent results in Asthmatic Bronchitis.
 - n) Migraines, Asthma, Peptic ulcer, Allergy, Ulcerative colitis, etc. are successfully treated with our protocols.
 - o) The Banerji Protocols are not limited to certain diseases but is universally applicable to all kinds of diseases. It is time that people, especially the scientific community, must be made fully aware of the benefits and the scope of our treatment in various diseases. The Banerji Protocols should be made available to the benefit of all ailing persons, as it can positively help majority of the diseases that we have today.

LOOKING AT THE FUTURE

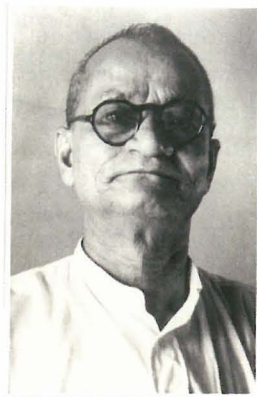
To meaningfully serve medical science and humanity, homeopathy required a re-birth. Perhaps nothing can provide this better than the Banerji Protocols and the work of the PBHRF, both aimed at making homeopathy with the use of the Banerji Protocols scientifically acceptable.

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 this "Banerji Protocols driven" international re-birth—if the attitudes of researchers and "integrative medicine" oriented medical practitioners in the USA, and homeopaths (including classical homeopaths), pharmacists and patients in the Spanish-speaking world are any indication.

In countries like India, where millions cannot afford the high costs of conventional medicine, homeopathy will always have a future – "classical", or otherwise. However, a change in mindset is urgently required, bearing in mind that many who graduate from homeopathy colleges do not pursue homeopathy as a career.

Much therefore is required to be made known about the Banerji Protocols and the role of the PBHRF.. everywhere in the world.

A Tribute



Pareshnath was born in the very year that Pandit Iswarchandra Vidyasagar (1820-1891), the great social reformer and educationist and his father's eldest brother, passed away. Born with a tremendous legacy and social responsibility, Pareshnath had much to live up to, and the onus was on him to study hard and prove himself. On the one hand, his famous uncle Vidyasagar was the epitome of what every mother looked for in a son--- honest, upright, outspoken, scholarly, socially aware, revolutionary and a man of vision and action. On the other, Pareshnath had to look up to his own father Ishanchandra who was the physician in his local village after having been initiated into homeopathy by Vidyasagar himself — the first practicing homeopath in the family.

Dr. Pareshnath Banerji

Even though Pareshnath was only 12 years old when his father passed away in 1903, he must have got some meaningful insight into homeopathy as his life and work clearly revealed later. Thereafter, the main influence in Pareshnath's life was his mother, Kashishwari Devi, who provided for his education from the monthly widow's stipend of Rs. 10 she got as a form of support from a family trust which had been set up by Iswarchandra. Pareshnath studied Physics, Chemistry and Mathematics at the University of Calcutta and was one of the nine who received their Bachelor of Arts degrees in 1910. He received a British Government offer for training in Civil Service, with an assured appointment as a District Magistrate, but refused it as he was imbued with the spirit of the Indian freedom movement which had gathered great momentum after the Partition of Bengal in 1905. He enrolled himself for the Master of Arts course of the Calcutta University, but was unable to continue further studies owing to the passing away of his mother.

Pareshnath now had to earn, and after responding to a newspaper advertisement, he got a job which appeared suitable – of the headmaster of the Bagnan High School, in the Howrah district of West Bengal, at a salary of Rs. 60 per month. However, he left after only a month, owing to a feeling of uneasiness as most of the students of the school were older and better built than he was!

Pareshnath was positive enough to plunge wholeheartedly into the adventure of his life. With the only salary he had ever earned, he set out to see as much of India as he could, living frugally and even travelling mostly on foot to save as much money as he possibly could. He finally arrived at Georoki in Kustia, now in Bangladesh, at the house of his sister who was 15 years older and, having been married soon after Pareshnath's birth into the rich and well-known Rai Choudhury family of Kustia, had seen very little of her younger brother. Dearly loving Pareshnath, she and her husband almost adopted him into their family, providing him with monetary and other forms of support,

to pursue his interest in studying Chemistry and Homeopathy. Their four sons, who were not very much younger, become very close to Pareshnath, probably looking upon him as a role model because of his greater independence and travel experience. They remained close throughout their lives.

Pareshnath stayed in Kustia till 1918, treating people in the Rai Choudhury fiefdom, and seriously applying his mind to invent Lexin, a medicine for snakebites. He went to Karmatar in Bihar where his famous uncle Iswarchandra had spent the last 18 years of his life. He liked Karmatar and stayed there for some time till he shifted to Mihijam, a small health resort village not too far away, with which he had fallen in love at first sight.

In Mihijam, Pareshnath became painfully aware of the hazards faced by villagers when they became sick and required medical treatment. The hospital nearest to Mihijam was 15 kilometers away in Jamtara, and there were numerous cases of patients dying on the way to the hospital. The villagers' lack of education and ignorance, particularly in matters of health and hygiene, did not help, and it may be said that Pareshnath was compelled by circumstances to take up the important role of a healer. Once, in the early stages of his stay in Mihijam, he was disturbed to see a group of villagers carrying a sick woman on a makeshift stretcher all the way to Jamtara. When Pareshnath asked the villagers what had happened, they said "...she has been possessed by an evil spirit... we have tried everything possible, and are now taking her to the hospital at Jamtara..." Pareshnath looked at the sick woman, and felt she would not survive the 15-kilometer journey. He diagnosed pneumonia on examining her; moreover, he convinced the woman's family members that he was well versed in magical practices and healing, started to treat her with homeopathic medicines and cured her!

The rest is history. Word spread and within a few months, every sick person in Mihijam and in its surrounding regions was being treated by Pareshnath. Within a year, he was treating a few hundred patients per day. When this happened, the Indian Railways were compelled to arrange for the stoppage of every major train at Mihijam's tiny railway station.

Pareshnath Banerji soon became a legend, achieving phenomenal success in treating all kinds of diseases. Apart from his analytical brilliance as a doctor, what also made him stand out were his several qualities of head and heart, including those of a philanthropist and a social worker. He treated his patients free of cost, charging them neither consultation fees nor the cost of medicines which was borne from the sales proceeds of his growing business in Lexin—the drug he had invented for treating snakebites. He earned enough to meet his family needs as well, as Lexin became very popular not only in various parts of India, but also in various snake-infested areas of South American countries. He also had a few other patent homeopathic medicines.

Pareshnath could confidently and successfully treat both acute and chronic conditions of numerous diseases and ailments affecting villagers, and naturally had to treat a very large number of patients every day. This being so, he could not possibly follow the approach of "classical" homeopaths; had

he done so, he would not have been able to treat more than a dozen patients every day. He devised a new approach—based on his long experience in treating very large numbers of patients. He found that about 80% of his patients suffering from common ailments could be treated successfully with the use of specific homeopathic medicines. It was by devising and following this new approach that Pareshnath was able to treat very large numbers of patients — because the time required for each patient was very much less in about 80% of the cases. He did not always adhere to Hahnemann’s dictum “*single, simple and minimum*”, and did not mind prescribing mixtures of medicines, or their frequent repetitions, whenever required.

In 1931, Pareshnath married Ava Rani. They had four sons, three of whom became successful practicing homeopaths.



*Netaji Subhas Chandra Bose with Dr. Pareshnath
Banerji at Mihijam in 1940*

The British Government conferred on Pareshnath Banerji the title of “Rai Bahadur”; as a patriotic Indian, he refused to accept this award, having completely identified himself with the Indian freedom movement. Among Pareshnath’s friends and patients were the great patriot and nationalist leader Netaji Subhas Chandra Bose, the first two Presidents of India Dr. Rajendra Prasad and Dr. Sarvapalli Radhakrishnan, the well-known medical practitioner and former Chief Minister of West Bengal Dr. Bidhan Chandra Roy, and many other such luminaries.

Pareshnath Banerji’s philanthropic bent of mind found reflection not only in his interactions with patients, but also in those with common people in Birsingha, his ancestral village in the Medinipur

district of West Bengal. By virtue of being the best loved among his siblings, Pareshnath inherited almost the whole of his family wealth which included the extensive agricultural landholdings of Iswarchandra Vidyasagar himself – over 160 acres of agricultural land and a lake (the well-known Paramanik Pati) of about 33 acres which had been specially dug up on Iswarchandra's insistence with a view to ensure that the villagers of the drought-ridden area never suffered from a shortage of water. Even in his most difficult times, not for even one day did Pareshnath use any part of his inherited wealth for the benefit of himself or his own family. In fact, on the contrary, when land settlement operations were taken up in the 1950s, he directed his son Prasanta to arrange to register each plot of land in the name of the particular farmer who had been tilling it. He retained in his own name only the lake which was intended for use as a water reservoir by the people of Birsingha and its surrounding villages.

Pareshnath Banerji's life and work was a clear reflection of what could be achieved if someone combined all-round brilliance as a medical practitioner with all the qualities of head and heart of a philanthropist and social worker. The beneficiaries were not only the thousands and thousands of people he himself treated, but also those treated later under the new approach to homeopathy he had devised, thereby giving it a veritable rebirth.

CHAPTER 1

BANERJI PROTOCOLS IN THE TREATMENT OF CANCER

Cancer is a subject of great concern because there is a lack of effective treatment even in the 21st century. At present, cancer is the most common cause of death in the world. However, the etiologies of most cancers remain unknown.

Ever since the information about this dreaded disease became widely known, and research on it conducted, two important points have come to the forefront:

1. that cancer is an unregulated and undesirable proliferation of cells in the system; and
2. even though there have been substantial efforts undertaken, and resources spent, in addressing issues relating to various cancer types, no “magic pill” is yet in sight.

In spite of the very best of intentions, without definitive knowledge, it is impossible to find solutions to problems presented by this disease. Due to this situation, along with a search for conventional solutions, researchers are actively trying to identify treatment options offered by various systems of complementary and alternative medicine (CAM), including homeopathy.

THE ROLE OF CAM IN TREATING CANCER

The role and efficacy of homeopathic medicines for treatment of malignant tumors is largely unknown and unproven so far. Homeopathy is mainly used for supportive cancer care, and some have suggested an integration of this therapy with conventional methods. In numerous studies, it

has been found that orthodox medicine fails to meet the needs of many patients, and that CAM may somewhat substitute for conventional medicines. Interestingly, most patients indicate that their problems improve with CAM which they have found incremental in their Quality of Life (QoL).

A comprehensive worldwide survey of studies of the use of CAM 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. A large descriptive survey of cancer patients in Europe revealed that, on average, 35.9% were using some form of CAM therapy. Homeopathy was the most commonly used of these therapies in Belgium, and was one of 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 a hospital oncology department revealed that 34% of the patients were using CAM, and homeopathy was the most frequent choice. Homeopathy is one of the eight most popular CAM therapies used by cancer patients in the UK.

A recently reported European survey included 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 QoL, fatigue, and anxiety/depression. The researchers found a significant improvement in QoL 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. A meta-analysis of all clinical studies on cancer treatment outcomes using homeopathy found that all studies examined were investigating the use of homeopathy for adjunctive symptom treatment, not as primary anti-tumor treatment.

There are a number of *in vitro* and *in vivo* studies, however, that have investigated the anti-tumor activity of homeopathic medicines. In India, the laboratory of Khuda-Bukhsh has reported a significant anti-tumor effect of homeopathic medicines Chelidonium and Lycopodium. In America, several studies have reported an anti-tumor effect of five homeopathic medicines 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 the homeopathy-treated animals versus controls. However, in another study, there were no direct cellular anti-cancer effects demonstrated in these researchers' *in vitro* and *in vivo* studies. 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. Another study done in India reported that homeopathic drugs retarded liver tumor growth in mice, reduced the incidence of chemically-induced sarcomas, and also increased the life span of mice harboring these

tumors. What we see in this review of laboratory research of homeopathy are 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 University of Texas M D Anderson Cancer Center must be mentioned at this point, for they have demonstrated plausible biological mechanisms for the anti-tumor 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. 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 probably 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.

THE BANERJI PROTOCOLS IN THE TREATMENT OF CANCER

The popular belief about cancer is that it is a localized disease which needs to be treated and removed from the system by any means – like surgery, or burnt out by radiation, or generally combated with cytotoxic substances, as in chemotherapy. This approach often leads to a diminution in the QoL of cancer patients, because sometimes the side effects of such treatment become more painful and unbearable than the disease itself. These forms of treatment are at best palliative in nature.

In a cancer patient, cancer is in the system, and appears in certain organs. If one organ is surgically removed, and radiotherapy and/or chemotherapy carried out, cancer metastasizes to other organs. The situation calls for a safe, non-invasive and effective form of medical treatment.

This is just what the Banerji Protocols offer: the homeopathic medicines prescribed are ultra-dilute, non-toxic and destroy cancer cells selectively, while rejuvenating normal cells.

The Banerji Protocols have been developed on the basis of careful observations made on vast amounts of data relating to the treatment of cancer patients with homeopathic medicines and clinical experience over a period of more than 55 years. At our clinics 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 cancers through the website www.pbhrfindia.org, seeking online medical advice and treatment. At our clinics, we are privileged to have the opportunity to treat every type of cancer, and at 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 conventional treatments, or after they 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.

TREATMENT OF CANCER WITH BANERJI PROTOCOLS

The main objective we follow while undertaking the treatment of our cancer cases is to provide them with a better QoL 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 cases, 3rd-line medicines already thought out and designated. This is complemented by pre-set 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 QoL is given paramount importance. The medicines that we use for different types of cancer are listed in detail in relevant sections of the book, 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.

THE DATA COLLECTION PROJECT OF THE PBHRF: A UNIQUE PLATFORM FOR THE RESEARCH COMMUNITY

At our research foundation, the main research activity consists of recording in our electronic database 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 a hundred thousand visits recorded. The data consists of approximately 60 cancer types by site, including three cases of cancer of the heart. This data is the epicenter of the PBHRE, and makes us attractive to researchers from premier 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 2003, though due to our access to cases treated prior to this year, we have been able to get a wider perspective from even earlier periods in our experience.

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

CANCER TREATMENT OUTCOMES AT PBHRF WITH THE BANERJI PROTOCOLS

In the 6-month period between January 2012 and June 2012, we at the PBHRF treated approximately 1200 new cancer cases consisting of more than 55 types of cancer.

ABDOMINAL CANCER	13
AXILLARY CANCER	1
BLOOD CANCER	29
ALL-10	
AML-12	
CLL-2	
CML-1	
OTHERS - 4	
BONE CANCER	8
OSTEOSARCOMA-6	
OTHERS-2	
BRAIN TUMOR/CANCER	178
GBM - 25	
GLIOMA - 29	
ASTROCYTOMA-17	
BRAIN STEM GLIOMA-2	
MENINGIOMA-19	
OLIGODENDROGLIOMA-2	
PITUITARY MACROADENOMA-14	
OTHERS - 82	
BREAST CANCER	82
CERVIX CANCER	47
CHEEK CANCER	27

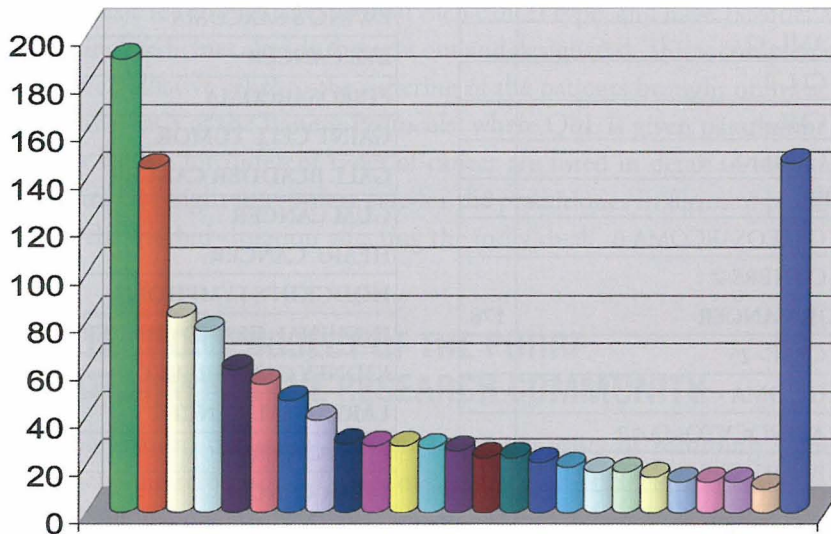
COLON CANCER	28
ENDOMETRIUM CANCER	6
EPIGLOTTIS CANCER	1
ESOPHAGEAL CANCER	39
EWING'S SARCOMA	4
EYE CANCER	1
FIBROSARCOMA	1
GAINT CELL TUMOR	1
GALL BLADDER CANCER	76
GUM CANCER	2
HEART CANCER	1
HODGKIN'S LYMPHOMA	4
INGUINAL GLAND CANCER	1
KIDNEY CANCER (RCC)	15
LARYNGEAL CANCER	2
LIP CANCER	2
LIVER CANCER	54
HCC - 18	
OTHERS - 36	
LUNG CANCER	160
NSC - 100	
OTHERS - 60	
LYMPH NODE CANCER	13
MOUTH CANCER	1

The Banerji Protocols: Cancer

NASAL CANCER	5
NAVAL CANCER	1
NECK GLAND CANCER	13
NON HODGKIN'S LYMPHOMA	17
ORAL CANCER	8
OVARIAN CANCER	28
PALATE CANCER	3
PANCREATIC CANCER	23
PAROTID CANCER	1
PELVIC CANCER	2
PENIS CANCER	3
PERIAMPULLARY CANCER	9
PHARYNX CANCER	3
PROSTATE CANCER	17
PYRIFORM CANCER	10

RECTAL CANCER	23
SARCOMA	19
SKIN CANCER	1
STOMACH CANCER	60
TESTES CANCER	6
THROAT CANCER	4
THYROID CANCER	7
TONGUE CANCER	26
TONSIL CANCER	8
URINARY BLADDER CANCER (TCC)	21
UTERINE CANCER	3
VAGINAL CANCER	3
VOCAL CORD CANCER	6
VULVA CANCER	1
OTHER CANCERS	26

New cancer cases January to June 2012 ordered by frequency of type



■ BRAIN	■ LUNG	□ BREAST	□ GALL BLADDER	■ STOMACH
■ LIVER	■ CERVIX	□ ESOPHAGEAL	■ BLOOD	■ OVARIAN
■ COLON	■ CHEEK	■ TONGUE	■ RECTAL	■ PANCREATIC
■ URINARY BLADDER (TCC)	■ SARCOMA	□ NON HODGKIN'S LYMPHOMA	□ PROSTATE	□ KIDNEY (RCC)
■ ABDOMINAL	■ LYMPH NODE	■ NECK GLAND	□ PYRIFORM	■ OTHERS

We feel that we have reached a point where we should call upon the scientific community to look deeper into the systems of measurement than the molecular aspects. Here, experiments such as those of the legendary Sir Jagadish Chandra Bose (1865-1937) become more relevant – in which he demonstrated that the photosynthetic activity of the hydrilla plant was increased by 20% when less than a billionth part of nitric acid was added to carbon dioxide saturated water in which the plant was submerged. Sir Bose also investigated the effects of the extracts of the thyroid gland, iodine and formaldehyde, and obtained similar results on the same plant. These experiments clearly demonstrated the definite action of an extremely high dilution on the material world.

With the Banerji Protocols, we operate on the basis of fixed medicine protocols for patients suffering from the same disease, in definite and fixed potencies, and in pre-set dosage patterns. We have shown innumerable cases of complete remission achieved as a result of following the Banerji Protocols which remain unchanged for many different disease diagnoses. The case studies we have presented on various occasions have proved the effectiveness of our medicines under the Banerji Protocols, and have been making them more and more acceptable to the scientific community.

Our protocols of treatment drew the attention of the National Institutes of Health (NIH), USA, and we were invited to their headquarters in November 1996, where the then Director of the Office of Alternative Medicine (OAM) requested us to join their Best Case Series (BCS) Program on Cancer. We joined the Program in 1997, and our presentation of cases was accepted after a detailed scrutiny by the National Cancer Institute (NCI) of the US, in 1999. Following their acceptance, the NCI recommended the presentation of our cases before the Cancer Advisory Panel (CAPCAM). In July, 1999, we made this presentation – a 6-hour presentation before a 17-member CAPCAM panel consisting of cancer specialists from all the leading institutes of the USA, including the Washington Cancer Institute, The University of Texas M D Anderson Cancer Center, the Memorial Sloan-Kettering Cancer Center, the Johns Hopkins Medical Center, and the Food and Drug Administration of the USA.

The panel accepted our presentation unanimously, and this was indeed a great victory for homeopathy. Subsequently, our presentation was published as a paper in a peer-reviewed journal, entitled “Cancer patients treated with The Banerji Protocols utilising homeopathic medicine: A Best Case Series Program of the National Cancer Institute, USA”, Prasanta Banerji, Donald R. Campbell and Pratip Banerji, *Oncology Reports*, 20:69-74,2008.

Our efforts to bring about the scientific acceptance of our system of homeopathic treatment under the Banerji Protocols have helped produce three more scientific papers in peer-reviewed journals:

- A paper entitled “International Cysticercosis: An effective treatment with alternative medicines”, published in *In Vivo* of the International Institute of Anticancer Research, Volume 15, Issue No.2, 2001;
- A 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”,

published in the *International Journal of Oncology*, October, 2003, jointly authored by Pathak S and Multani AS (Department of Molecular Genetics, M D Anderson Cancer Center, Houston, USA) and Banerji Prasanta;

- A paper entitled “Cytotoxic effects of ultra-diluted remedies on breast cancer cells”, published in the *International Journal of Oncology*, 36: 395-403, 2010, jointly authored by Moshe Frenkel, Bal Mukund Mishra, Subrata Sen, Peiying Yang, Alison Pawlus, Luis Vence, Aimee Leblanc, Lorenzo Cohen, Pratip Banerji and Prasanta Banerji; and
- A book chapter in *A Compendium of Essays on Alternative Therapy*, edited by Dr. Arup Bhattacharya; the chapter entitled “Homeopathy: Treatment of Cancer with the Banerji Protocols” published by InTech in January 2012 has been written by Prasanta Banerji and Pratip Banerji.

At present, we are actively involved in collaborative research projects involving homeopathic medicines as prescribed by us under the Banerji Protocols on various *in vitro* and *in vivo* studies with researchers at The University of Texas M D Anderson Cancer Center in Houston, USA, the Columbia University in New York, USA, and The University of Kansas Medical Center, St. Luke’s Hospital, in Kansas City, USA.

While there are a very large number of cancer patients under our treatment, we have in the following pages given details only about some cases considered incurable by any form of oral medication currently available in conventional medicine. At our research foundation and clinics, we have treated these cases with the use of homeopathic medicines only under the Banerji Protocols.

Some different types of cancers with their protocols of treatment for some cases treated at the PBHRF follow.

INTRACRANIAL SPACE OCCUPYING LESIONS (BRAIN TUMOR)

The incidence of tumors of the brain, of its meningeal covering, and of the spinal cord ranges from 11 to 19 per 100,000 persons. About one-half of brain tumors are primary lesions derived from neurons, glia, or their supporting meningo-vascular structures. The remaining tumors are metastatic lesions. Throughout the world, approximately 176,000 new cases of brain and other tumors of the central nervous system (CNS) were diagnosed in the year 2000, with an estimated mortality of 128,000 (Parkin *et al*, 2000). An estimated number of 18,820 new cases, and 12,820 deaths from brain and other nervous system tumors, were recorded in the USA 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 that the incidence of primary invasive CNS tumors

in the USA is 6.6 per 100,000 persons per year, with an estimated mortality of 4.7 per 100,000 persons per year.

As per traditional methods, treatments of brain tumors include maintenance medical therapy, surgery, radiation therapy, chemotherapy and immuno-therapy. In many cases, surgical removal of the tumor is impossible; in such cases, sometimes, partial resection is effected. Response to radiotherapy and chemotherapy is poor in many cases, and, in a fairly high percentage of cases, their administration is contraindicated. There are recurrences in many cases, and a number of them show poor prognosis.

At our Foundation, brain tumor cases are treated successfully with homeopathic medicines. In our long clinical experience, we could give relief in a large number of cases, some of which subsequently showed complete regression. A study of six cases treated by us have been presented with all medical reports and information documented over the years, including CT Scans before and after treatment.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
Ruta Graveolens 6C, two doses daily. Calcarea Phosphorica 3X, two doses daily.	Ruta Graveolens 6C, two doses daily. Calcarea Phosphorica 3X, two doses daily. Thuja Occidentalis 1000C in liquid, one dose once in a week.	Ruta Graveolens 6C, two doses daily. Calcarea Phosphorica 3X, two doses daily. Conium Maculatum 1000C in liquid, one dose once in a week.

Supportive medicines: We give fixed medicines for brain malignancy in all cases, but supportive medicines are also given for relief. For acute headaches, Picric Acid 200C + Belladonna 3C, one dose to be taken every half an hour till relief.

For convulsions, as well as headaches, the Cuprum Metallicum 6C + Arnica Montana 3C combination should be taken in two doses daily.

The prescriptions for other problems are as follows:

For brain edema, if any: Lycopodium Clavatum 30C, in liquid, two drops a dose, two doses daily.

For confusion: Helleborus Niger 30C, in liquid, two drops a dose, two doses daily (morning and evening).

BRAIN TUMOR CASES:

Brain Tumor: Case Study 1 (GBM)

AA, a 60-year-old male, came to our clinic on 3rd August, 2004, with a gradual weakness of the left side of his body and limbs, headache, sleeplessness and mental irritability being the complaints for the past 2 months.

Before coming to us, he visited the Christian Medical College, Vellore. A CT Scan of his brain was done on 21st July, 2004 showing "... Impression: Multicentric Glioma ...".

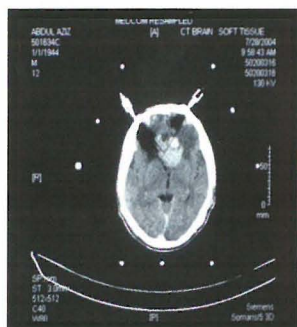
A Stereotactic Biopsy, also done at Christian Medical College, Vellore on 29th July, 2004 ... from the right internal capsule showed "... High grade neoplasm ... Glioma ...".

He was advised surgery by the Christian Medical College, Vellore, followed by radiation and chemotherapy. This was refused by the patient's party which decided to take the Banerji Protocols of treatment.

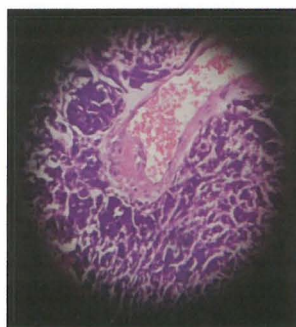
With the Banerji Protocols, all his clinical symptoms disappeared within 8 months of medication.

A follow up CT Scan of his brain (plain and contrast study) done on 16th April, 2005, showed "... Hypo dense areas and calcification in right frontal region. As compared to previous CT Scan of Brain done on 21st July, 2004, the mass has almost resolved...".

We know that the patient lived a normal life till 2009 after which he has not been contactable.



CT Scan of Brain dated
28.07.2004



Picture of Histopathology
dated 29.07.2004



CT Scan of Brain dated
16.04.2005

Brain Tumor: Case Study 2 (Glioma)

BS, a 26-year-old male, came to our clinic on 23rd May, 2001, with no clinical past history, except complaints of headache, weakness, pain on the right side of his body, and a feeling of numbness for the last 3 months.

The initial observations, based on a CT Scan of the brain (plain and contrast study) done on 9th May, 2001, were "... suggestive of nodular enhancing lesion left thalamic and left basal ganglia region with perilesional oedema component. Measuring the lesion 20 mm. x 14 mm. ? Glioma ...".

His economic condition was very bad, and he was unable to have a Stereotactic Biopsy done.

Clinically, the patient felt much better and asymptomatic within six months of our medication.

The observations made during his treatment, based on a repeat CT Scan of the brain done on 14th May, 2002, revealed that CT features, after a comparative study with the previous scan done on 9th May, 2001, now showed complete regression of the nodular enhancing lesion with perifocal edema in the left basal ganglionic region, presently showing a normal scan study.

He continued the medication with reduced doses and lived a normal life for one and a half years, until a repeat CT Scan of the brain done on 8th May, 2003 revealed "... Impression: Plain CT Scan of brain appears normal ...". (The CT Scan plate is missing.)

We stopped our medication in July, 2003.

To follow up the case again, a CT Scan of the brain (plain and contrast study) done on 6th September, 2004 again revealed "...Impression: CT Scan of brain appears normal...".

Well after the completion of treatment for 3 years, a follow-up CT Scan of the brain was done on 28th April, 2008, the report of which stated "Impression: CECT Scan of brain as compared to previous CT Scan done on 9th of May 2001 the left thalamic enhancing lesion showing complete regression with residual dot enhancement".

On our last enquiry in July, 2012, the patient was found to be keeping good health, working and living a normal life. This being the case, we have included him in our current Best Case Series presently submitted to the OCCAM of the NCI, USA. The series as of now (September 2012) is under review. We called him to our clinic on 5th September, 2012, to rescan him — so that he could sign the consent form for the OCCAM. The CT Scan of the brain done on 5th September, 2012 showed, "...CECT Scan of brain within normal limits...".



CT Scan of Brain dated
09.05.2001



CT Scan of Brain dated
14.05.2002



CT Scan of Brain dated
06.09.2004



CT Scan of Brain dated
28.04.2008



CT Scan of Brain dated
05.09.2012

Brain Tumor: Case Study 3 (Medulloblastoma)

KK, a baby male aged only 11 days in October, 2004, was brought to us on 4th October, 2004 with an unusual enlargement of his head noticed for a few days, along with unnatural behavior also for a few days, as the chief complaints.

A CT Scan of his brain done on 22nd September, 2004 showed "... CT findings are suggestive of hemorrhage (approx 30ml) in midline posterior fossa with hydrocephalus. Tentorial SDH and SAH is there also ...".

The MRI of his brain done on 27th September, 2004 showed "... Cerebellar vermiar hemorrhagic SOL with obstructive hydrocephalus? Medulloblastoma ...".

After undergoing the Banerji Protocol of treatment, all his clinical symptoms disappeared within 5 months. Also, gradually, his head size became normal with our medication.

A follow-up CT Scan of his brain (plain and contrast study) done on 8th May, 2008 showed "... Impression: CT Scan in this follow up case of posterior fossa hematoma now show of focal atrophy in that region. No mass lesion is evident ...".

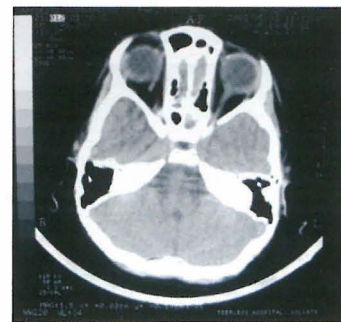
The last follow-up was done in June 2010, when the patient was living a normal life and attending school.



CT Scan of Brain dated
22.09.2004



MRI of Brain dated
27.09.2004



CT Scan of Brain dated
08.05.2008

Brain Tumor: Case Study 4 (Astrocytoma Gr-II)

S K S, a male aged 10 years, was suffering from dim vision of the left eye for 1 year and 9 months, deviation of the left eye since July, 1987, and progressive paralysis of the whole left side, trembling of the arm, and a weak memory when he came to us for his treatment on 2nd May, 1989.

The first C T Scan of Brain was done on 27th June, 1988 when the SOL Brain was detected.

He was then admitted to the Christian Medical College, Vellore, on 28th July, 1988 with progressive left sided paralysis and dimness of vision. He was discharged from the hospital on 14th August, 1988. During his stay at the hospital, a CT Scan of Brain and a Biopsy were done on 12th August, 1988. The Biopsy showed "...Astrocytoma Grade II...". The hospital doctors advised radiotherapy and physiotherapy on discharge from hospital. Radiotherapy was not given, but he continued with the medicines as advised by the hospital on discharge.

A CT Scan of Brain dated 23rd March, 1989 showed "...Well defined hypodense circular lesion with a nodule right basal ganglionic region...".

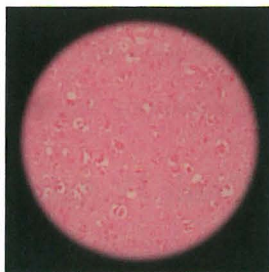
After using the Banerji Protocols, the patient started improving within one month. The left sided paralysis showed improvement, and all symptoms started regressing. He was walking freely and his left eye vision improved considerably.

A follow up C T Scan of Brain dated 21st February, 1994 revealed "... Described attenuating lesion in right basal ganglionic region has regressed considerably. Nodular enhancing areas in paraventricular region has now become tiny dot like calcification. Considerable improvement...".

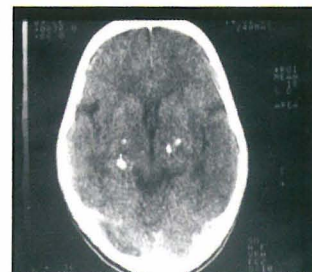
The last follow-up was done in 2000, when some of his family members came to us for their treatment, and we were told that he was in good health and living a normal life. Since then, he has not been contactable.



CT Scan of Brain dated
23.03.1989



Picture of Histopathology
dated 12.08.1988



CT Scan of Brain dated
21.02.1994

Brain Tumor: Case Study 5 (Pituitary Macroadenoma)

FY, a female aged 27 years in December, 1990, was suffering from headaches off and on since 1986. She had a severe attack of headache, which was worse on the left side, on 17th December, 1990 with swoon and hazy vision, when she came to us for her treatment on 29th December, 1990.

Clinically, the patient presented with haziness of vision, pain and weakness of the right side.

A CT Scan of Brain dated 25th December,1990 showed "... The most significant abnormality is the presence of a mixed attenuating (hypo and hyperdense) well circumscribed mass at suprasellar and intra-sellar 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 our treatment, the haziness of her vision lessened from the first month of the commencement of the treatment, and thereafter her vision was completely restored, and the pain and weakness of the right arm completely disappeared.

A CT Scan of Brain dated 27th April, 1992 revealed "... Follow up case of a fairly large intrasellar mass with predominantly suprasellar extension now showing complete disappearance of the inhomogenously enhancing mass leaving behind normal appearances of the Pituitary gland and suprasellar cistern, since the last scan done on 25th of December 1990 ...".

The last follow-up of the case took place in 2006, but her husband keeps visiting us with other patients in their extended family, and reports that she has been in an excellent state of health.



CT Scan of Brain dated
25.12.1990



CT Scan of Brain dated
27.04.1992

Brain Tumor: Case Study 6 (Grade IV Astrocytoma/GBM)

GM, a 60-year-old male, came to us on 8th January, 2009 with complaints of headache, cervical pain, and insomnia for 2 months.

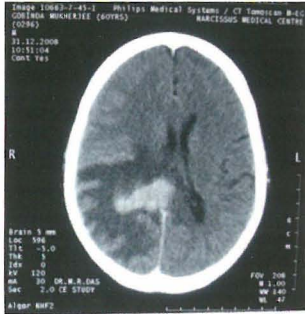
A CT Scan of Brain done on 31st December, 2008 showed "...a well defined brightly enhancing sol in right occipital lobe involving corpus callosum till midline with maximum focal edema. and midline shift Astrocytoma/ Glioblastoma...".

A Stereotactic Biopsy done on 2nd January, 2009 showed "... grade IV Astrocytoma/GBM...".

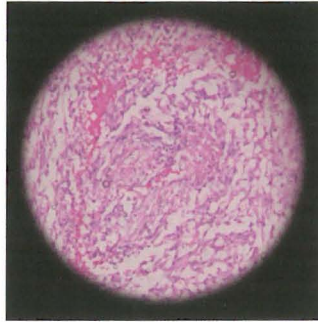
After undergoing our treatment, all his clinical symptoms disappeared within 3 to 4 months.

A follow up CT Scan of Brain (plain and contrast study) done on 2nd September, 2009, showed “... As compared to previous CT study done on the 31st December 2008 reveals significant resolution of the lesion with very minimal residue in right posterior parietal region and splenium of corpus callosum , there is no shift of midline structures ...”.

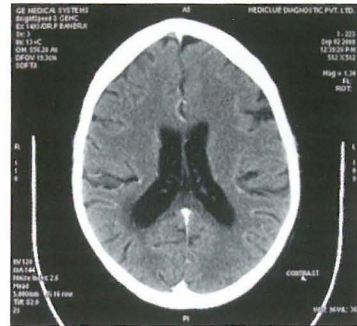
Now, the patient is leading a trouble-free, normal life, but is still continuing his medication in reduced doses.



CT Scan of Brain dated
31.12.2008



Picture of Histopathology
dated 02.01.2009



CT Scan of Brain dated
02.09.2009

Brain Tumor: Case Study 7 (GBM)

AB, a female aged 18 years in July, 2008, came to us on 11th July, 2008 and presented with complaints of headache, backache and convulsions for the previous 8 months.

A CT Scan of Brain done on 30th June, 2008 showed “... Left Parietal Lobe Sol (3.6 X 2.5) cm with edema and mass effects – Glioma ...”.

A Stereotactic Biopsy done on 5th July, 2008 showed “... Glioblastoma multiforme ...”.

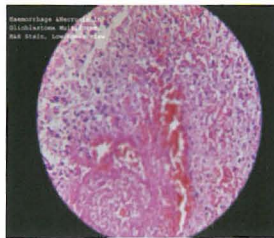
After undergoing our treatment, all her clinical symptoms showed improvement within 6 months.

A follow up CT Scan of Brain (plain and contrast study) done on 13th July, 2010 showed “... disappearance of the SOL ...”.

This lady is now living a trouble-free, normal life, but is continuing her medication in reduced doses.



CT Scan of Brain dated
30.06.2008



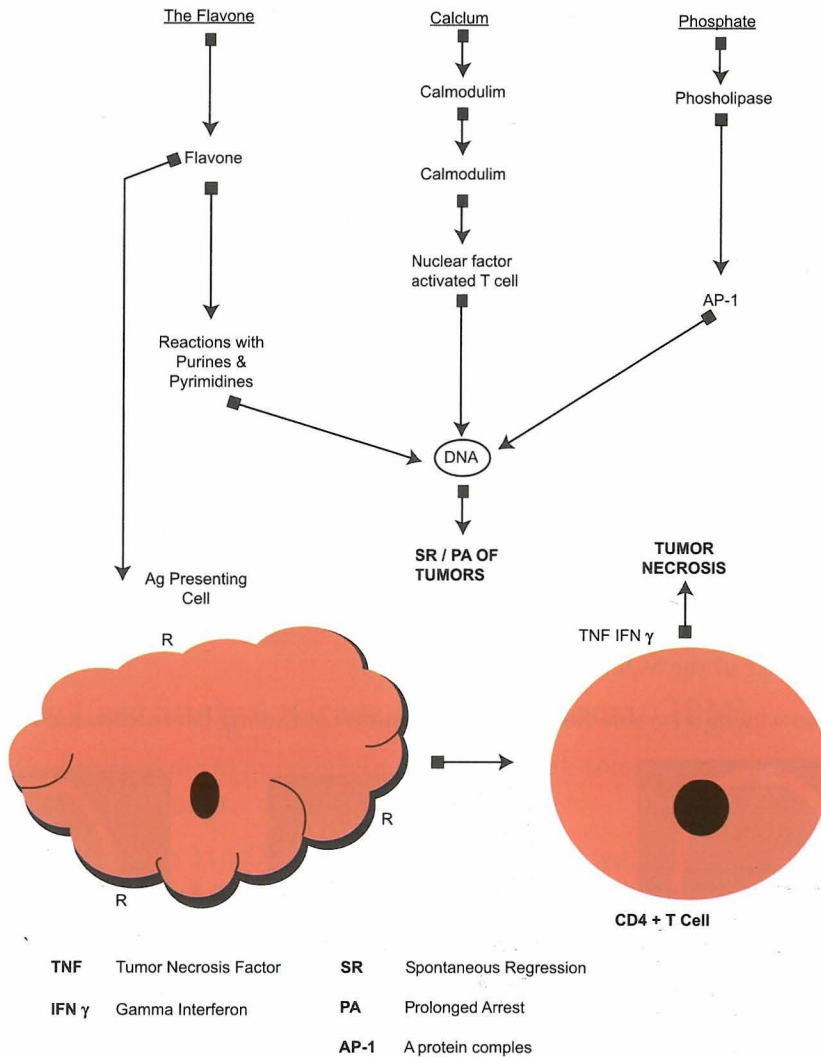
Picture of Histopathology
dated 05.07.2008



CT Scan of Brain dated
30.07.2010

We would like to explain in some detail the action of *Ruta Graveolens* 6C and *Calcarea Phosphorica* 3X in destroying brain cancer cells.

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



Along with the Professor of Cell Biology and Genetics at The University of Texas M D Anderson Cancer Center, Houston, USA, a paper was published, 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” in the *International Journal of Oncology* in October, 2003, where the excellent results on following our method of treatment with Ruta and Calcearia Phosphorica has been dealt with.

According to our observations for the last 30 years, these medicines have the definite power to reduce and cure Intracranial SOL. It may be interesting to note that our claims with regard to the action of these medicines have been successfully vindicated *in vitro*.

Both *in vivo* and *in vitro* results showed induction of survival-signaling pathways in normal lymphocytes, and the induction of death-signaling pathways in brain cancer cells. Cancer cell death was initiated by telomere erosion and completed through mitotic catastrophe events. We proposed that Ruta, in combination with $\text{Ca}_3(\text{PO}_4)_2$, could be used for effective treatment of all types of brain cancers, particularly glioma.

Of interest in this context is the fact that the brain tumor community in many countries in the world has shown an immensely favorable response to this protocol of treatment. We all know that patients suffering from serious diseases often acquire a good deal of knowledge about their diseases. Lately, we have been receiving 60 to 70 mails a day from patients all over the world who have read the paper on Ruta and, in an uncontrolled manner, have started taking the medicine themselves. When, after 3 to 4 months of treatment, they find that their tumors have regressed, or become static, they contact us to fine-tune the treatment for them.



Ruta Graveolens

Rutin, the active ingredient of Ruta, is known for its anti-oxidant 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 a membrane bound molecule that activates protein kinase C.

Thus, one may consider these aspects for a possible explanation of such effects.

BRONCHOGENIC CARCINOMA/LUNG CANCER

Lung cancer was the most commonly diagnosed type of cancer, as well as the leading cause of cancer deaths in males, in 2008 globally. Among females, it was the fourth most commonly diagnosed cancer, and the second leading cause of cancer deaths. Lung cancer accounted for 13% (1.6 million) of the total number of cases, and 18% (1.4 million) of the total number of deaths in 2008.

Lung cancer is the leading cancer site in males, accounting for 17% of the total number of new cancer cases, and 23% of the total number of cancer deaths in 2008.

Lung cancer is now one of the most frequent causes of mortality in industrialized countries, and is rapidly becoming one of the main causes of death in undeveloped countries. During this century, its incidence has been increasing rapidly, not only in men, but also in women. Lung cancer has already surpassed breast cancer as a cause of death among US women. In Mexico, the mortality rate of lung cancer is increasing in men and in women, and is becoming a major health problem. This neoplasm occurs most often in patients with a cigarette-smoking history, or in workers heavily exposed to asbestos or other similar materials.

FIRST LINE MEDICINES

- Kali Carbonicum 200C, in liquid, one dose on alternate mornings.
- Thuja Occidentalis 30C, two doses daily.
- Kali Muriaticum 3X + Ferrum Phosphoricum 3X (two tablets of each together = one dose), two doses daily.

SECOND LINE MEDICINES

- Carbo Animalis 200C, two doses daily.
- Bryonia Alba 30C + Aconitum Napellus 200C, two doses daily.

In case of acute cough, *Ipecacuanha 30C* (one dose) may be repeated every one hour, then reduced to every three hours, when the condition is much better.

For hemoptysis, *Ferrum Phosphoricum 3X*, one dose (five tablets) may be repeated after every hemoptysis.

If hemoptysis is not checked by *Ferrum Phosphoricum 3X*, *Hamamelis Virginica 200C* + *Arnica Montana 3C* (one dose) is to be given after each episode of hemoptysis, and discontinued after improvement.

In case of pleural effusion, *Lycopodium Clavatum 30*, in liquid, three doses daily, are to be given. This often stops the formation of fluid in the lungs, and helps in absorbing the fluid.

Lung Cancer: Case Study 1

BMD, a male aged about 70 years in January, 1999, was suffering for one month with recurrent hemoptysis, cough, mild chest pain and breathing trouble when he came to our clinic on 4th January, 1999.

A Chest X-ray done on 18th December, 1998 showed "... An inhomogeneous alveolar opacity is seen in the right upper lobe with features of fibrosis, which is creating a mediastinal shift to the right and there is presence of cystic opacities at the left base also. Compensatory emphysema is seen in left lung. Mild baso-lamellar effusion at the left side ...".

A CT Scan of Thorax done on 19th December, 1998 showed "... Collapse consolidation posterior segment of right upper lobe.

- Secondary bronchiectatic changes right posterior segment of upper lobe.
- Emphysematous bullous changes both upper lobes.
- Broncho alveolar congestion lateral and posterior basal segment of left lower lobe ...".

A Bronchial Brushing Cytology Report dated 26th December, 1998 stated "... Smears are highly cellular and show clumps of sheets of pleomorphic cells with nuclear hyperchromatism prominent nucleoli and altered N/C ratio. Suggestive of squamous cell carcinoma ...".

After undergoing our treatment, all his symptoms showed improvement within 7 to 8 months.

A follow up Chest X-ray done on 9th March, 1999 reported "... scarry lesion is seen in right upper zone. Shifting of trachea is seen on right side. Contracture of right hemithorax emphysematous chest right side ...".

A repeat Chest X-ray done on 29th September, 1999 revealed "... radiograph shows that there has been definite improvement in the right upper lobe caseating lesion since his previous X-ray which was taken on 9th March 1999. The right upper lobe remains collapsed. Heart and trachea are displaced to the right due to lobar shrinkage...".

A repeat Chest X-ray done on 12th January, 2000 showed "... since his previous X-ray which was taken on 29th September 1999 there has been no great change in the overall appearances of the right upper lobe lesion. The affected lobe remains collapsed and there is no evidence of any active neoplasm at present. There is nothing to suspect tumour recurrence or spread of lesion in last 4 months...". (Plate picture is bad.)

A repeat Chest X-ray done on 2nd November, 2000 showed "... only scarring is noted in the right upper lobe. The affected lobe is considerably shrunken. Trachea and mediastinum are shifted to the right. Left lung field is emphysematous, but there is no parenchymal lesion in this lung. Radiologically healed neoplasm in the right upper lobe. Appearances remain satisfactory for last 10 months ...".

A repeat Chest X-ray done on 27th June, 2001 showed "... Old case of Rt. upper lobe bronchial neoplasm – for assessment. There has been further improvement in the Rt. upper lobe residual lesion since his previous X-ray dated 2nd of November 2000. Only scarring is now visible in affected lobe. Trachea and mediastinum are displaced to the Rt., as previously mentioned. Lt. Lung remains clear".

After six months, another follow up Chest X-ray done on 5th February, 2002 showed "... case of Rt. upper lobe bronchial neoplasm-under medical management. Only residual shadowing is now present in the Right upper lobe, less than what was noted in his previous x-ray dated 27th June 2001. The main tumor mass remains virtually unchanged. Left lung remains clear. No rib destruction recognized. Pleural sinuses are clear. The neoplastic process has been arrested compared to his previous X-ray. (Picture is bad.)

After 6 years without any medication, a follow up Chest X-ray done on 18th June, 2007 showed "... there is no recurrence ...".



Chest X-ray dated
18.12.1998



CT Scan of chest dated
13.12.1998



Bronchial Cytology
dated 26.12.1998



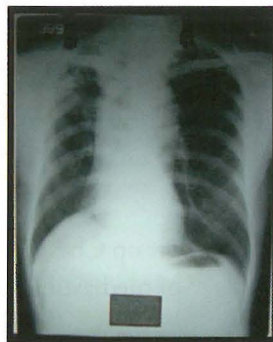
Chest X-ray dated
09.03.1999



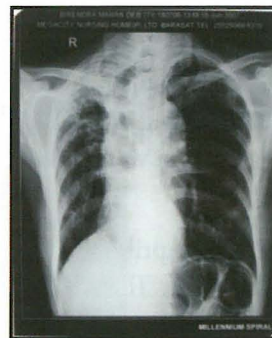
Chest X-ray dated
29.09.1999



Chest X-ray dated
02.11.2000



Chest X-ray dated
27.06.2001



Chest X-ray dated
18.06.2007

Lung Cancer: Case Study 2

MKS, a 47-year-old, came to our 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.

The following investigations were done:

A Chest X-ray dated 18th November, 1994 showed "...there is 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..."

A CT Scan of Chest dated 19th November, 1994 showed "...There is a 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..."

A CT Guided FNAC of mediastinal mass dated 24th November, 1994 showed "...malignant tumor...".

After undergoing our treatment, all his symptoms showed improvement within 3 to 4 months.

The following follow-up X-rays were done to assess the condition of the patient:

The X-ray dated 31st January, 1995 showed "...considerable shrinkage in the mediastinal mass...".

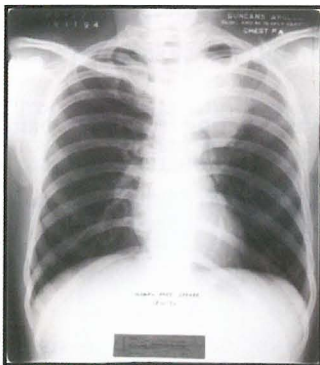
The X-ray dated 5th July, 1995 showed "... Gradual and excellent regression of the mediastinal mass since original X-ray of November '94 ...".

The X-ray dated 9th January, 1996 showed "... small residual opacity still present ...".

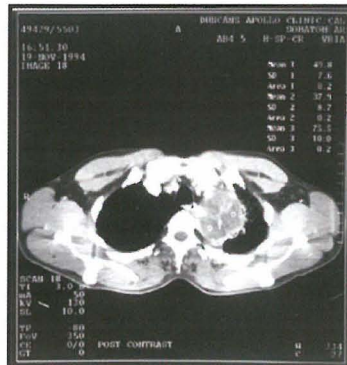
The X-ray dated 23rd September, 1996 showed "... There has been complete resolution in the mediastinal tumor since last X-ray which was taken on (January 9, 1996) ...".

At the National Cancer Institute in the USA, this case was described as a diagnosed case of Malignant Neoplasm. According to the 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.

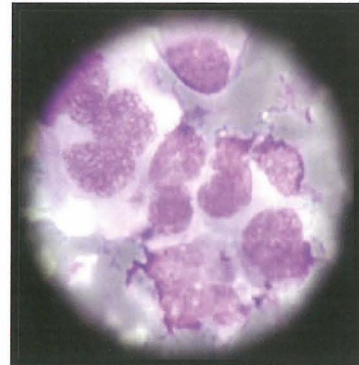
We stopped his medicines in April, 1997. After one year, a follow up Chest X-ray was done on 7th January, 1999, and showed "... There has been no recurrence of mediastinal mass since last X-ray. Lung fields are now clear ...".



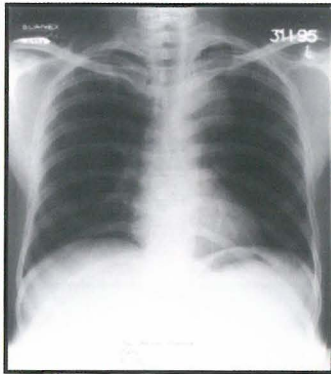
Chest X-ray dated
18.11.1994



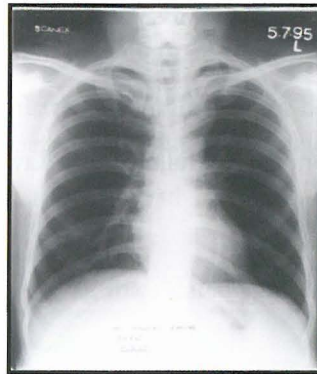
CT Scan of Chest
dated 19.11.1994



Picture of Histopathology
dated 24.11.1994



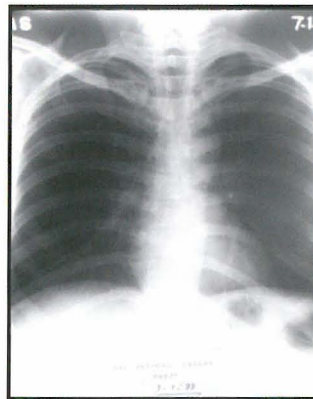
Chest X-ray dated
31.01.1995



Chest X-ray dated
05.07.1995



Chest X-ray dated
09.01.1996



Chest X-ray dated
07.01.1999

Lung Cancer: Case Study 3

SM, a female aged 50 years, came to us for treatment on 24th April, 2003, presenting with complaints of pain in her right chest and upper back, dry cough and loss of appetite for one month.

An X-Ray Chest PA View done on 17th April, 2003 showed "... dense homogenous opacity in right upper lobe. ?Malignant ...".

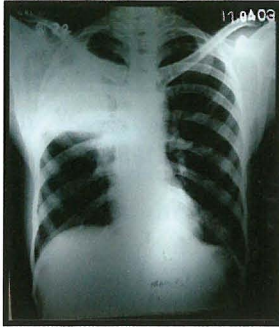
A CT Guided FNAC of Lung Lesion done on 22nd April, 2003 reported "... Moderately Differentiated Adenocarcinoma...".

After taking our medicines, clinically the patient started feeling much better; there was no cough and chest pain after 4 to 5 months of starting our medication.

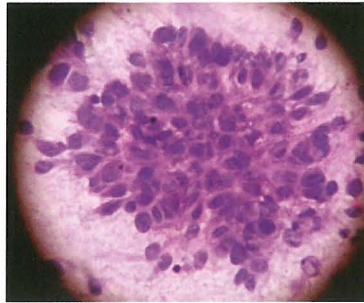
An X- Ray Chest P A View done on 30th October, 2003 showed “... Complete resolution of the dense homogenous opacity in right upper lobe ...”.

Thereafter, we reduced the doses and stopped all medicines after 6 months.

After 4 years without any medication, the last follow up X-Ray was done on 29th April, 2009 and showed normal condition.



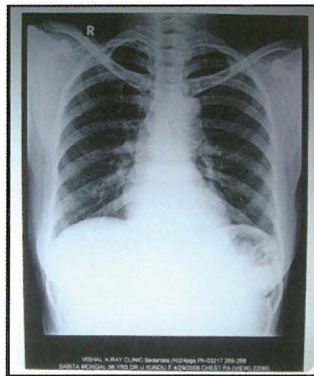
Chest X-ray dated
11.04.2003



Picture of Histopathology
dated 22.04.2003



Chest X-ray dated
30.10.2003



Chest X-ray dated
29.04.2009

Lung Cancer: Case Study 4

BM, a female aged 77 years, was suffering for 3 months with loss of weight, anorexia, nausea, vomiting and chest pain, when she came to us for her treatment on 12th September, 1994.

Clinically, the patient presented with loss of weight, anorexia, nausea, vomiting, chest pain with restricted movement of the chest wall in the right side, increased vocal fremitus and moderate crepitations.

An X-ray of Chest (PA view) dated 27th December, 1994 showed "... homogeneous triangular opacity of consolidation is seen in right mid zone...".

A CT Scan of Chest dated 9th January, 1995 showed "... dense irregular lobulated mass with shaggy margins are seen in right upper lobe and lateral segment of lateral middle lobe...".

An X-ray of Chest of 9th January, 1995 showed "... radio-opacity is seen in right upper and middle zone ...".

A CT Guided FNAC from the right lung mass dated 9th January, 1995 showed "...carcinoma lung (small cell type)...".

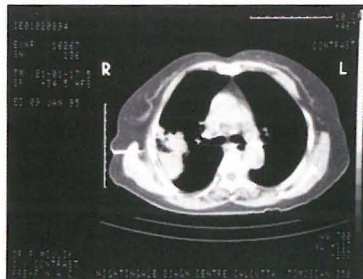
After undergoing our treatment, the patient became asymptomatic within 2 to 3 months.

An X-ray of Chest dated 24th March, 1995 showed "... almost complete resolution of the consolidation in right mid zone ...".

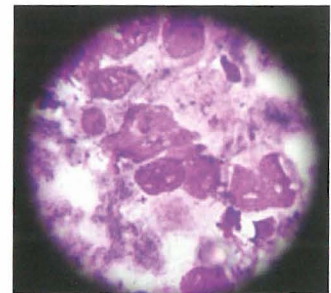
Chest X-rays were done on several occasions, the last time on 19th December, 1998, which showed that there was complete resolution of the lung lesion.



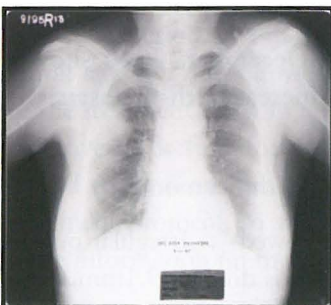
Chest X-ray dated
27.12.1994



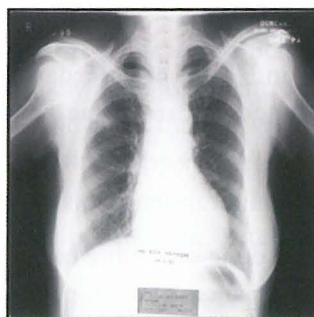
CT Scan of Thorax dated
09.01.1995



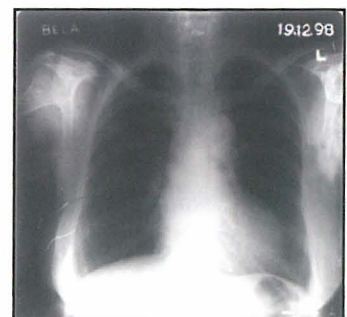
Picture of Histopathology
dated 09.01.1995



Chest X-ray dated
09.01.1995



Chest X-ray dated
24.03.1995



Chest X-ray dated
19.12.1998

PANCREAS CANCER

Of all cancers, cancer of the pancreas is one of the most dangerous, and percentages of cure are low. At our research foundation, we treat these cases with success in some cases, and give relief and prolong the lives of patients in many cases. The cases treated successfully include those of patients living normal lives for more than fifteen years without any medicines.

Treatment

FIRST LINE MEDICINES

Carduus Marianus θ and Conium Maculatum 3C, one dose every 3 hours alternately.

Chelidonium Majus 6X, in liquid: give two doses daily, 15 to 20 minutes before taking any food.

SECOND LINE MEDICINES

After the treatment with first line medicines, if necessary, give Hydrastis Canadensis θ and Chelidonium Majus 6X, in liquid: one dose every 3 hours alternately, but not during sleep at night; other symptomatic medicines, if necessary, may be given in case of acute trouble.

Pancreas Cancer: Case Study

PK, a 47-year-old male, came to us for treatment on 13th December, 2010, presenting with pain in his upper abdomen, as well as back pain in the lower dorsal region, acidity, sour belching and gas in the abdomen.

The USG of his lower abdomen done on 5th December, 2010 showed "...Pancreas is enlarged in size. A poorly defined heterogeneous SOL (75 x 58 x 57) mm is arising from the head of the pancreas. Few focal calcifications are seen in head. Body and tail of pancreas is unremarkable...".

A Biopsy from head of pancreas and liver nodule dated 10th December, 2010 showed "...poorly differentiated infiltrating adenocarcinoma head of pancreas with metastasis in liver...".

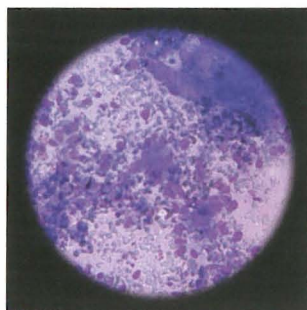
After undergoing our treatment, all his clinical symptoms disappeared within a month.

A follow up USG of Lower Abdomen done on 29th March, 2011 showed "...Irregular outline with heterogeneous echo pattern of the pancreas. Main pancreatic duct is dilated (9.1mm.) with calculi inside...".

The patient is continuing to take our medicines and living a normal life.



USG of Lower Abdomen
dated 05.12.2010



Picture of Histopathology
dated 10.12.2010



USG of Lower Abdomen
dated 29.03.2011

In this book, we have reported our cancer treatment outcomes using the Kaplan-Meier survival analysis. We have included only those patients who had at least one follow-up visit 6 months or more after the first visit for treatment. We cannot draw any meaningful conclusions on patients who do not meet these criteria. In general, about $\frac{1}{2}$ to $\frac{2}{3}$ of the patients who come to our clinics do not return for a second follow-up visit, or, if they do, we do not see them again 6 months or more later. Thus, we have smaller numbers of patients included in our statistical analysis than actually come to our clinic for treatment.

The Kaplan-Meier analysis allows for the fact that, in a typical study of medical outcomes, one cannot calculate the actual mean survival time of a group of patients unless the survival time for each patient is actually known, which would be only when the last patient has died. Survival curves, therefore, plot percent survival as a function of time. Time zero is not some specified calendar date; rather, it is the time that each patient entered the treatment protocol. At time zero, by definition, all patients are alive, so the survival rate is 100%. Whenever a patient dies, the percent surviving decreases.

With the Kaplan-Meier method, survival is recalculated every time a patient dies. In most survival studies, including ours, some surviving subjects are not followed for the entire span of time indicated on the curve. This happens because some patients are still alive at the end of the data collection period. Many studies enroll patients over a period of several years. The patients who enroll later are not followed for as many years as patients who enroll early. Also, some drop out of the treatment early. In either case, we know that a given patient survived up to a certain time, but have no useful information about what happened after that. Information about these patients is said to be censored. Before the censored time, we know they were alive and following the treatment protocol, so we have useful information. After they are censored, we do not use any more information on the patient.

The **mean survival time** calculated by the Kaplan-Meier method provides us with the average survival time of the patients. The **survival function**, calculated using the Kaplan-Meier method, captures the probability that a patient will survive beyond a specified time.

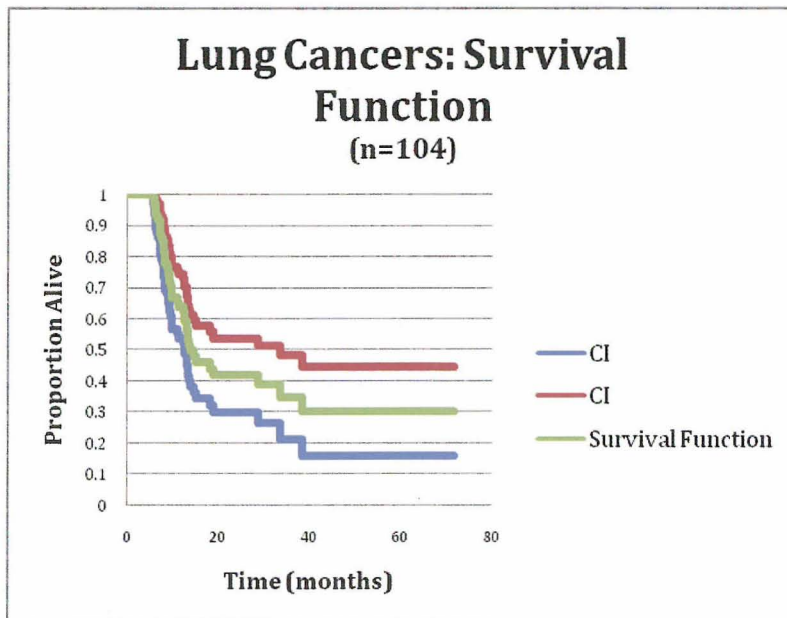
In order to extrapolate from our knowledge of a specific group of patients to the overall population, a survival curve is far more informative when it includes a 95% confidence interval (CI). This is represented by the top and bottom lines of the graph, with the actual survival function of the patients we treated represented by the middle line. We can be 95% sure that the true population survival curve lies within the 95% CI shown on the graph.

Lung Cancer Survival Data

Number of patients: 104

Mean survival time: 31 months

Kaplan Meier Survival Function Graph:

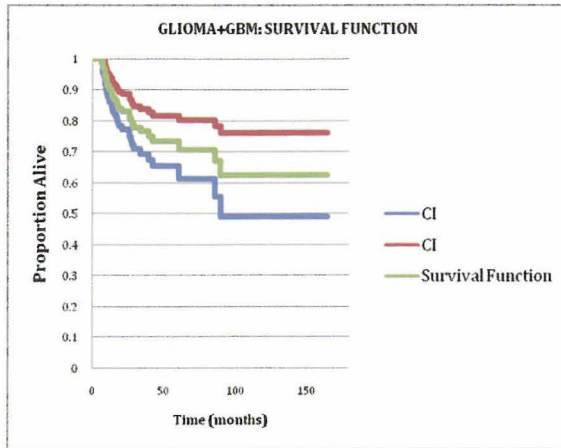


Brain Cancer Survival Data (GLIOMA + GBM)

Number of patients: 234

Mean survival time: 93 months

Kaplan Meier Survival Function Graph:

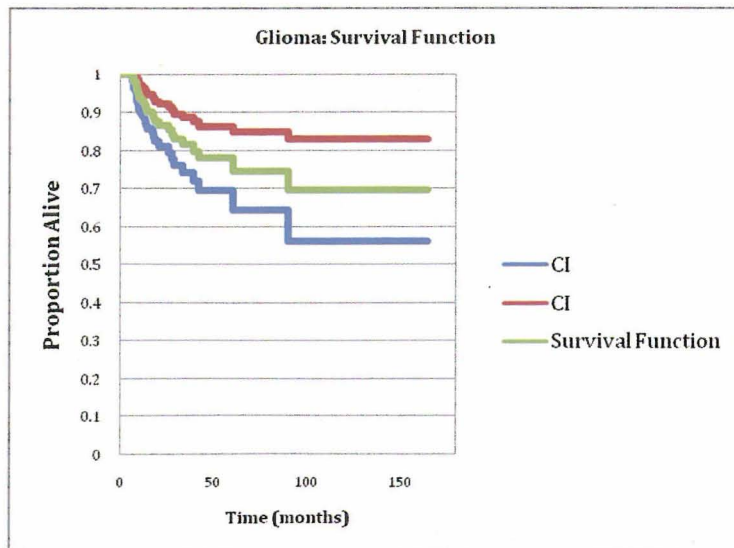


Brain Cancer Survival Data (GLIOMA)

Number of patients: 197

Mean survival time: 99 months

Kaplan Meier Survival Function Graph:

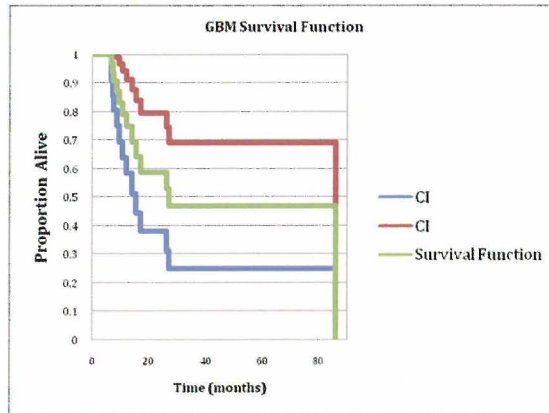


Brain Cancer Survival Data (GBM)

Number of patients: 37

Mean survival time: 48 months

Kaplan Meier Survival Function Graph:

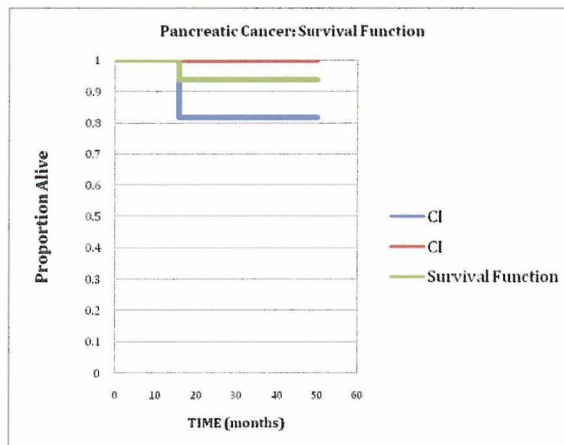


Pancreatic Cancer Survival Data

Number of patients: 38

Mean survival time: 44 months

Kaplan Meier Survival Function Graph:



BREAST CANCER

Breast cancer is the most frequently diagnosed type of cancer, and the leading cause of cancer deaths among females in the world, accounting for 23% (1.38 million) of the total number of cases, and 14% (458, 400) of the total number of deaths in 2008. It is now also the leading cause of cancer deaths among females in economically developing countries.

Millions of breast cancer deaths all over the world have been a matter of great concern for health authorities. In conventional treatment, surgery and chemotherapy are the only options. But, in a majority of cases, metastasis occurs in bones, lungs and other organs which results in death. Under the Banerji Protocols of treatment, we use homoeopathic medicines only and get a high percentage of success.

Our statistics

Total number of cases recorded: 941 (1990 to 2005)

Status	Number of cases	Percentages Patients (%)
Regressed	284	30.18
Improved/Static	239	25.40
Aggravated/Expired	252	26.78
Discontinued Treatment	166	17.64

FIRST LINE MEDICINES

- Phytolacca Decandra 200C, two doses daily.
- Carcinosinum 30C, one dose every alternate day.

These medicines are effective in a large number of cases. Generally, the breast lump gradually reduces in size and disappears.

SECOND LINE MEDICINES

If the results are not encouraging with these medicines, we add Conium Maculatum 3C, two doses daily, with the first line of medicines.

THIRD LINE MEDICINES

If in 4 or 5 months there are no encouraging results, we stop the above medication and start treatment under a new protocol with Thuja Occidentalis 30C, two doses daily, and also Carcininum 30C, one dose daily. In case of aggressive open ulcers with offensive discharge, Psorinum 1000C in liquid, one dose every alternate day, and Antimonium Crudum 200C + Arsenicum Album 200C, four doses, often gives good results.

Recently, we have done an experiment in collaboration with Dr. Subrata Sen, experimental pathologist and Professor at The University of Texas M D Anderson Cancer Center, Houston, USA. During the experiment, it was observed on the slides that each of the medicines destroys the breast cancer cells, but not the normal cells. The results were very encouraging, and clearly showed the effectiveness of the medicines used. The results of the experiment have been published in the *International Journal of Oncology* 36: 375 - 403, 2010, as a paper "Cytotoxic effects of ultra-diluted remedies on breast cancer cells".

ESOPHAGEAL CARCINOMA

In esophageal carcinoma, the mortality rate is very high. Treatment by conventional medicines consists of surgery, radiotherapy, chemotherapy and, in some cases, replacement of the esophagus. It is not possible to analyze scientifically the treatment of esophageal carcinoma by conventional medicines; as a result, reliable statistics are nowhere available.

At our clinics, the treatment of such cases has been carried out for more than 40 years, and records have been kept since 1993 when our research foundation was established.

Treatment

FIRST LINE MEDICINES

During our treatment of hundreds of cases of esophageal cancer, we have

SECOND LINE MEDICINES

If the first line of medicines fails, or causes delayed action, we use

THIRD LINE MEDICINES

If the second line of medicines fails, we discontinue all the

found that Condurango 30C is the right medicine. One dose, or two drops, of Condurango 30C in liquid form, should be given, four doses daily. This gives very good results, helping open up the esophageal stricture, and making it possible for the food to pass easily.

Nitricum Acidum 3C in liquid form: four doses daily lead to improvement within a week. Otherwise, with Nitricum Acidum 3C, we add Carbo Animalis 200C in liquid, two doses daily.

medicines previously used, and give Staphysagria 30C in liquid form, one dose repeated every three hours; this often gives good results.

The botanical name of Condurango is *Marsdenia Condurango* under the family *Asclepiadaceae*. Homeopathic medicines are produced from the bark, and the medicines used by us were procured from reputed homeopathic medicine manufacturers.

It is very difficult to explain the action of Condurango, and how it helps in the regression of esophageal tumors. Condurango contains large amounts of tannins. Tannins (commonly referred to as tannic acids) are water-soluble plant polyphenols comprising a heterogeneous group of compounds. An increasing body of experimental evidence indicates that tannins exert anti-carcinogenic activity, and can inhibit the proliferation of cancer cells and induce apoptosis. Tannins of *Terminalia Catappa*, which is a folk medicine, can prevent lipid peroxidation, superoxide formation, and have free radical scavenging activities. In these ways, they can prevent cancer. It has also been observed that tannic acid dietary intake in low doses can produce a strong chemoprotective activity against spontaneous hepatic neoplasm development in C3H male mice, most probably through anti-promoting mechanisms. Considering all these facts, it appears that tannins of Condurango prevent the development of cancer by anti-promoting mechanisms, free radical scavenging, decreasing lipid peroxidation and superoxide formation. After development of cancer, tannins of Condurango can initiate apoptotic mechanisms in the tumor cells, and thereby produce a regression in the tumor. Thus, our findings indicate that Condurango is a medicine that can be used with reasonable confidence in the treatment of esophageal carcinoma.

Esophageal Carcinoma: Case Study 1

S D, a male aged 75 years, was suffering for 2 months with difficulty in swallowing food, heartburn and belching, when he came to us for his treatment on 16th December, 1996.

Clinically, the patient presented with dysphagia, heartburn and belching.

A Barium Swallow X-ray done on 17th October, 1996 showed "...a hold up of the dye in the mid-third of the esophagus with proximal dilatation of the same, signifying an obstruction at that level ...".

An Endoscopy done on 29th November, 1996 showed "...GE junction at 40cm. At 18 cm. is a growth extending upto 22cm. causing luminal narrowing ...".

A Biopsy done on 6th December, 1996 revealed "...section shows moderately differentiated Squamous Cell Carcinoma...".

After undergoing our treatment, the patient's symptoms disappeared within 2 months.

A post-treatment Barium Swallow X-ray dated 12th July, 1997 showed "...there is considerable improvement in the patency of the esophagus...".

The patient was completely free of the disease and living his normal life till our last follow-up in 2002.



X-ray Barium Swallow
dated 17.10.1996



Picture of histopathology
dated 06.12.1996



X-ray Barium Swallow
dated 12.07.1997

Esophageal Carcinoma: Case No. 2

C K, a lady aged 75 years, was suffering for 3 months with difficulty in eating anything, return of food and drink on attempting to swallow, when she came to us for her treatment on 7th September, 1995.

Clinically, the patient presented with severe dysphagia, an emaciated state of health and a food pipe fitted jejunostomy that was done on 21st August, 1995.

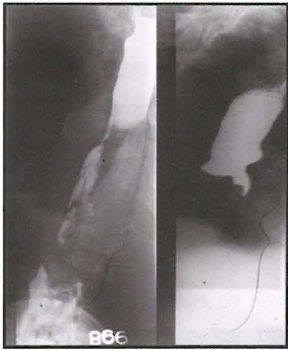
A Barium Swallow X-ray was done on 19th August, 1995 and showed "... (The patient was too sick to stand and swallow barium at the time of the X-ray)...shows gross filling defect at mid and lower 1/3rd of esophagus – MALIGNANT NEOPLASM...".

A Biopsy done on 28th August, 1995 showed "... features suggestive of Squamous Cell Carcinoma ...".

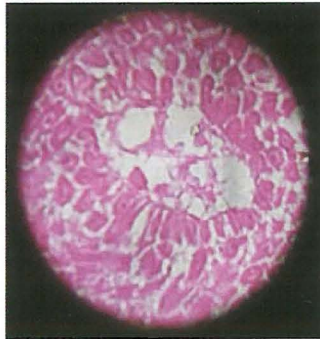
After undergoing our treatment, the patient became asymptomatic and her condition improved remarkably within a month. The jejunostomy was removed some time after the start of our treatment when the patient was found to have recovered from her dysphagia.

A post-treatment repeat Barium Swallow X-ray done on 12th October, 1995 showed "...There is no filling defect in the esophagus...".

We reviewed the case regularly till our last follow-up in 2000.



X-ray Barium Swallow
dated 19.08.1995



Picture of Histopathology
28.08.1995



X-ray Barium Swallow
dated 12.10.1995

PROSTATE CANCER

Prostate cancer is the second most frequently diagnosed type of cancer and the sixth leading cause of cancer deaths in males, accounting for 14% (903,500) of the total number of new cancer cases, and 6% (258,400) of the total number of cancer deaths in males in 2008.

The incidence of prostate cancer is generally more in those aged between 65 years and 80 years. The most prominent symptom is passage of blood through the urine (hematuria), with restricted flow of urine and occasional retention. At our research foundation, we have treated a very large number of cases with success.

Treatment

FIRST LINE MEDICINES

Thuja Occidentalis 30C, four doses daily.

Carcinosinum 30C, one dose every alternate day.

Geranium Maculatum θ , one dose may be repeated every 1 to 2 hours (SOS), whenever there is bleeding.

SECOND LINE MEDICINES

Medorrhinum 200C, two doses daily.
Cantharis 200C, two doses daily.

THIRD LINE MEDICINES

Conium Maculatum 1000C, in liquid, one dose once in a week.
Sabal Serrulata θ , two doses daily.
Carcinosinum 30C, one dose every alternate day.

In any of these protocols, Geranium Maculatum θ should be given for bleeding (hematuria); it prolongs the lives of patients. Hamamelis Virginica θ (ten drops) in each case, is to be given in case of hematuria, if Geranium Maculatum fails.

In case of severe dysuria, Chimaphila Umbellata θ , one dose every one to two hours alternately, with Cantharis 200C is very effective if given for quick relief.

LIVER CANCER

Liver cancer in men is the fifth most frequently diagnosed type of cancer worldwide, but the second most frequent cause of cancer deaths. In women, it is the seventh most commonly diagnosed type of cancer and the sixth leading cause of cancer deaths. An estimated number of 748,300 new liver cancer cases and 695,900 cancer deaths occurred worldwide in 2008.

Treatment

FIRST LINE MEDICINES

Hydrastis Canadensis θ and
Chelidonium Majus 6X, in liquid, one
dose every 3 hours alternately.
Conium Maculatum 3C, two doses daily.

SECOND LINE MEDICINES

Myrica θ and Hydrastis Canadensis θ ,
one dose every 3 hours alternately,
Carduus Marianus θ , two doses daily,
in case of acute pain, Belladonna 3C in
liquid, give one dose every 10 minutes
alternately with Carduus Marianus θ till
relief.

OSTEOSARCOMA

Tumors develop from osteoblastic being connective tissues included osteoid osteoma and osteosarcoma. Osteoid, osteoma are benign tumors. Osteosarcoma is a highly malignant tumor of the bone; it occurs in young children, the most common site being around the knee, but it also occurs in other bones like head of humerus, scapula bones, etc. This is commonly treated by surgery under the conventional method, and in the case of those which are occurring around the knees, the leg is amputated from just above the lesion. But, at our clinics, we have treated many such cases with a high percentage of success by the treatment protocol given below. Osteosarcoma is the most common malignant bone tumor in youth. The average age at diagnosis is 15 years. Boys and girls have a similar rate of incidence of this tumor until late adolescence, at which stage boys are more commonly affected. The cause is not known. In some cases, osteosarcoma runs in familial retinoblastoma, a cancer of the eye which occurs in children. It appears to be a defective tumor inhibitor gene. Sometimes, in the course of our practice, we see the action of homeopathic medicines and are amazed.

Treatment

FIRST LINE MEDICINES

The best results we have got in treating Osteosarcoma are with:

Symphytum Officinale 200C and Calcarea Phosphorica 3X.

One dose every 3 hours alternately. When the patient is better with regard to pain, reduce the dose to two doses daily for each medicine.

Carcinosinum 30C, one dose on alternate nights.

SECOND LINE MEDICINES

In the second line medicines, we use Ruta Graveolens 200C in place of Symphytum Officinale 200C; the other medicines remain the same. These second line medicines are begun after a fair trial with Symphytum Officinale and Calcarea Phosphorica for at least three or four months.

Osteosarcoma: Case Study

MLM, an 8-year-old boy, was suffering for 5 to 6 months with a swelling in his left knee and difficulty in flexing the knee, when he came to us for treatment on 18th July, 2003. Clinically, the patient presented with a non-tender, firm-to-hard swelling over the left knee joint.

An X-ray of his left knee joint dated 5th June, 2003 showed "... a well defined eccentric lesion in metaphysis with sclerosis at edges - ? fibrous cortical defect/aneurismal bone cyst/lymphoma ..."

The child underwent histopathological examination of swelling on 12th June, 2003, which revealed "... Section shows histology of a high grade sarcomatous lesion showing many mitotic figures...Poorly differentiated sarcomatous lesion ...".

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 our treatment, the swelling gradually subsided and the architecture of the knee completely returned to normal. The boy became asymptomatic and began living his normal life.

A X-ray of his left knee joint dated 16th December, 2003 revealed "... gross healing at osteolytic area ...".

A repeat X-ray dated 14th August, 2004 showed "... remineralization seen at the lower third of left femur ...".

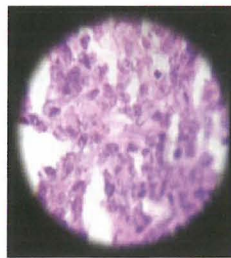
Thereafter, we reduced the doses and gradually tapered off the medicines after 4 months.

For follow-up, after 3½ years without any medication, an X-ray was done on 25th August, 2008, and this showed "... Comparative study with that of previous skiagram dated 14th August, 2004 shows the appearance of the lower 3rd of left femur is almost normal ...".

The patient is living a normal life, and last visited us in July, 2012.



X-ray left knee joint dated
05.06.2003



Picture of Histopathology
dated 05.06.2003



X-ray left knee joint dated
16.12.2003



X-ray left knee joint dated
14.08.2004



X-ray left knee joint dated
25.08.2008

STOMACH CANCER

A total of 989,600 new stomach cancer cases and 738,000 deaths were estimated to have occurred in 2008, accounting for 8% of the total cases and 10% of total deaths.

Cancer of the stomach often starts with symptoms like gastric pain, sometimes hunger pain; this being so, it is treated as a gastric pain. In conventional treatment, surgery and chemotherapy are the usual options; these, in many cases, are not very helpful. Generally, stomach cancer is detected in an endoscopy examination in which ulcerative growth is found in the stomach.

Treatment

FIRST LINE MEDICINES

Arsenicum Album 3C, in liquid, one dose 15 minutes before taking food, five to six doses a day.

Hydrastis Canadensis θ , two doses daily.

SECOND LINE MEDICINES

Conium Maculatum 3C, two doses daily, is to be given if there is a lump formation in the stomach.

Hydrastis Canadensis θ , two doses daily.

RECTAL CANCER

Colorectal cancer is the third most commonly diagnosed type of cancer in males and the second most in females, with over 1.2 million new cancer cases and 608,700 deaths estimated to have occurred in 2008.

Rectal cancer usually starts with bleeding in the rectum, and then increases slowly to a condition in which the frequency of stool increases, and ultimately involuntary passage of mucoid matter, mixed with small quantities of stool results. Sometimes, there is pain and burning.

Treatment

FIRST LINE MEDICINES

Nitricum Acidum 3C, in liquid, one dose every 3 hours. This often helps the case.

SECOND LINE MEDICINES

If Nitricum Acidum 3C does not work properly, give Hydrastis Canadensis 200C, and Mercurius Solubilis Hahnemanni 200C, one dose every 3 hours alternately.

THIRD LINE MEDICINES

Thuja Occidentalis 30C, two doses daily.

In case of involuntary stool, Veratrum Album 200C, one dose, should be given every 1 to 2 hours.

COLON CANCER

Generally, the symptoms in the case of colon cancer depend on the location of the tumor. But, generally, in most of the cases we get bleeding in the rectum off and on. This is a very serious complication, and the second leading cause of death due to cancer in the USA. These cancers are found to be adenocarcinomas in almost all the cases. In many cases, a lump formation is found. There is complete bowel obstruction in many cases due to the growth inside the colon; in such cases, emergency operation of the colon becomes necessary.

Treatment

FIRST LINE MEDICINES

Hydrastis Canadensis θ and Nitricum Acidum 3C, in liquid, one dose every 3 hours, alternately.

In case of bleeding in the rectum, Hamamelis Virginica θ , one dose, may be given after every bleeding.

In cases where a lump is detected, Conium Maculatum 1000C, in liquid, one dose once in a week, is to be added.

SECOND LINE MEDICINES

If the first line medicines do not produce good results, then give Conium Maculatum 3C, and Hydrastis Canadensis. 200C, one dose every 3 hours alternately.

THIRD LINE MEDICINES

Carbo Animalis 200C, four doses daily.
Ferrum Phosphoricum 3X and Calcarea Fluorica 3X (two tablets of each together = one dose), two doses daily.

CANCER OF THE UTERUS, CERVIX, OVARY AND APPENDAGES

In many cases, uterine cancer starts with post-menopausal bleeding followed by leucorrhoea. The case is confirmed by biopsy of the cervix. Generally, total hysterectomy is advised under the conventional system of treatment, followed by radiotherapy. But the prognosis is very poor as it

metastasises other parts of the body after this kind of treatment. In our process of treatment with homeopathic medicines, it is treated very effectively with a high percentage of cure.

Treatment

FIRST LINE MEDICINES

Carbo Animalis 200C, three doses daily.
Arnica Montana 3C, also three doses daily in case of bleeding P/V. Arnica Montana 3C also kills pain if there is any.

SECOND LINE MEDICINES

Kreosotum 200C, four doses daily.

When the condition improves, the doses are to be reduced to two doses daily. In case of tumorous growth in the uterus, ovary, etc., Conium Maculatum 3C, two doses daily, is to be added.

THROAT CANCER – PFF AND ALLIED PARTS

Treatment

FIRST LINE MEDICINES

Nitricum Acidum 3C, in liquid, four doses daily; may be repeated—one dose every 3 hours. This is helpful.

In case of acute painful deglutition, we add Mercurius Cyanatus 200C, two to three doses daily.

SECOND LINE MEDICINES

If the vocal cord is affected, with aphonic and breathing trouble, give Hepar Sulphuris Calcarea 200C, four doses daily. Also give Hydrastis Canadensis 200C, two doses daily.

THIRD LINE MEDICINES

If the second line medicines do not produce good results, the next protocol will be Thuja Occidentalis 30C, two doses daily, and Kali Muriaticum 3X, four doses daily.

TONGUE AND CHEEK CANCER

Treatment

In case of cancer of the mucosa membranes, we have found Nitricum Acidum very effective.

In particular, in cases of cancer of the tongue and cheeks, Nitricum Acidum in dilution 3C is the best. It is effective at all stages.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
Nitricum Acidum 3C, in liquid, four doses daily.	In cases where Nitricum Acidum 3C gives delayed action, the second line of medicines will be <u>Cistus Canadensis</u> 200C, in liquid, one dose every alternate day, along with Nitricum Acidum 3C. This also helps in reducing glandular swelling (submandibular and others), where metastasis to these glands are present.	Mercurius Cyanatus 200C, in liquid, one dose every 3 hours. Kali Muriaticum 3X, four doses daily, as a supporting medicine.

TRANSITIONAL CELL CARCINOMA OF BLADDER

In many cases, bladder cancer starts with hematuria. An USG reveals a bladder mass, a cystoscopic biopsy confirms the diagnosis. Conventionally, the patient's life becomes a series of cystoscopic removals and recurrences. BCG infusions into the bladder, or chemotherapy, and ultimately removal of the bladder are the inevitable consequences of following conventional treatments. In our process of treatment with homeopathic medicines, it is treated very effectively with a good percentage of cure.

In case of cancer of the bladder, we have found Thuja Occidentalis and Carcinosinum are very effective.

Treatment

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<p>Thuja Occidentalis 3C, three doses daily .</p> <p>Carcinosinum 30C, one dose every alternate day.</p> <p>For severe hematuria, give Geranium Maculatum θ; one dose may be given after every bleeding.</p>	<p>In cases where Thuja Occidentalis 30C gives delayed action, the second line of medicines will be Thuja Occidentalis 1000C, in liquid, one dose once in a week.</p> <p>Nitricum Acidum 3C in liquid, two doses daily.</p>	<p>Conium Maculatum 3C, two doses daily.</p> <p>Hydrastis Canadensis θ, two doses daily .</p>

Transitional Cell Carcinoma of Bladder: Case Study

RG, a 66-year-old lady, came to us for treatment on 2nd March, 2004, presenting with dysuria and pain in the left iliac fossa and hematuria for 2 months.

An USG of Lower Abdomen done on 29th January, 2004 showed “...one solid mass in urinary bladder (2.8 X 2.4 cm.)...”.

A Biopsy of the bladder mass done on 14th February, 2004 showed “...papillary transitional cell carcinoma of bladder – grade – III...”.

After undergoing our treatment, all her clinical symptoms disappeared within 4 to 5 months.

A follow up USG of Lower Abdomen done on 28th March, 2005 showed “...no mass in urinary bladder...”.

Thereafter, we advised the lady to continue the medicines in reduced doses for 6 months, and then stopped our treatment.

She re-visited our clinic last in 2010, and she was still disease-free.



USG of Lower Abdomen dated 29.01.2004



Picture of Histopathology dated 14.02.2004



USG of Lower Abdomen dated 28.03.2005

CHAPTER 2

BANERJI PROTOCOLS IN THE TREATMENT OF OTHER DISEASES AND AILMENTS

ACNE VULGARIS / ROSACEA

Though acne can occur at any age, it is generally considered one of the commonest teenage problems. Sometimes, it can be very severe and cause deep scarring of the skin, with hormonal changes or imbalances resulting in excessive secretion of sebum, resulting in the formation of sebaceous cysts. We have treated numerous cases with some very good medicines under the Banerji Protocols.

FIRST LINE MEDICINES

Acne Vulgaris

- Hepar Sulphuris Calcareum 200C, one dose every alternate day.
- Arsenicum Album 200C, one dose daily.

Acne Rosacea

- Bovista 200C, one dose every third day.
- Antimonium Crudum 6C, two doses daily.

SECOND LINE MEDICINES

Acne Vulgaris

- Phosphoricum Acidum 200C, one dose every alternate day.

Acne Rosacea

- Arsenicum Bromatum 30C, two doses daily.

In the case of deep scarring and the formation of sebaceous cysts, we have found that the inclusion of Fluoricum Acidicum 200C, one dose daily, along with any of the above protocols, is very effective.

ALLERGIC RHINITIS

A specific medicine for the building up of immunity against cold allergy and a subsequent medicine for immediate relief are to be considered.

FIRST LINE MEDICINES

- Calcarea Carbonica 1000C in liquid, one dose once in a week, for 4 to 6 weeks.
- Arsenicum Album 6C, one dose every one hour (SOS), for sneezing, may be repeated frequently.

SECOND LINE MEDICINES

- Allium Cepa 30C, one dose every alternate day; may be repeated every one hour (SOS) during sneezing attacks.
- Psorinum 1000C in liquid, one dose every 14 days, to boost immunity against colds.

ALOPECIA

Alopecia is partial baldness, or the loss of hair from the scalp or body, and may even extend to total hair loss, or baldness.

FIRST LINE MEDICINES

- Hepar Sulphuris Calcareaum 1000C in liquid, one dose once in a week.
- Ustilago Maydis 200C, two doses daily for three months.

SECOND LINE MEDICINES

- Phosphorus 1000C in liquid, one dose every 10 days for three months.

THIRD LINE MEDICINES

- Fluoricum Acidum 200C, one dose every third day, if it is secondary to radiotherapy or chemotherapy.

ALZHEIMER'S DISEASE

Alzheimer's disease is now one of the most serious concerns globally, as it has been predicted that it will affect one in every 85 persons by the year 2050. The commonest starting symptoms of this disease are premature ageing and a lack of memory for recent events. Confusion, irritability, aggression, mood swings, deterioration of language or language breakdowns, and long-term memory losses lead to a general withdrawal of the sufferer as his senses fail, resulting in a loss of body functions and, ultimately, death.

We have treated numerous cases of Alzheimer's disease. In many cases, our medicines have benefited patients greatly by effectively halting the spread of the disease.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none">• Helleborus Niger 30C in liquid, two doses daily.	<ul style="list-style-type: none">• Lachesis Mutus 200C, one dose every alternate day.• Hyoscyamus Niger 6C, two doses daily.	<ul style="list-style-type: none">• Hydrocyanic Acid 30C in liquid, one dose two or three times a day.

ANAL FISSURE

Anal fissure causes terrible pain, often with a burning sensation, while passing stool, but this may occur at any time, not related to defecation. It can occur at all ages, but usually occurs in persons between six years and thirty years. It is generally associated with constipation, but it can also happen if there is no constipation.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none">• Sulphur 200C + Ratanhia 200C, two doses daily. This combination can be taken every one hourly during acuteness till there is relief, and as the acuteness disappears, one dose every 3 hours till complete recovery.• Nux Vomica 30C, one dose daily at bedtime; this relieves constipation.	<ul style="list-style-type: none">• Nitricum Acidum 3C in liquid, one dose every 3 hours (after some relief, two doses daily).• Calcarea Fluorica 3X, two doses daily.	<ul style="list-style-type: none">• Aesculus Hippocastanum 200C, two doses daily. In acute cases, give one dose every three hours till there is relief.

ANIMAL AND HUMAN BITE WOUNDS

In the case of animal bites, particularly when someone is bitten by a mad dog, hydrophobia – a life-threatening disease – follows.

Using the conventional system of medicine, anti-rabies inoculation is given immediately, or as soon as possible, after an animal bite; this is very effective in preventing hydrophobia. But, as rabies has an onset-to-death period of 10 days, in most animal vectors, while the human onset period is much longer, the option to capture the animal vector and wait for the 10-day period to be over, and to observe whether the animal responsible for the bite lives beyond it, is of paramount importance. This will determine whether any pro-active vaccination/interference is required.

Under our system of the Banerji Protocols, and based on our long experience of treating various kinds of animal bites, particularly in Mihijam in India, where there were no other facilities for treating them, Stramonium 200C + Arsenicum Album 200C, given four times a day for one month, was found to be of immense value in saving lives.

FIRST LINE MEDICINES

- Hypericum 200C + Arsenicum Album 200C, one dose every 3 hours for any type of animal bite.
- Stramonium 200C + Arsenicum Album 200C, particularly for dog bites, to be given, four doses a day for one month.

In the case of both animal and human bites, these two medicines are very effective.

APPENDICITIS — ACUTE AND CHRONIC

Appendicitis starts with pain in the peri-umbilical region, and then in the right iliac fossa. Though appendicitis is considered a case for surgery, it is curable with specific homeopathic medicines. The protocols given below have been used successfully at our clinics.

A very interesting case of the successful treatment of acute appendicitis was in our very own family in the mid-1950s in Mihijam which then had no facilities for proper medical treatment. When Mrs. Ava Banerji, Dr. Pareshnath's wife, was in severe pain with fever and acute inflammation of the appendicular region, he started giving her homeopathic medicines; within hours, the pain subsided, her condition improved, and she became well.

FIRST LINE MEDICINES

Acute appendicitis

- Lycopodium Clavatum 200C + Belladonna 3C, one dose every 3 hours; after there is relief, two doses daily.
- Sulphur 200C, one dose once in a week.
- Belladonna 3C in liquid, one dose every 15 minutes may be given for acute pain till stoppage of the pain. This is to continue for three months if there is no recurrence; the treatment is then to be discontinued. However, to prevent further recurrence, and for complete cure, the treatment for chronic appendicitis as prescribed below should be followed.

Chronic appendicitis

- Lycopodium Clavatum 1000C in liquid, one dose every 10 days, for 3 months.
- Sulphur 200C, one dose every 15 days, for 3 months.

SECOND LINE MEDICINES

- Iris Tenax 30C, one dose every 3 hours for acuteness.
- Iris Tenax 30C, two doses daily, in chronic condition.
- In all cases of acute pain, Belladonna 3C in liquid, one dose is to be repeated every 10 to 15 minutes.

ATOPIC DERMATITIS (ECZEMA)

Most patients come for treatment with eczemas of a chronic form, having been suppressed or temporarily ameliorated by external application of skin creams or ointments. Naturally, eczema takes time to completely disappear from the system. Apart from oral medicines, only coconut oil or olive oil may be applied externally for soothing effect.

FIRST LINE MEDICINES

- Hepar Sulphuris Calcareum 200C, one dose every alternate day.

SECOND LINE MEDICINES

- Graphitis 200C, one dose every third day.

THIRD LINE MEDICINES

- Psorinum 1000C in liquid, one dose every 15 days.

- Arsenicum Album 200C, two doses daily; this may be repeated with two or three doses every day in case of acute itching.
- Coffea Cruda 200C, to be given for relief at the time of too much itching and particularly for sleep at night, if itching prevents sleep.
- In case of acute infection with ulceration, Psorinum 1000C, in liquid, one dose should be repeated every 15 days; this often gives relief followed by complete cure. Along with this, Coffea Cruda 200C, one dose every one hour (SOS) may be used to stop excessive itching.

- Arsenicum Album 200C, two doses daily.

- Natrum Sulphuricum 6X, two doses daily.

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Attention deficit hyperactivity disorder (ADHD) is a neuro-behavioral developmental disorder. This is a condition in which there is lack of attention combined with hyperactive behavior. The symptoms usually start appearing before the age of 7 years, and may continue into adulthood. The medicines that we use are as follows:

FIRST LINE MEDICINES

- Aethusa Cynapium 200C, one dose every third day.
- Stramonium 6C, two doses daily.

SECOND LINE MEDICINES

- Hyoscyamus Niger 6C, two doses daily.
- Calcarea Phosphorica 3X, two doses daily.

THIRD LINE MEDICINES

- Lachesis Mutus 200C, one dose every third day.
- Hyoscyamus Niger 6C, two doses daily.

AUTISM

Autism is a disorder of neural development, resulting in impaired social interaction due to a lack of proper communication skills and in many cases, depending on severity, there is a resultant repetitive behavioral pattern.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Aethusa Cynapium 200, every third day. • Calcarea Phosphorica 3X, two doses daily. • Hyoscyamus 6C, two doses daily. 	<ul style="list-style-type: none"> • Carinosinum 30C, one dose every alternate day. • Calcarea Phosphorica 3X, two doses daily. • Brahmi θ, two doses daily. 	<ul style="list-style-type: none"> • Stramonium 200, every third day. • Chamomilla 30, two doses daily. • Calcarea Phosphorica 3X, two doses daily.

AVASCULAR ULCERS

Avascular ulcers present particularly difficult problems. We have very good and effective treatment for them under our Protocols, even through it takes a relatively long time.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Hamamelis Virginica 200C + Arnica Montana 3C, two doses daily. • Hypericum Perforatum 200C + Arsenicum Album 200C, one dose every 3 hours. 	<ul style="list-style-type: none"> • Hamamelis Virginica 200C + Arnica Montana 3C, two doses daily. • Carduus Marianus θ, two doses daily. • Lachesis Mutus 200C, one dose every alternate day. 	<ul style="list-style-type: none"> • Crotatus Horridus 6C, two doses daily. • Carduus Marianus Q, two doses daily. • Hypericum Perforatum 200C + Arsenicum Album 200C, one dose every 3 hours.

BARTHOLIN'S CYST

This is a most recurring problem. One medicine has to be continued for a considerably long time to stop the recurrence. During the acute stage, the medicines need to be repeated more often. With our treatment, the cyst slowly reduces in size and ultimately disappears.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<p>In Case of Abscess Formation</p> <ul style="list-style-type: none"> Hepar Sulphuris Calcareum 6C and Belladonna 30C, one dose every 2 hours alternately, till relief in case of acute pain and suppuration of the cyst. Thuja Occidentalis 200C, one dose every third day, to stop the recurrence; to be continued for 6 months, when the abscess is cured, but the cyst is persisting. 	<ul style="list-style-type: none"> Thuja Occidentalis 30C, two doses daily for 2 to 3 months. In case of acute abscess formation, with severe pain and suppuration, give Hypericum Perforatum 200C+ Arsenicum Album 200C, one dose every 3 hours alternately with Hepar Sulphuris Calcareum 6C. This will regress the abscess quickly, in a much shorter time than surgery. 	<ul style="list-style-type: none"> Carbo Animalis 200C, two doses daily. Calcarea Sulphurica 6X, four doses daily.

BED SORES (DECUBITUS ULCERS)

Bed sores are generally caused by pressure ulcers in patients who are already bedridden, and have to be moved whenever possible. These ulcers pose a great threat to patients already in a critical state owing to their primary illness. Bed sores become almost impossible to cure once they take root. The medicines mentioned below have proved their effectiveness over time, and work remarkably well.

FIRST LINE MEDICINES	SECOND LINE MEDICINES
<ul style="list-style-type: none"> Hepar Sulphuris Calcareum 200C + Arsenicum Album 200C, two doses daily; these may be increased to four doses daily in severe cases. 	<ul style="list-style-type: none"> Lachesis Mutus 200C, one dose every alternate day. Hepar Sulphuris Calcareum 200C + Arsenicum Album 200C, two doses daily.

BENIGN LIVER NEOPLASM

Benign liver neoplasm relates to non-cancerous growths which can be treated in an easier way with homeopathic medicines as prescribed below:

FIRST LINE MEDICINES

- Chelidonium Majus 6X and Conium Maculatum 3C, one dose every 3 hours alternately.

SECOND LINE MEDICINES

- Carduus Marianus 30C, one dose every 3 hours.
- Hydrastis Canadensis 200C, one dose every alternate day.

BENIGN TUMORS OF THE STOMACH

Benign tumors of the stomach and duodenum are rarely found. If the tumors grow large, they may cause obstructions, making it necessary for these cases to be treated immediately.

FIRST LINE MEDICINES

- Conium Maculatum 3C, two doses daily.
- Arsenicum Album 3C in liquid, one dose 15 minutes before every intake of food.

SECOND LINE MEDICINES

- Hydrastis Canadensis 200C, two doses daily.
- Conium Maculatum 1000C in liquid, one dose every 10 days.

BRAIN ABSCESS

Brain abscess is a suppurative infection in the brain parenchyma, often surrounded by a vascular capsule. The usual cause is a bacterial infection, sometimes following head trauma. About 30% of the cases are associated with ear infections and mastoiditis. The treatment given below is very specific, but more symptomatic medicines may be required taking into account the condition of the patient.

FIRST LINE MEDICINES

- Ruta Graveolens 6C, and Hepar Sulphuris Calcareum 6C, one dose every 3 hours alternately.
- In case of acute pain, Belladonna 3C in liquid, one dose every 15 minutes till relief.
- Calcarea Phosphorica 3X, two doses daily.

SECOND LINE MEDICINES

- Ruta Graveolens 6C and Silicea 6X with Calcarea Sulphurica 6X, two tablets of each together (one dose), one dose every 3 hours alternately.
- Calcarea Phosphorica 3X, two doses daily.

BREAST ABSCESS

Breast abscess is generally seen in lactating mothers. It is a localised area of infection. It ruptures when a considerable quantity of pus accumulates. Generally, surgical intervention is done under the conventional method of treatment. However, with our treatment, no surgical intervention is necessary; breast abscess is regressed by our oral protocol, with the medicines helping to rupture the abscess followed by drying up of the discharges.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Hepar Sulphuris Calcareum 6C and Belladonna 3C, one dose every 3 hours alternately; in acute pain, every one hour alternately. • Hepar Sulphuris Calcareum 6C and Hypericum Perforatum 200C + Arsenicum Album 200C, one dose every 3 hours alternately, when the abscess is suppurated or opened already. 	<ul style="list-style-type: none"> • Hypericum Perforatum 200C + Arsenicum Album 200C, two doses daily. • Echinacea θ, two doses daily. • When associated with too much tenderness and redness, Arnica Montana 30C and Belladonna 30C, one dose every 3 hours alternately can stop the process of suppuration. 	<ul style="list-style-type: none"> • Tarentula Cubensis 30C, one dose every 4 hours.

BURNS

In the case of burns, Cantharis θ (5ml in a cup of water), applied externally, gives instant relief and helps dry up wounds quickly. Cantharis θ should be applied two times a day, even in cases where the blisters are open and ulcerated.

FIRST LINE MEDICINES	SECOND LINE MEDICINES
<ul style="list-style-type: none"> • Cantharis 200C and Arsenicum Album 200C, one dose every 3 hours alternately. 	<ul style="list-style-type: none"> • Hepar Sulphuris Calcareum 200C + Arsenicum Album 200C, four doses daily, where the suppuration occurs secondary to the burns. • Cantharis 200C, two doses daily.

CANDIDIAL GLOSSITIS

Mostly these conditions result in ulceration of the mouth, and can also be caused by Vitamin B deficiency. There are other causes too. However, intake of vitamin tablets is not the answer to this problem. Heavy doses of vitamin may give immediate relief, but it will not cure the condition. Treatment is necessary to help digestion, so that those vitamins are absorbed from the normal food. This will give a more permanent solution to this problem.

FIRST LINE MEDICINES

- Mercurius Solubilis Hahnemanni 200C in liquid, two doses daily; in acute condition, one dose every 3 hours.
- Kali Muriaticum 3X, two doses daily.

SECOND LINE MEDICINES

- Nitricum Acidum 3C in liquid, two doses daily.
- Kali Muriaticum 3X, two doses daily.

CARPAL TUNNEL SYNDROME (CTS)

Carpal tunnel syndrome (CTS) occurs due to the compression of the median nerve while travelling through the carpal tunnel. The main symptoms are numbness and a tingling sensation in the thumb, index finger, and the radial half of the ring finger. There are various opinions regarding the cause of this syndrome; many believe that it is a repetitive stress injury.

FIRST LINE MEDICINES

- Symphytum Officinale 200C, two doses daily.
- Hypericum Perforatum 200, two doses daily.

SECOND LINE MEDICINES

- Rhus Toxicodendron 30C, two doses daily.
- Hypericum Perforatum 200C, two doses daily.

THIRD LINE MEDICINES

- Ruta Graveolens 200C, two doses daily.
- Calcareo Phosphorica 3X, two doses daily.

CEREBRAL PALSY

Cerebral palsy covers a large group of conditions which cause physical disability in human development. Cerebral palsy is often accompanied by mental retardation; usually, this condition is non-progressive and non-contagious.

At our clinics in Kolkata, we treat many children with cerebral palsy. We have found that, alongside our treatment, proper physiotherapy is beneficial to them.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Aethusa Cynapium 200C , one dose every third day. • Calcarea Phosphorica 3X, two doses daily. Continue the same medication for 6 months, and then review the progress. 	<ul style="list-style-type: none"> • Baryta Carbonica 200C, one dose every third day. • Calcarea Phosphorica 3X, two doses daily. 	<ul style="list-style-type: none"> • Lachesis Mutus 200C, one dose every alternate day. • Calcarea Phosphorica 3X, two doses daily. • In case of accompanying convulsions, Cuprum Metallicum 6C, two doses daily, is to be added to any of the protocols.

CEREBROVASCULAR ACCIDENTS (CVA)

Cerebrovascular accidents can occur due to various reasons -- hemorrhage, infarction or embolism. Often, there develops a hemiparesis which, if not treated promptly, can be a permanent disability. In our practice, we routinely come across patients who have this weakness in the limbs, and we are able to help them. It is usually believed that there can be no further improvement than that which takes place within the first year of the CVA, but we have seen that even these cases get some benefit with our protocols.

FIRST LINE MEDICINES
<ul style="list-style-type: none"> • Rhus Toxicodendron 30C, and Arnica Montana 3C, one dose every 3 hours, alternately. • Aconitum Napellus θ, (three drops) two doses daily, to control and stabilize the blood pressure. • In case of any cardiac problems associated with the cerebrovascular accident, Lachesis Mutus 200C, one dose every alternate day, is often prescribed. • In case of more intracranial hemorrhage, Hamamelis Virginica 200C + Arnica Montana 3C, one dose every 3 hours. This is very specific in absorbing blood clots in the brain quickly.

CERVICAL POLYP

Our protocols have been very effective in regressing the cervical polyps and as well as helping with the symptoms.

FIRST LINE MEDICINES

- Thuja Occidentalis 30C, two doses daily.
- Calcarea Fluorica 3X, two doses daily.

SECOND LINE MEDICINES

- Nitric Acid 3C in liquid, two doses daily.

THIRD LINE MEDICINES

- Carbo Animalis 200C, two doses daily.

CHOLANGITIS

Acute cholangitis is a bacterial infection usually caused by bacteria ascending from its junction with the duodenum, superimposed on an obstruction of the biliary tree most commonly from a gallstone, but it may be associated with neoplasm or stricture.

Choledocholithiasis was the most common cause of biliary tract obstruction resulting in cholangitis. Over the past two decades, biliary tract manipulations/interventions and stents have reportedly become more common causes of cholangitis.

Cholangitis can be life-threatening, and is regarded as a medical emergency. Characteristic symptoms include jaundice, fever, abdominal pain, and, in severe cases, low blood pressure and confusion.

FIRST LINE MEDICINES

- Chelidonium Majus 6X in liquid and Carduus Marianus θ , one dose every 3 hours alternately.
- Nux Vomica 30C, one dose every one hour to be given for chilliness and fever.
- For pain, Belladonna 3C in liquid and Carduus Marianus θ , one dose every 10 minutes alternately to be given.

SECOND LINE MEDICINES

- Carduus Marianus 30C and Berberis Vulgaris θ , one dose every 3 hours alternately.

CHOLERA

Cholera causes acute diarrheal illness, and while in these cases there is generally no temperature, intense thirst develops. Salty water (half a teaspoonful of common salt in half a glass of cold water) is to be given frequently – one tablespoonful at a time – and repeated whenever the patient feels very thirsty. This prevents dehydration.

FIRST LINE MEDICINES

- Arsenicum Album 200C in liquid, one dose at the beginning of treatment.
- Veratrum Album 200 + Cuprum Metallicum 6C, one dose every 2 hours; to be repeated after every passing of stool and for vomiting.
- Natrum Muriaticum 6X and Kali Phosphoricum 6X (2 tablets of each together = one dose), one dose should be given every 3 hours to combat dehydration.

SECOND LINE MEDICINES

- Camphora θ or Crude Camphor (one grain) with sugar; these help immediately in stopping loose stool and vomiting.

CHOLELITHIASIS

All pathological gall bladder cases do not require surgery. They can be treated very effectively with specific homeopathic medicines under our protocol. Surgical treatment is required for only those cases in which there is no response to oral homeopathic treatment, and complications have developed.

The electrolyte composition of gall bladder bile differs from that of the hepatic bile since most of the inorganic anions, chlorides and bicarbonates have been removed by reabsorption across the basement membrane. Hepatic (liver) bile is a pigmented isotonic fluid with an electrolyte composition resembling blood plasma.

When the gall bladder is operated out, the gall bladder bile is lost and digestion becomes weak, and fatty food, fried food, etc. are likely to give discomfort, when taken after the gall bladder operation. Reabsorption of anions, chlorides and bicarbonates also do not take place, resulting in disruption of the bile function.

The solubility of cholesterol in bile depends upon the relative molar concentration of cholesterol, bile acids and lecithin.

The most important mechanism in the formation of stones is increased biliary secretion of cholesterol. This may occur due to many reasons which cannot be pinpointed. If, by oral medication, the secretion of cholesterol is regulated, density of bile is made normal, the stones melt and the disease can be cured. In some cases, even if the disease is cured, i.e. the bile is made normal, the stones do not melt. By the intake of homeopathic medicines, the stones become silent and fixed in one place. The patients become symptom-free for the rest of their lives.

This is my observation for my long years of practice. Now, it is confirmed in current conventional medical books. Reference can be made to:

- i) *Current Medical Diagnosis & Treatment*, 2010 edition, page 634-635 (USA)
- ii) *Clinical Medicine*, Kumar & Clark, 4th edition, page 341(London)

In many cases, the stones do melt, which is proved by ultrasonography examinations. Operation of gall bladder is only indicated, if the stones do not melt and also the symptoms of pain etc. cannot be controlled with oral medication.

Conclusion: All cases of stones in the gall bladder are not required to be operated. They should be treated with homeopathic medicines. Homeopathy has specific medicines for the treatment of gall bladder stones – only those cases which do not respond to oral homeopathic treatment, or those which develop complications, are to be treated surgically.

Patients sometimes fear that the presence of stones in the gall bladder for a long time may cause cancer. This idea is totally wrong; the cause of cancer is not yet known to the medical profession. I have in my knowledge many cases where gall stones have become silent with our treatment, and have discontinued the medicines prescribed. The patients have been keeping well for the last 20 to 25 years.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none">• Carduus Marianus θ, two doses daily.• Lycopodium Clavatum 200c, one dose every alternate day.• For pain, Belladonna 3C in liquid and Carduus Marianus θ, one dose every 10 minutes alternately to be given.	<ul style="list-style-type: none">• Berberis Vulgaris Q, two doses daily.• Carduus Marianus 30C, two doses daily.	<ul style="list-style-type: none">• Carduus Marianus 30C, two doses daily.• Cholestorinum 30C, two doses daily.

CIRRHOSIS OF LIVER

Cirrhosis of Liver is a very serious disease, and, as per the present-day medical knowledge, it is generally irreversible. It is one of the leading causes of death in the whole world. It is caused by hepatic cell dysfunctions. The patient gets portal hypertension, and, in many cases, hematemesis and melena occur at the end-stage of the disease. Ascites is a common feature in almost all the cases. We have got a very effective protocol for this disease, and many cases have been cured.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> Chelidonium Majus 6X and Lycopodium Clavatum 30C, both in liquid, one dose every 3 hours alternately often improves the condition of the liver, with ascites reduced very slowly. 	<ul style="list-style-type: none"> Chelidonium Majus 6X and Lycopodium Clavatum 30C, both in liquid, one dose every 3 hours alternately. Myrica θ, three doses daily. 	<ul style="list-style-type: none"> Chelidonium Majus 6X and Lycopodium Clavatum 30C, both in liquid, one dose every 3 hours alternately. Myrica θ, three doses daily. If, during treatment with the first and second line medicines, ascites still persists, give Acetic Acid 30C, liquid, three doses daily. For hematemesis, Phosphorus 6C, one dose after every vomiting should be given to stop vomiting.

This protocol of treatment also cures hepatic failures. Liver enzymes slowly come to normal, the patient improves in health, and slowly comes back to normal life.

COMPLICATIONS AFTER BLOOD TRANSFUSION

After transfusion, a few cases show allergic manifestations: rashes, chill, fever, etc.

FOR FEVER	FOR ALLERGIC RASHES ON BODY	FOR FEVER AND CHILL
<ul style="list-style-type: none"> Pyrogenicum 200C, one dose every alternate day. Scilla 6C, one dose every 3 hours. 	<ul style="list-style-type: none"> Antimonium Crudum 6C + Arsenicum Album 200C, one dose every 3 hours. 	<ul style="list-style-type: none"> Secale Cornutum 6C and Vitex Negundo θ, one dose every 3 hours alternately.

COLITIS

Colitis is swelling (inflammation) of the large intestine. This inflammation can be due to various causes such as viral parasitic, bacterial, etc.

Pain in abdomen, bloated abdomen, feelings of incomplete defecation, occasionally frequent passing of stool, dizziness, nausea, low appetite and lassitude are common symptoms.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Natrum Sulphuricum 200C, in liquid, one dose once in a week. • Nux Vomica 30C, two doses daily. • In case of dysenteric stool and abdominal gripe, Ipecacuanha 30C + Mercurius Solubilis Hahnemanni 6C, one dose every 3 hours till relief. 	<ul style="list-style-type: none"> • Aurum Metallicum 200C, one dose every third day. • Kali Muriaticum 3X and Magnesia Phosphoica 3X (two tablets of each together = one dose), two doses daily. • Mercurius Solubilis Hahnemanni 200C, two doses daily, and, during acuteness, one dose every one to 2 hours till relief. 	<ul style="list-style-type: none"> • Psorinum 200C, liquid, one dose once a week. • Cina θ, one dose daily.

A positive attitude to lifestyle and a normal, tasteful diet is to be followed; only medicines cannot help fully in the case of colitis.

CONGENITAL HEART DISEASE

In many cases, it remains asymptomatic with no exertional dyspnea and palpitation. Such cases sometimes do not require medicines, and we have seen cases of many patients remaining asymptomatic for the whole of their lives. In spite of this, we give medicines for strengthening the heart. Many patients who have actual symptoms of heart disease have been greatly benefited by our treatment and the use of our medicines for 4 or 5 years. The heart conditions become normal, the patients become asymptomatic, and are advised to continue the medicines for 6 months and then review their cases.

FIRST LINE MEDICINES

- Lachesis Mutus 200C, one dose every alternate day.
- Crataegus Oxyacantha θ, two doses daily; in case of thin-built constitution, add Calcarea Phosphorica 3X, two doses daily, and continue the medicines for 2 to 3 years.
- Lycopodium Clavatum 30C in liquid, one dose daily.

SECOND LINE MEDICINES

- Cactus Grandiflorus 30C, two doses daily.
- Crataegus Oxyacantha θ, two doses daily.

THIRD LINE MEDICINES

- If the first and second line medicines do not help, give Stannum Metallicum 200C, two doses daily; in acute cases, give Terminalia Arjuna θ, two doses daily.

CONJUNCTIVITIS

Conjunctivitis is generally infectious, and those afflicted should wear dark glasses for comfort to the eyes and preventing contamination. The following protocol will prove beneficial:

FIRST LINE MEDICINES

- Argentum Nitricum 200C + Mercurius Solubilis Hahnemanni 6C, two doses daily. In acute cases, these are to be increased to one dose every 3 hours.
- Belladonna 3C, two doses daily.

SECOND LINE MEDICINES

- Syphilinum 30C, two doses daily, if the first line medicines do not give proper relief, and there is considerable redness and congestion.

CONSTIPATION

There is constipation when the stool, because of hardness, becomes difficult to pass. The other kind of constipation occurs when the stool is soft and cannot be passed to one's full satisfaction; this is when the second line medicines will be relevant.

FIRST LINE MEDICINES

- Lycopodium Clavatum 200C + Plumbum Metallicum 200C, two doses daily; this helps particularly those who get very hard stools.

SECOND LINE MEDICINES

- Mercurius Vivus 200C + Chelidonium 30C, two doses daily.

THIRD LINE MEDICINES

- Nux Vomica 30C, two doses daily.

CORNEAL ULCER

Corneal ulcers usually occur due to virus or bacterial infections. It often results in keratitis, followed by photophobia pain, acute redness, lachryation and dimness of vision. We have had very successful experiences in treating patients with corneal ulcers for over 55 years.

FIRST LINE MEDICINES

- Syphilinum 30C, two doses daily; in acute trouble, every 3 hours.
- Antimonium Crudum 6C, 4 pills in 2 drams of distilled water; for external use, apply 2 drops to each eye, two doses daily.

SECOND LINE MEDICINES

- Antimonium Crudum 200C, one dose every alternate day.
- Arsenicum Album 200C, one dose daily; in acute cases, two to three doses daily.

CROHN'S DISEASE

For the treatment of this disease, many symptomatic medicines other than those mentioned below are required, depending on the symptoms of various cases.

FIRST LINE MEDICINES

- Tuberculinum Bovinum 200C, one dose daily.
- Lycopodium Clavatum 200C + Plumbum Metallicum 200C, two doses daily, when the stool becomes very hard and difficult to pass.

SECOND LINE MEDICINES

- Staphysagria 200C, one dose every third day.
- Ferrum Phosphoricum 3X + Magnesia Phosphorica 3X (two tablets of each together = one dose), two doses daily.

CYSTITIS

Acute cystitis is a very troublesome disease. Generally, the infection ascends from the urethra, and in many cases, there is a recurrence of the symptoms. The protocol given below is beneficial, and we advise that the medicines should be taken one dose daily for 2 months even after cure of all symptoms.

FIRST LINE MEDICINES

- Cantharis 200C, two doses daily.

SECOND LINE MEDICINES

- Medorrhinum 200C, two doses daily; in

THIRD LINE MEDICINES

- Thuja Occidentalis 30C, two doses daily.

- Staphysagria 200C, one dose every third day.
- During acuteness, Cantharis 200C and Chimaphila Umbrellata θ , one dose to be given every 3 hours alternately.

case of acute burning, this may be repeated every 3 hours.

- Berberis Vulgaris θ , two doses daily.

DACRYOCYSTITIS

In the case of lachrymal sinus, the lachrymal duct becomes blocked, followed by infection and pus formation. While surgery is advised under the conventional system of medicine, dacryocystitis can be easily cured by our medicines.

FIRST LINE MEDICINES

- Silicea 200C, one dose every alternate day.
- Hepar Sulphuris Calcareum 6C, two doses daily.

SECOND LINE MEDICINES

- Argentum Nitricum 200C, two doses daily.
- Silicea 200C, one dose daily.

THIRD LINE MEDICINES

- Mercurius Solubilis Hahnemanni 200C, two doses daily.
- Argentum Nitricum 200C, two doses daily.

DELIRIUM

Delirium can occur in many disease conditions where there is either a febrile state, or a pseudo-sensory perception.

FIRST LINE MEDICINES

- Stramonium 200C, one dose every third day.
- Hyoscamus Niger 6C, one dose every 3 hours.

SECOND LINE MEDICINES

- Belladonna 3C in liquid, one dose every 3 hours.
- Passiflora Incarnata θ (10 drops), two doses daily.

THIRD LINE MEDICINES

- Helleborus Niger 30C in liquid, one dose every 3 hours.

DEMENTIA

Abnormal degeneration of the brain not related to ageing, which finds reflection in the symptoms of dementia, is considerably improved by the treatment referred to as follows:

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Anacardium Orientale 200C, one dose every third day. • Helleborus Niger 30C, in liquid, two doses daily. 	<ul style="list-style-type: none"> • Aurum Metallicum 200C, one dose every third day. • Kali Phosphoricum 6X (4 tablets), two doses daily. 	<ul style="list-style-type: none"> • Hydrocyanic Acid 30C in liquid, two doses daily. • Aconitum Napellus θ (3 drops), two doses daily.

DENGUE

Dengue is a viral infection spread by mosquito bites. Both urban and rural populations are at risk, and sometimes epidemics can even occur. Treatment should commence as soon as possible after diagnosis, or even before diagnosis as there are no side effects.

FIRST LINE MEDICINES	SECOND LINE MEDICINES
<ul style="list-style-type: none"> • Eupatorium Perfoliatum θ and Rhus Toxicodendron 30C, one dose every 3 hours alternately. • Belladonna 3C in liquid, one dose every 15 minutes for high temperature. 	<p>In a hemorrhagic state:</p> <ul style="list-style-type: none"> • Hamamelis Virginica 200C + Arnica Montana 3C, four doses daily along with the first line medicines.

DEPRESSION

Depression is a state of low mood and aversion to activity. Depressed persons may feel sad, anxious, empty, hopeless, helpless, worthless, guilty, irritable or restless. They may lose interest in activities which once were pleasurable, have loss of appetite, overeat, or have problems in concentrating, remembering details, or making decisions, and may contemplate or attempt suicide. Insomnia, waking up early, excessive sleeping, fatigue, loss of energy, aches, pains, or digestive problems which are resistant to treatment may also be present.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Aurum Metallicum 200C, one dose every third day. • Coffea Cruda 200C, two doses daily. 	<ul style="list-style-type: none"> • Lachesis Mutus 200C, one dose every third day. • Ignatia Amara 200C, two doses daily. 	<ul style="list-style-type: none"> • Hyoscyamus Niger 6C, two doses daily. • Conium Maculatum 3C, one dose daily.

DIARRHEA

The treatment prescribed below is very effective for diarrhea. If it occurs after an intake of very rich food, Pulsatilla 30C, two doses, one dose after every two hours often checks the passing of stool. However, if it still persists, the protocols referred to below should be followed.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Arsenicum Album 200C, one dose at the beginning. • Veratrum Album 200 + Cuprum Metallicum 6C, one dose every 2 hours; to be repeated after every passing of stool. • Natrum Muriaticum 6X and Kali Phosphoricum 6X, (two tablets of each together = one dose) one dose should be given every 3 hours to combat dehydration. 	<ul style="list-style-type: none"> • Podophyllum 200C when the stool comes out with force, one dose after every passing of stool. In between these doses, Arsenicum Album 6C, one dose may be given in case there is restlessness. 	<ul style="list-style-type: none"> • Camphora θ, one dose will stop vomiting and passing of watery stool quickly (one dose is one gram with sugar).

DIPHTHERIA

Diphtheria is a serious complication which generally affects the throat (nasal, laryngeal and pharyngeal). A tenacious gray membrane covers the tonsils and the pharynx with acute dysphagia, and in many cases after diphtheria, soft palate paralysis occurs, resulting in regurgitation of semi-liquid and liquid food through the nose. Soft palate paralysis is effectively cured by two or three doses of Diphtherinum 200C.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Diphtherinum 200C, one dose at the beginning of treatment. 	<ul style="list-style-type: none"> • Hepar Sulphuris Calcareum 200C and 	<ul style="list-style-type: none"> • Lachesis Mutus 30C and Baptisia Tinctoria 200C,

- Mercurius Cyanatus 200C in liquid, one dose every 3 hours till cure.
- In cases where oral drops are also painful, give Mercurius Cyanatus 200C (2 drops in one cc of distilled water), and injected intramuscularly every 2 hours; this often gives very good results.

Belladonna 30C, one dose every 2 hours alternately.

one dose every 2 hours alternately.

- Diphtherinum 200C in liquid, one dose once in a week for 2 or 3 months, to combat the after-effects of the disease.

DISEASES OF THE EAR, HEARING LOSS

General Medicines

For sensory neural deafness, without any visible infection, no ear discharge, Psorinum 1000C in liquid, one dose once a month is helpful in many cases. If there is pus discharge from the ear, and other infections, if any, the protocols given below are very effective.

FIRST LINE MEDICINES

- Psorinum 1000C in liquid, one dose every 14 days.
- Pulsatilla Nigricans 30C, one dose daily; in case of acuteness, may be repeated (three doses daily).

SECOND LINE MEDICINES

- Tellurium 200C, one dose every third day.
- Kali Muriaticum 30X, two doses daily.

DISEASES OF THE INNER EAR, SENSORY HEARING LOSS, TINNITUS, VERTIGO, MENIERE'S SYNDROME

FIRST LINE MEDICINES

- Tellurium 200C, one dose every third day.
- Conium Maculatum 3C, two doses daily.

SECOND LINE MEDICINES

- Hyoscyamus Niger 200C, one dose every third day.
- Conium Maculatum 3C, two doses daily.

THIRD LINE MEDICINES

- Theridion 200C, two doses daily, in the case of acute vertigo; when the condition improves, one dose every alternate day till cure.

DISEASES OF THE KIDNEY

Presentation of different categories of renal diseases is common, or almost of the same type — edema, nausea, hematuria, hypertension. Laboratory findings show proteinuria, hemoglobinuria, excess of leukocytes, crystals, casts, etc.

In the case of renal diseases, patients usually present with some common symptoms such as edema, nausea, hematuria or hypertension. Laboratory findings may show proteinuria, hemoglobinuria, excess of leukocytes, crystals, casts, etc.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Bryonia Alba 30C, two doses daily. • Lycopodium Clavatum 30C in liquid, two doses daily. 	<ul style="list-style-type: none"> • Arsenicum Album 6C in liquid, two doses daily. • Lycopodium Clavatum 30C in liquid, two doses daily. 	<ul style="list-style-type: none"> • Medorrhinum 200C, two doses daily. • Terebinthina 6C, two doses daily.

DISEASES OF THE LARYNX — DYSPHONIA, HOARSENESS, TUMOR OF THE LARYNX, VOCAL CORD PARALYSIS

The vocal cord nodule causes hoarseness of voice; speaking too loudly may also be the cause. In both cases, the protocols referred to below are very beneficial.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Hepar Sulphuris Calcareum 200C, two doses daily. • Gargling is contraindicated. 	<ul style="list-style-type: none"> • Causticum 200C, one dose every third day. • Kali Muriaticum 3X, two doses daily. 	<ul style="list-style-type: none"> • Argentum Metallicum 200C, one dose every third day. • Carbo Vegetabilis 30C, one dose daily.

DISEASES OF THE LIVER — HEPATITIS A, HEPATITIS B, HEPATITIS C, CHRONIC VIRAL HEPATITIS, DRUGS AND TOXIN-INDUCED LIVER DISEASE, ALCOHOLIC AND NON-ALCOHOLIC FATTY LIVER DISEASE

Many agents can be the cause of Hepatitis, such as viruses, drugs, toxic agents, etc., but the clinical appearances are almost identical for Hepatitis A, Hepatitis B, Hepatitis C, and Chronic Viral Hepatitis.

FIRST LINE MEDICINES

- Chelidonium Majus 6X in liquid, and
- Carduus Marianus θ , one dose every 3 hours, alternately.
- Throughout the course of the illness, Sulphur 30C, one dose, can be given once in a week as an intercurrent medicine; this may help rapid return to normal life.
- Thuja Occidentalis 30C, two doses daily, helps to clear Hepatitis B or Hepatitis C.

SECOND LINE MEDICINES

- Myrica θ and Chelidonium Majus 6X in liquid, one dose every 3 hours alternately.
- Nux Vomica 30C, one dose daily; this helps alcoholics particularly.
- Thuja Occidentalis 30C, two doses daily, helps to clear Hepatitis B or Hepatitis C.
- Calcarea Arsenicum 30C, two doses daily.

DISORDERS DUE TO COLD

In cases of disorders due to cold, the undernoted medicines may be given at once, if troubles start immediately after exposure to cold. When specific symptoms appear, they are to be treated symptomatically.

FIRST LINE MEDICINES

- Aconitum Napellus 200C, one dose every 15 to 20 minutes

SECOND LINE MEDICINES

- Antimonium Crudum 200C, one dose every alternate day.

DISORDERS DUE TO HEAT

In cases of disorders due to heat, the undernoted medicines may be given at once, if troubles start immediately after exposure to heat. When specific symptoms appear, they are to be treated symptomatically.

FIRST LINE MEDICINES

- Aconitum Napellus 200C, one dose every 15 to 20 minutes.

SECOND LINE MEDICINES

- Antimonium Crudum 200C, one dose every alternate day.

DIVERTICULITIS

Diverticulitis is a condition which is difficult to detect, and requires radiology or endoscopic diagnosis. After it has been correctly diagnosed, the following medicines will be effective.

FIRST LINE MEDICINES

- Staphysagria 200C, one dose every third day.
- Lycopodium Clavatum 200C + Plumbum Metallicum 200C, two doses daily.
- For bleeding, Ferrum Phosphoricum 3X, one dose (4 tablets) every 15 minutes.

SECOND LINE MEDICINES

- Thuja Occidentalis 30, two doses daily.

DRUG-INDUCED DERMATITIS

Drug-induced dermatitis may be one of the adverse effects of exposure to medication or drugs. This type of dermatitis may range from a minor irritating rash to severe skin reactions such as Erythema Multiforme. The medicines referred to below are given with the intention to both act as an antidote to the offending substance, and give relief to the skin lesion.

FIRST LINE MEDICINES

- Camphora 200C and Antimonium Crudum 6C, one dose every 3 hours alternately, till complete relief.

SECOND LINE MEDICINES

- Rhus Venenata 30C, three doses daily; this acts best if the rashes look red.

THIRD LINE MEDICINES

- Nux Vomica 30C and Rhus Venenata 30C, one dose every 3 hours alternately.
- Antimonium Crudum 6C, two doses daily.

DYSFUNCTIONAL UTERINE HEMORRHAGE

Menopause is the permanent cessation of menstruation due to the loss of the ovarian follicular function. The average age for menopause is generally between 45 years and 51 years for women in India; in the USA, the average age is 51 years.

The treatment prescribed below is also beneficial to women who have excessive bleeding.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Ammonium Carbonicum 200C in liquid, one dose every 10 days; to be continued for 3 months. • Arnica Montana 3C, two doses daily; to be repeated every 3 hours in case of profuse bleeding. • If the bleeding does not stop with Arnica Montana 3C, Citrus Vulgaris 0, one dose to be given every 3 hours; this will help in the stoppage of bleeding. 	<p>These should be given when the first line medicines are not very helpful, but Ammonium Carbonicum 200C, in liquid, is to be continued at least for 3 months.</p> <ul style="list-style-type: none"> • Caulophyllum 200C, two doses daily. • Secale Cornutum 6C, one dose every 3 hours for profuse bleeding, till it stops. 	<p>If the protocols referred to above do not help, stop all medicines after watching for 3 months, and give the following for the next 3 months.</p> <ul style="list-style-type: none"> • Lachesis Mutus 200C, one dose every third day. • Sabina 6X in liquid, one dose (5 drops) daily to be continued along with Lachesis Mutus 200C, or, in the case of profuse bleeding, to be given every 3 hours until the bleeding stops.

DYSMENORRHEA

In the case of primary dysmenorrhea, there are no pathological findings; severe pain occurs in 5% to 6% of the cases. In the case of secondary dysmenorrhea, there may generally be pathological findings indicating endometriosis, uterine tumor, etc.

- **Primary dysmenorrhea**
- **Secondary dysmenorrhea**

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<p>Primary Dysmenorrhea</p> <ul style="list-style-type: none"> • Pulsatilla Nigricans 30C, one dose on alternate days for 3 months. • For pain, Magnesia Phosphorica 3X, one dose (5 tablets), every 	<p>For both</p> <ul style="list-style-type: none"> • Conium Maculatum 3C + Sepia 6C, two doses daily, for at least 3 months. • Cimicifuga Racemosa 30C, one dose every 	<ul style="list-style-type: none"> • Calcarea Carbonica 30C, two doses daily. • Magnesia Phosphorica 3X and Ferrum Phosphoricum 3X, (two tablets of each

20 minutes with warm water, till relief.

Secondary Dysmenorrhea

- Sepia 200C in liquid, one dose every third day.
- Magnesia Phosphorica 3X, as earlier.

one hour (SOS) during pain till relief.

together = one dose), two doses daily.

ENDOCRINE DISORDERS: ACROMEGALY AND GIGANTISM

Acromegaly and gigantism are disorders which generally occur owing to the growth of a tumor and in the pituitary gland.

Our treatment is very specific in nature, and has been tried clinically with great success.

FIRST LINE MEDICINES

- Ruta Graveolens 6C, two doses daily.
- Calcarea Phosphorica 3X, two doses daily.

ENDOMETRIOSIS

Endometriosis, or the intra-abdominal bleeding from endometrial like cells outside the uterine cavity during the bleeding phase, is usually an extremely bothersome condition.

Sometimes, this atypical bleeding may result in the formation of cysts in the pelvic cavity. These cysts are usually called 'chocolate cysts' owing to their dark brown appearance.

Endometriosis causes pelvic pain related occasionally to infertility. It may cause dyspareunia, acute lower abdominal pain and ovulation pain.

FIRST LINE MEDICINES

- Sepia 6C + Conium Maculatum 3C, two doses daily.

SECOND LINE MEDICINES

- Apis Mellifica 6C, two doses daily.

THIRD LINE MEDICINES

- Aurum Muriaticum Natronatum 6X in

- For acute pain, Magnesia Phosphorica 3X, one dose (5 tablets), every 20 minutes with warm water, till relief.
- Hamamelis Virginica 200C + Arnica Montana 3C, two doses daily.

- Hamamelis Virginica 200C + Arnica Montana 3C, two doses daily.
- In case of acute pain, the same medicines may be given, every 15 minutes alternately.

Trituration, two doses daily.

ENTROPION AND ECTROPION

The commonest disorders of the eyelids are entropion and ectropion. Entropion (inward turning of usually the lower eyelids) occurs occasionally in older people as a result of degeneration of the lid fascia, or may follow extensive scarring of the conjunctiva and tarsus. Entropion and ectropion can be treated effectively with the medicines prescribed below.

FIRST LINE MEDICINES

- Graphites 200C, one dose every third day.

SECOND LINE MEDICINES

- Nitricum Acidum 200C, one dose every alternate day.

THIRD LINE MEDICINES

- Mercurius Solubilis Hahnemanni 200C, two doses daily.

EPILEPSY

If a patient is under conventional medical treatment, the medicines prescribed should be withdrawn very slowly. The protocols given below should be followed for at least six months with a view to understand the effect.

FIRST LINE MEDICINES

- Lachesis Mutus 200C, one dose every third day.
- Cuprum Metallicum 6C, two doses daily.

SECOND LINE MEDICINES

- Cicuta Virosa 200C, one dose every third day.
- Cuprum Metallicum 6C, two doses daily.
- Passiflora Incarnata θ , one dose (10 drops) daily.

EPISTAXIS

There are several causes of epistaxis. One common cause is dryness of the nostrils caused during hot summer months and also during winter. Sometimes, it is caused in children due to intestinal worms. Other cases may be due to nasopharyngeal growths or polyps.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Bryonia Alba 30C, one dose every alternate day. • Ferrum Phosphoricum 3X, one dose (4 tablets) every 10 minutes for bleeding. 	<ul style="list-style-type: none"> • Lachesis Mutus 200C, one dose every alternate day. • Hamamelis Virginica 200C + Arnica Montana 3C, one dose every 15 minutes (SOS) till the bleeding stops. <p>After the bleeding stops, Hamamelis Virginica 200C + Arnica Montana 3C one dose daily, may be continued for 3 months for complete cure.</p>	<p>If epistaxis is caused by nasal polyp or growth</p> <ul style="list-style-type: none"> • Thuja Occidentalis 30C, one dose daily. • Sanguinaria Canadensis 200C, one dose daily.

ERYSIPELAS

For erysipelas, there is effective treatment for fast relief under our protocols.

FIRST LINE MEDICINES	SECOND LINE MEDICINES
<ul style="list-style-type: none"> • Antimonium Crudum 200C, one dose daily. • Hypericum Perforatum 200C + Arsenicum Album 200C, one dose every 3 hours. 	<ul style="list-style-type: none"> • Apis Mellifica 6C and Arsenicum Album 200C, one dose every 3 hours alternately. • Hypericum Perforatum 200C, one dose may be given every two hours (SOS), or as and when necessary, for acute nerve pain.

ESOPHAGEAL MOTILITY DISORDERS (ACHALASIA)

Esophageal motility disorders (achalasia) is a case of loss of peristalsis in the lower two-thirds of the esophagus. This results in a difficult passage of food from the esophagus to the stomach. Sometimes, it is confused as a growth in the esophagus. The cause is unknown.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none">• Condurango 30C in liquid, two doses daily.	<ul style="list-style-type: none">• Hydrocyanic Acid 30C in liquid, two doses daily.	<ul style="list-style-type: none">• Causticum 200C, two doses daily.• Cupra Metallicum 6C, two doses daily.

ESOPHAGEAL VARICES

This generally happens in the case of cirrhosis of liver and portal hypertension. This condition is to be treated as per the protocol already given for cirrhosis of liver.

FIRST LINE MEDICINES
<ul style="list-style-type: none">• Hamamelis Virginica 200C + Arnica Montana 3C, one dose every 3 hours.• Nitricum Acidum 200C, two doses daily.• Generally, the two following medicines are used to stop bleeding immediately in the case of heavy bleeding: Citrus Vulgaris θ one dose every 3 hours; if it fails, Geranium Maculatum θ, one dose (10 drops) every 3 hours.

EXTERNAL OTITIS, SEROUS OTITIS MEDIA

Ear discharge and pain caused by infections are cured by our treatment. In many cases, mastoid bones are sclerosed; for these, there is effective treatment under our protocols. No surgery is needed.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Psorinum 1000C in liquid, one dose every 15 days. • Pulsatilla Nigricans 30C, two doses daily. <p>Give Chamomilla 30C in liquid, one dose every 30 minutes (SOS) if there is acute pain. If it fails to give relief, give Carbolic Acidum 6X in liquid, one dose every 15 minutes (SOS) in case of very acute pain; stop this when the pain subsides.</p>	<ul style="list-style-type: none"> • Hepar Sulphuris Calcareum 200C and Symphytum Officinale 200C, one dose every 3 hours alternately, till all the symptoms disappear; thereafter, two doses daily of each medicine are to be continued for 3 months. 	<ul style="list-style-type: none"> • Graphites 200C, one dose every third day. • Hepar Sulphuris Calcareum 6C, two doses daily.

FACIAL PAIN (NEURALGIA)

Facial pain or neuralgia occurs usually in middle age or old age, and mainly in women. There are many causes of facial neuralgia; of these, trigeminal neuralgia is very persistent. The treatment prescribed below is very effective, and no surgery is required.

FIRST LINE MEDICINES	SECOND LINE MEDICINES
<ul style="list-style-type: none"> • Tarentula Cubensis 200C in liquid, one dose once in a week. • Hypericum Perforatum 200C, two doses daily; may be repeated every one hour (SOS) for pain. 	<ul style="list-style-type: none"> • Ranunculus Bulbosus 30C, two doses daily; may be repeated every 3 hours (SOS) in case of acute pain.

FEVERS OF UNKNOWN ORIGIN (FUO)

There are several types of fevers of unknown origin (FUO) caused by various infections, some of which are known, some unknown. The fever is often accompanied by fits and concussion. With the medicines prescribed below, we treat the infections symptomatically, and aim at stabilizing the condition of the patient.

FIRST LINE MEDICINES

- Eupatorium Perfoliatum 30C and Bryonia Alba 30C, one dose every 3 hours alternately.
- Baptisia Tinctoria 200C, one dose daily.

SECOND LINE MEDICINES

- Rhus Toxicodendron 30C and Bryonia Alba 30C, one dose every 3 hours alternately.
- Pyrogenium 200C, one dose daily.

When the temperature is 102°F or more, give Belladonna 3C in liquid every 30 minutes (two or three doses); this will give relief.

For very high temperature (102.5°F - 103°F and above), give Arnica Montana 3C + Cuprum Metallicum 6C, one dose every 15 minutes (three doses), and wait for one hour. If the temperature is still above 103°F, repeat this treatment in exactly the same way. It will definitely stop the rise of temperature, and also prevent fits and concussions. The temperature will come down slowly. The normal medicines for the fever should be continued.

FIBROADENOMA BREAST

These are small, mobile lumps inside the breasts, generally associated with young women.

FIRST LINE MEDICINES

- In the cases of primary and small fibroadenoma, Bryonia Alba 30C, two doses daily, is very effective.

For harder and bigger lumps

- Phytolacca 200C, two doses daily.
- Conium Maculatum 3C, two doses daily, to be given for 2 months, and reviewed thereafter.

SECOND LINE MEDICINES

- Thuja Occidentalis 30C, two doses daily.
- Calcarea Fluorica 3X, two doses daily.
- Conium Maculatum 1000C in liquid, one dose every 10 days.

THIRD LINE MEDICINES

- Conium Maculatum 1000C in liquid, one dose every 10 days.
- Phytolacca 200C, two doses daily.
- Carinosinum 30C, one dose every alternate day.

FROZEN SHOULDER (ADHESIVE CAPSULITIS)

Frozen shoulder is a condition which is difficult to cure by any therapy. Standard painkillers and physiotherapy are usually palliative at best, and intra-articulate steroid injections can give the patient temporary relief.

Our protocols are very efficient, and this problem usually takes 2 to 3 months to be permanently cured.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none">• For right side: Cuprum Metallicum 200C, two doses daily.• For left side: Syphilicum 200C, two doses daily and Hypericum Perforatum 200, two doses daily.	<ul style="list-style-type: none">• Symphytum Officinale 200C, two doses daily.• Hypericum Perforatum 200C, two doses daily.	<ul style="list-style-type: none">• Symphytum Officinale 200C, two doses daily.• Rhus Toxicodendron 30C, two doses daily.

GASTRIC OUTLET OBSTRUCTION

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none">• Lycopodium Clavatum 30C in liquid, two doses daily.• Iris Versicolor 200C in liquid, two doses daily.	<ul style="list-style-type: none">• Lycopodium Clavatum 200C + Plumbum Metallicum 200C, one dose every 3 hours.	<ul style="list-style-type: none">• Arsenicum Album 3C in liquid, one dose 15 minutes before every intake of food.

GASTRITIS AND GASTROPATHY, PEPTIC ULCER DISEASE

Gastritis is a condition relating to the inflammation of the inner lining of the stomach. The stomach lining contains special cells which produce acid and enzymes which help dissolve food for digestion, and mucus, which protects the stomach lining from acid. When the stomach lining is inflamed, it produces less acid, enzymes, and mucus. It may be acute and chronic.

Common causes of these diseases are excessive alcohol consumption, gastric mucosal erosion, and damage of the mucosal protective layer of the stomach, the prolonged use of a few

drugs like acetylsalicylic acid (Aspirin), non-steroidal anti-inflammatory drugs, stomach infection by *Helicobacter pylori*, smoking, few injuries, certain diseases like pernicious anemia, autoimmune disorder, backflow of bile into the stomach (bile reflux), mental stress and tension, excess gastric acid secretion, eating or drinking caustic or corrosive substances, such as poison, etc. These diseases also afflict those who do not take food in time, and keep the stomach empty for long periods.

Peptic ulcer is a break in the gastric and duodenal mucosa that arises when the normal mucosal defensive factors fail in their function. Ulcers occur five times more commonly in the duodenum, where over 95% are in the bulb or pyloric channel. In the stomach, benign ulcers are located most commonly in the antrum (60%) and at the pylori junction, patients taking NSAIDs on a long-term basis, and acid hyper-secretory state. Ulcers are more common in smokers. Men suffer more from ulcers than women.

Ulcers produce symptoms like epigastric pain, mainly related to intake of food, feeling of abdominal fullness, vomiting and nausea, sometimes blood vomiting, heartburn, melena, loss of appetite, weight loss, etc. Rarely can an ulcer lead to a gastric or duodenal perforation, which leads to acute peritonitis.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Arsenicum Album 3C in liquid, one dose every 3 hours, or to be given 15 minutes before every intake of food. • Lycopodium Clavatum 200C, one dose every alternate day. 	<ul style="list-style-type: none"> • Natrum Phosphoricum 30C, two doses daily. 	<ul style="list-style-type: none"> • Symphytum Officinale θ, two doses daily.

In case of blood vomiting, *Acalypha Indica* 6C, one dose repeated every 3 hours, often stops bleeding.

GASTROESOPHAGEAL REFLUX DISEASE (GERD)

Gastroesophageal reflux disease (GERD) is defined as chronic symptoms or mucosal damage produced by the abnormal reflux of stomach acid to the esophagus. A typical symptom is heartburn. This is commonly due to transient or permanent changes in the barrier between the

esophagus and the stomach. This can be due to incompetence of the lower esophageal sphincter, transient lower esophageal sphincter relaxation, impaired expulsion of gastric reflux from the esophagus, or a hiatus hernia. A different type of acid reflux which produces respiratory and laryngeal manifestations is laryngopharyngeal reflux (LPR), also called extraesophageal reflux disease (EERD). Unlike GERD, LPR is unlikely to produce heartburn, and is thus sometimes called 'silent reflux'. Possible symptoms are heartburn, regurgitation of food, dysphagia, chest pain and painful swallowing.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Iris Versicolor 200C in liquid, two doses daily, to be repeated every 15/20 minutes before every intake of food till there is relief. • Lycopodium Clavatum 30C in liquid, two doses daily. 	<ul style="list-style-type: none"> • Condurango 30C in liquid, two doses daily. • Arsenicum Album 3C in liquid, two doses daily (15 minutes before lunch and dinner). 	<ul style="list-style-type: none"> • Natrum Phosphoricum 30C, two doses daily.

GASTROINTESTINAL BLEEDING

This is a symptom which relates to bleeding from the pharynx to the rectum. Gastrointestinal bleeding can be roughly divided into two clinical syndromes — upper gastrointestinal bleeding and lower gastrointestinal bleeding.

Upper gastrointestinal bleeding is from a source between the pharynx and the ligament of Treitz. An upper source is characterised by hematemesis (vomiting up blood), and melena (tarry stool containing altered blood).

Lower gastrointestinal bleeding may be indicated by red blood per rectum, especially in the absence of hematemesis. Isolated melena may originate from anywhere between the stomach and the proximal colon.

Gastrointestinal bleeding may originate from a number of sources like injury and trauma, and diseases related to the gastrointestinal tract (peptic ulcer disease, gastritis, gastric perforation, portal hypertension, esophageal varices, anorectal diseases and malignant diseases related to the gastrointestinal tract. Sometimes, the diagnosis is confirmed by the occult blood examination of the stool.

FIRST LINE MEDICINES

Acute Condition:

- Carbo Vegetabilis 200C, one dose at the beginning.
- Arsenicum Album 3C in liquid and Ferrum Phosphoricum 3X, one dose every one hour alternately.

Chronic Condition:

- Carbo Vegetabilis 200C, one dose every third day.
- Hamamelis Virginica 200C + Arnica Montana 3C, two doses daily.
- Arsenicum Album 3C in liquid, two doses daily.

SECOND LINE MEDICINES

- Geranium Maculatum θ , one dose (10 drops) every 3 hours in case of continuous bleeding, till it stops.
- Acalypha Indica 6C, one dose repeated every 3 hours, if Geranium Maculatum fails.

GASTROINTESTINAL DISEASES: DYSPEPSIA, NAUSEA AND VOMITING

Generally, it is advisable to drink water only when one is thirsty. The food taken should be tastefully prepared with spices.

For chronic duodenal or gastric ulcer, and even in cases where H.pylori is positive, the treatment prescribed below is very effective. It cures the disease, and no surgery is required.

FIRST LINE MEDICINES

- Arsenicum Album 3C, in liquid, 15 to 20 minutes before intake of food, three doses daily, till complete cure.
- Lycopodium Clavatum 200C, one dose every alternate night.

SECOND LINE MEDICINES

- Bismuthum 6C, three doses to be given to patients who vomit immediately after eating.
- Natrum Phosphoricum 30C, two doses daily.

THIRD LINE MEDICINES

- Condurango 30C, in liquid, two doses daily.
- Nux Vomica 30C, two doses daily.
- Condurango 30C, in liquid, two doses daily, is good and specific in esophageal obstructions.

GIARDIASIS

Giardiasis is a diarrheal infection caused by the organism *Giardia lamblia*. It is very common in tropical countries; nevertheless, it has a worldwide prevalence.

At our clinics, we use the following protocols to treat both children and adults very effectively.

FIRST LINE MEDICINES

- Teucrium Marum Verum 200C, one dose every alternate day.

SECOND LINE MEDICINES

- Cina 200C, one dose daily. If the patient passes bad, undigested stool, Cina θ , one dose daily.

GONOCOCCAL INFECTIONS

Gonorrhoeal infections are caused by the bacteria *Neisseria gonorrhoeae*. *Neisseria gonorrhoeae* infections are acquired by sexual contact, and usually affect the mucous membranes of the urethra in males, and the endocervix and urethra in females.

FIRST LINE MEDICINES

- Medorrhinum 200C, two doses daily, and, in case of acute pain and burning sensation, may be repeated every 3 hours.
- Cantharis 200C, two doses daily.

SECOND LINE MEDICINES

- Mercerium Corrosivus 30C, one dose every 3 hours.

THIRD LINE MEDICINES

- Nitricum Acidum 3C, one dose every 3 hours.
- Chimaphila Umbellata θ , two doses daily.

GOUT/GOUTY ARTHRITIS

Gout is generally caused by rise of uric acid in blood, which causes acute joint pain and also pain at other places.

FIRST LINE MEDICINES

- Medorrhinum 200C, one dose every alternate day.
- Benzoic Acid 30C, one dose daily, cures the condition; to be continued for at least 3 months. In case of acute pain with swelling and redness, Ledum Palustre 200C + Belladonna 3C, one dose every 3 hours, often gives great relief.

SECOND LINE MEDICINES

- Symphytum Officinale 200C and Rhus Toxicodendron 30C, one dose every 3 hours alternately.

HEMANGIOMA

Hemangioma is nevus vascularis — a small, flat growth which is reddish in colour and full of blood. It is formed at childbirth and grows with age. Under our protocol, growth in size stops immediately, and, with time, the growth slowly vanishes. See the pictures in the section on case studies.

FIRST LINE MEDICINES

- Hamamelis Virginica 200C + Arnica Montana 3C, two doses daily for 3 months; the case should then be reviewed, and the treatment continued for at least one year. This is very specific.

SECOND LINE MEDICINES

- If Hamamelis Virginica 200C + Arnica Montana 3C, give delayed results, Crotaulus Horridus 6C, two doses daily for 3 months, should be given; thereafter the case should be reviewed.

HEMORRHOIDS

In external or internal piles, when there is no outside swelling, the following protocols are very effective.

FIRST LINE MEDICINES

- Sulphur 200C, one dose every alternate day.
- Nux Vomica 30C, one dose daily.

In acute conditions

- Sulphur 200C + Ratania 200C, two doses daily; in case of acute pain, repeat one dose every 3 hours till complete remission of the pain or burning sensation.

SECOND LINE MEDICINES

- Sulphur 200C + Hamamelis Virginica 200C, two doses daily.
- Nux Vomica 30C, one dose daily.

If these fail, Collinsonia Canadensis 30C, one dose daily, is helpful.

THIRD LINE MEDICINES

- Aesculus Hippocastanum 200C, two doses daily; in case of acuteness, every 3 hours
- If Aesculus Hippocastanum 200C fails, give Paeonia 30C, one dose every 3 hours.

HERPES SIMPLEX / ZOSTER

This is a viral disease affecting the nerves. Sometimes, the pain is very acute. Post-herpes neuralgia is very persistent. We have noticed that if medicines or ointments are applied on the vesicles, the post-herpes neuralgia becomes very acute. The best course of action is not to apply any medicine

or ointment. If there are skin irritations after the drying up process, only olive oil or coconut oil should be applied.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Antimonium Crudum 6C, one dose every 3 hours. • For temperature, Belladonna 3C in liquid, every one hour. • For acute pain, Hypericum Perforatum 200C, one dose every one hour. 	<ul style="list-style-type: none"> • Thuja Occidentalis 30C and Arsenicum Album 200C, one dose every 3 hours alternately. • In case of acute, burning pain, Hypericum Perforatum 200C, one dose every 2 hours till relief. 	<ul style="list-style-type: none"> • To relieve post-herpes neuralgia, if Hypericum Perforatum 200C fails for acute pain, then Rhus Toxicodendron 30C and Hypericum Perforatum 200C, one dose every 3 hours alternately, are often helpful.

HICCUPS

Hiccups are the most annoying symptom of many diseases. There can be numerous causes of hiccups; however, when they occur, the cause remains unknown in many cases.

The protocol given below has been tried successfully, and will prove effective.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Lycopodium Clavatum 30C in liquid, one dose every 3 hours or even more frequently, depending on the frequency of the hiccups. • Magnesia Phosphorica 3X (5 tablets), as advised for Lycopodium Clavatum 30C, to be given only if Lycopodium Clavatum 30C fails. 	<ul style="list-style-type: none"> • Nux Vomica 30C in liquid, one dose every 15 - 20 minutes. 	<ul style="list-style-type: none"> • Cuprum Metallicum 6C in liquid, one dose every 3 hours. • Cicuta Virosa 200C, two doses daily, and, for acuteness, every 3 hours.

HEADACHE AND MIGRAINE

The cause of migraine is not yet known, but severe mental pressure usually gives rise to this problem.

In this context, we would like to mention a very interesting case treated by Dr. Pareshnath Banerji. A lady of about 50 years came to him, and said that she had been suffering from migraine on the left side of her head for 19 years; for nearly the last 6 years, she had been having a daily attack of dull pain which was very annoying, making her unable to concentrate on any work. Dr. Banerji gave her two doses of Sepia 200c in water, and advised her to take one dose every 7 days. She visited Dr. Banerji after 7 days, and said that after she had taken the first dose, the pain stopped completely and did not recur. Dr. Banerji advised her not to take the second dose, until and unless the pain recurred. The case was followed up by us for the next 3 years during which there was no recurrence.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Sepia 200c in liquid, one dose once in a week, which cures migraine. • In case of acute headache, Picricum Acidum 200c + Belladonna 3c, one dose to be given every 30 minutes till relief. 	<ul style="list-style-type: none"> • Aurum Metallicum 200c, one dose every third day. • In case of acute headache, Sanguinaria Canadensis 200c + Belladonna 3c, one dose to be given every 30 minutes till relief. 	<ul style="list-style-type: none"> • Calcarea Phosphorica 200c, one dose every third day, • Carbolicum Acidum 6X in liquid, one dose to be given every 30 minutes only in case of acute headache, till relief.

HIGH BLOOD CHOLESTEROL

As per our observations for 50 years with numerous cases, the high lipid profile does not do any harm, or lead to heart problems in most cases.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Cholesterinum 30C, one dose daily for 3 months; the case should thereafter be reviewed. 	<ul style="list-style-type: none"> • Chelidonium Majus 6X in liquid, two doses daily. 	<ul style="list-style-type: none"> • Carduus Marianus 0, two doses daily. • Cholesterinum 30C, one dose daily.

HIRSUTISM AND VIRILIZATION

Generally, hirsutism occurs in cases of polycystic ovarian diseases. In such cases, Conium Maculatum 3C, two doses daily, should be given in all cases, plus the following protocol.

FIRST LINE MEDICINES

- Thyroidinum 200C, one dose daily.
- Lycopodium Clavatum 30C in liquid, two doses daily.
- Sabal Serrulata θ (10 drops), two doses daily.
- Silicea 12X, two doses daily.

SECOND LINE MEDICINES

- Ovarian 30C, two doses daily.
- Conium Maculatum 1000C in liquid, one dose every 10 days.

HUNTINGTON'S DISEASE

This is a very serious and persistent disease. Proper counselling of the patient and patience are both necessary.

FIRST LINE MEDICINES

- Tarantula Hispania 200C, one dose every alternate day.
- Gelsemium 200C, two doses daily.

If the patient is very irritable, Stramonium 200C, two doses daily, may be added.

SECOND LINE MEDICINES

- Kali Phosphoricum 6X (4 tablets), two doses daily.
- Cuprum Metallicum 200C, two doses daily.

THIRD LINE MEDICINES

- Hypericum Perforatum 200C, two doses daily.
- Calcarea Phosphorica 3X, two doses daily.

HYPERTHYROIDISM

If a patient is under conventional medical treatment, the medicines prescribed should be withdrawn very slowly. The protocols given below should be followed for at least six months with a view to understand the effects.

FIRST LINE MEDICINES

- Iodum 200C (liquid), two doses daily.
- Crataegus Occidentalis θ, two doses daily.

SECOND LINE MEDICINES

- Bromium 6C, two doses daily.
- Crataegus Occidentalis θ, two doses daily.
- Thyroidinum 200C, one dose daily.

HYPOTHYROIDISM

The medicines prescribed below for the treatment of hypothyroidism are very useful in rectifying the system. The medicines need not be taken by a patient for the rest of his or her life; they should be discontinued when all the reports are normal.

FIRST LINE MEDICINES

- Bromium 6C, two doses daily.
- Lycopodium Clavatum 30C in liquid, two doses daily.

SECOND LINE MEDICINES

- Calcareo Carbonica 200C, one dose every third day.
- Spongia Tosta 6C, two doses daily.

THIRD LINE MEDICINES

- Bromium 6C, two doses daily.
- Thuja Occidentalis 30C, two doses daily.

IDIOPATHIC THROMBOCYTOPENIC PURPURA (ITP)

This is an auto-immune disease. The platelets increase with treatment under the Banerji Protocols, and patients are cured. No steroid, or any other kind of help, is necessary.

FIRST LINE MEDICINES

- Hamamelis Virginica 200C + Arnica Montana 3C, two doses daily.
- Kali Muriaticum 3X and Ferrum Phosphoricum 3X (two tablets of each together = one dose), two doses daily.

SECOND LINE MEDICINES

- Crotalus Horridus 6C, two doses daily.
- Kali Muriaticum 3X and Ferrum Phosphoricum 3X (two tablets of each together = one dose), two doses daily.

THIRD LINE MEDICINES

- When relief is delayed, Medorrhinum 200C, once daily, is to be added to the second line of treatment.

ILD AND SARCOIDOSIS

Both these diseases are treated with the same medicines. Both present difficult problems, but we have a very effective line of treatment to treat patients and help them.

FIRST LINE MEDICINES

- Kali Carbonicum 200C in liquid, one dose every alternate day.
- Hepar Sulphuris 6C, and Chelidonium Majus 6X in liquid, one dose every 3 hours alternately.
- Ipecacuanha 30C, one dose every 2 hours (SOS) for coughs and dyspnea.

SECOND LINE MEDICINES

- Lachesis Mutus 200C, one dose every alternate day.
- Bryonia Alba 30C + Aconitum Napellus 200C and Kali Iodatum 6C in liquid, one dose every 3 hours alternately.

IMPETIGO

Prolonged treatment is required. The eruptions go away, and the black spots, which take time to go, follow.

FIRST LINE MEDICINES

- Antimonium Crudum 6C, two doses daily.
- Hepar Sulphuris Calcareum 200C, one dose every alternate day.

SECOND LINE MEDICINES

- Antimonium Crudum 200C + Arsenicum Album 200C, two doses daily.
- Kali Sulphuricum 6X and Natrum Sulphuricum 6X (two tablets of each together = one dose), two doses daily.

THIRD LINE MEDICINES

- Bacillinum 200C in liquid, one dose once in a week.
- Kali Sulphuricum 6X, two doses daily.

INFERTILITY

Each protocol is to be tried for 3 months. In many cases, bilateral fallopian tube blocks also go away. If the husband's semen analysis is not proper, it also has to be treated simultaneously.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Calcarea Carbonica 30C, two doses daily. • Sepia 200, one dose every third day when menses are irregular. 	<ul style="list-style-type: none"> • Sepia 6C + Conium Maculatum 3C, two doses daily. 	<ul style="list-style-type: none"> • Aurum Muriaticum Natronatum 4X (trituration), two doses daily. • Calcarea Carbonica 30C, two doses daily.

INFLUENZA

Influenza is the most common viral fever all over the world, and is accompanied by temperature and acute bodyache and joint pains. Our protocol aims at symptomatic relief and complete cure.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Rhus Toxicodendron 30C and Bryonia Alba 30C, one dose every 2 hours alternately. • For high temperature, Belladonna 3C in liquid, one dose every one hour (SOS). • Arsenicum Album 3C in liquid, one dose every 30 minutes (SOS) for nausea and vomiting. 	<ul style="list-style-type: none"> • Eupatorium Perfoliatum θ and Bryonia Alba 30C, one dose every 3 hours alternately. • In case of acute cold and sneezing, Arsenicum Album 6C, one dose every 30 minutes (SOS) to be given. 	<ul style="list-style-type: none"> • If the temperature is continuous without break, Baptisia Tinctoria 200C, one dose daily, and Lycopodium Clavatum 30C in liquid, one dose daily, to be continued till the temperature drops; Rhus Toxicodendron 30C and Bryonia Alba 30C are to be given, two doses of each medicine daily.

INTESTINAL TUBERCULOSIS

This is a very persistent disease and takes time to be cured. The main treatment is prescribed below, but the medication to be given depends on the symptoms of individual patients.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Tuberculinum Bovinum 200C, two doses daily. • Abrotanum 6C, two doses daily. • Kali Muriaticum 3X and Ferrum Phosphoricum 3X (two tablets of each together = one dose), two doses daily. 	<ul style="list-style-type: none"> • Tuberculinum Bovinum 200C, two doses daily. • Lycopodium Clavatum 200C + Carbo Vegetabilis 200C, two doses daily. • Nux Vomica 30C, once daily; may be repeated every 30 minutes (SOS) during pain. 	<ul style="list-style-type: none"> • Tuberculin Bacilinum 200C in liquid, one dose every 10 days. • Natrum Phosphoricum 30C and Arsenicum Album 3C, one dose every 3 hours alternately.

INTRACRANIAL TUMORS

Cases of intracranial tumors and how they are formed are not known. The details of our treatment and statistics have been given separately. Our treatment under the Banerji Protocols is now very popular internationally.

FIRST LINE MEDICINES
<p>For brain :</p> <ul style="list-style-type: none"> • Ruta Graveolens 6C, two doses daily. • Calcarea Phosphorica 3X, two doses daily; in acute cases, one dose every 3 hours alternately. • Lycopodium Clavatum 30C in liquid, two doses daily, in case there is a lot of edema.

IRRITABLE BOWEL SYNDROME (IBS)

This syndrome is related partly to a patient's mental condition. We advise patients to follow a normal, tasteful diet, and treat the symptoms if they appear due to their normal intake of food.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Tuberculinum Bovinum 200C, one dose daily. • Nux Vomica 30C, two doses daily. <p>Patients should have a positive attitude to life, their food should be tastefully prepared, and they should drink water only when thirsty.</p>	<ul style="list-style-type: none"> • Ignatia Amara 200C, one dose daily. • Chelidonium Majus 30C + Mercurius Vivus 200C, two doses daily. 	<ul style="list-style-type: none"> • Aloe Socotrina 200C, one dose daily, may be given with the second line of medicine, if the patient gets frequent undigested stools.

LEG ULCER SECONDARY TO VENOUS INSUFFICIENCY (AND ALSO BUERGER'S DISEASE)

Under our Protocols, there is very good and effective treatment, though it has to be prolonged.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Lachesis Mutus 200C, one dose every third day. • Hypericum Perforatum 200C + Arsenicum Album 200C, one dose every 3 hours. 	<ul style="list-style-type: none"> • Hamamelis Virginica 200C + Arnica Montana 30C, two doses daily. • Carduus Marianus θ, two doses daily. 	<ul style="list-style-type: none"> • Pulsatilla Nigricans 200C, one dose every alternate day. • Carduus Marianus θ, two doses daily. • Hypericum Perforatum 200C + Arsenicum Album 200C, one dose every 3 hours.

LEPROSY (LEPROMATOUS)

There are many types of leprosy; the most common types are anaesthetic spots, perforative ulcers on soles, and ulcers on the fingers and toes with deformities. It takes 3 or 4 years to cure these conditions.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Antimonium Crudum 200C, one dose every alternate day. • Hepar Sulphuris Calcareum 200C + Arsenicum Album 200C, two doses daily, to be taken if there are perforative ulcers. • Hypericum Perforatum 200C, two doses daily, is to be taken in case of nerve pain. 	<ul style="list-style-type: none"> • Mercurius Solubilis Hahnemanni 200C, two doses daily. • Arsenicum Album 200C, one dose daily, if there are ulcers; if the ulcers are large and ugly, then three doses daily are to be given. 	<ul style="list-style-type: none"> • Mercurius Proto Iodide 200C, one dose every alternate day.

LEPROSY (TUBERCULOID)

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Antimonium Crudum 200C, one dose every alternate day. • In case of ulceration, also to be given: Arsenicum Album 200C + Hypericum Perforatum 200C, two doses daily. 	<ul style="list-style-type: none"> • Mercurius Solubilis Hahnemanni 200C, two doses daily. • Hypericum Perforatum 200C, one dose daily. 	<ul style="list-style-type: none"> • Mercurius Proto Iodide 200C, two doses daily.

LEUKOPLAKIA

This disease is very persistent in nature and requires prolonged treatment. Leukoplakia patches generally appear inside the buccal cavity — inside the cheeks, on the tongue, etc. Sometimes, when there is a burning sensation, we advise patients to take the medicines prescribed below every 3 hours.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> Nitricum Acidum 200C in liquid, two doses daily. 	<ul style="list-style-type: none"> Cistus Canadensis 200C, one dose every third day. Calcarea Fluorica 3X, two doses daily. 	<ul style="list-style-type: none"> Mercurius Solubilis Hahnemanni 200C, two doses daily. Kali Muriaticum 3X, two doses daily.

LICHEN SIMPLEX CHRONICUS

As this disease is very persistent in nature, prolonged treatment is necessary. Only coconut oil or olive oil may be applied externally for soothing effect; external medication is strictly prohibited.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> Hepar Sulphuris Calcareum 200C, one dose every alternate day. Arsenicum Album 200C, two doses daily. Coffea Cruda 200C, one dose every 1 hour (SOS) for too much itching. When Lichen appears on the tongue and inside the mouth, on the cheeks, etc. only Nitricum Acidum 200C in liquid, two doses daily, are to be given. 	<ul style="list-style-type: none"> Antimonium Crudum 200C + Arsenicum Album 200C, two doses daily. Kali Sulphuricum 3X or 6X (4 tablets), two doses daily. <p>On the tongue: If Nitric Acid 200C fails to give the desired effect, Cistus Canadensis 200C, one dose every alternate day, is advised; it gives good results.</p>	<ul style="list-style-type: none"> Mezereum 200C, one dose every alternate day, is very helpful.

LYMPHANGITIS AND LYMPHADENITIS

There are several causes of these two diseases. Whatever the causes are, the protocol given below helps.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Hepar Sulphuris Calcareum 6C, two doses daily. • Tuberculinum Bacillinum 200C, one dose every 14 days. 	<ul style="list-style-type: none"> • Thuja Occidentalis 30C, two doses daily. 	<ul style="list-style-type: none"> • Cistus Canadensis 6C, two doses daily. • Hamamelis Virginica 200C + Arnica Montana 3C, two doses daily.

LYMPHATIC FILARIASIS

Filariasis is a disease caused by nematode worms, and comes into the body through mosquito bites. Repeated attacks cause permanent swelling, generally of the legs — elephantiasis.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Sulphur 200C and Hamamelis Virginica 200C, one dose every 3 hours alternately. • In case of high temperature, Belladonna 3C in liquid, every one hour, till the temperature comes down. 	<ul style="list-style-type: none"> • Clematis Erecta 200C, one dose every third day. • Sulphur 200C + Hamamelis Virginica 200C, two doses daily. 	<ul style="list-style-type: none"> • Sulphur 200C, two doses daily. • Lycopodium Clavatum 30C, two doses daily.

LYMPHEDEMA

Lymphedema is a condition of localised fluid retention resulting in the swelling of tissues due to obstruction in the lymphatic system. This condition can have many causes starting from surgical intervention to parasitic diseases like filaria.

FIRST LINE MEDICINES	SECOND LINE MEDICINES
<ul style="list-style-type: none"> • Lycopodium Clavatum 30C in liquid, two doses daily, till considerable relief. • Hamamelis Virginica 200c + Arnica Montana 3c, two doses daily. 	<ul style="list-style-type: none"> • Bryonia Alba 200C, two doses daily.

MALARIA (BENIGN AND MALIGNANT)

Mosquito bites are the cause of this disease. Generally, there are two kinds of malaria — vivax, and falciperum (which is also called malignant malaria, and has to be treated very carefully with constant observation).

FIRST LINE MEDICINES

- Chininum Sulphuricum 3X in liquid and Eupatorium Perfoliatum θ, one dose every 3 hours alternately.
- For chill, Nux Vomica 30C, one dose every 15 minutes, three doses to be given; for 103 °F temperature and above, give one dose every 15 minutes, three doses to be given.
- Arnica Montana 3C + Cuprum Metallicum 6C, one dose every one hour (SOS) for high temperature.

When there is no temperature, Natrum Muriaticum 30C, one dose daily, is to be given for 2 months to prevent future attacks.

SECOND LINE MEDICINES

- Vitex Negundo θ and Chininum Sulphuricum 3X in liquid, one dose every 3 hours alternately; if there is high temperature, one dose every one hour alternately.

MALE HYPOGONADISM, CRYPTORCHIDISM, GYNecomASTIA

The causes of male hypogonadism are multiple and diverse, but more often than not it is hormonal imbalance in the system. While male hypogonadism is usually difficult to cure, the medicines in the protocol given below are aimed at correcting the hormonal imbalance.

FIRST LINE MEDICINES

- Arum Metallicum 200C, one dose every third day.
- Bromium 6C, two doses daily.

SECOND LINE MEDICINES

- Iodium 200C in liquid, two doses daily.

THIRD LINE MEDICINES

- Baryta Carbonicum 200C, one dose every third day.
- Thuja Occidentalis 30C, two doses daily.
- Thyroidinum 200C, one dose daily.

MEASLES OR RUBELLA

This is a viral infection, and has its own course. Suppressive medicines should not at all be given, as they cause many complications. The protocols given below are completely safe and reliable.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Bryonia Alba 30C, two doses daily. • Belladonna 3C in liquid, for high temperature, one dose every 30 minutes till the temperature is stable; for accompanying colds and coughs, Ipecacuanha 30C, one dose every one hour (SOS) may be given if necessary. 	<ul style="list-style-type: none"> • Bryonia Alba 30C and Antimonum Crudum 6C, one dose every 3 hours alternately. • In case of lung congestion, Chelidonium Majus 6X in liquid, one dose every 2 hours. 	<ul style="list-style-type: none"> • When measles rashes disappear, the temperature is normal — on the verge of cure. Thuja Occidentalis 30C, one dose daily, is to be given for 10 days; this prevents the bad effects of the disease.

MENINGITIS (DIFFERENT TYPES)

While there are different causes of meningitis (bacterial, viral, etc.), our treatment process remains the same, based on the medicines prescribed below.

FIRST LINE MEDICINES	SECOND LINE MEDICINES
<ul style="list-style-type: none"> • Belladonna 3C and Cuprum Metallicum 6C + Arnica Montana 3C, one dose every one hour alternately. 	<ul style="list-style-type: none"> • Apis Mellifica 6C and Belladonna 30C, one dose every 2 hours alternately. • Stramonium 200C, one dose only.

MENOPAUSAL SYNDROME

In the case of menopausal syndrome, apart from medicinal treatment, counselling also helps a lot.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Ammonium Carbonicum 200C 	<ul style="list-style-type: none"> • Lachesis Mutus 200C, one dose every alternate day. 	<p>In case menorrhagia occurs every month</p>

in liquid, one dose every 10 days when menorrhagia occurs every month.

- Aconitum Napellus 200C, one dose every one hour (SOS) for palpitation
- Arnica Montana 3C, one dose every 3 hours (SOS), during excessive bleeding, if any, till it stops.
- Sulphur 200C, one dose every one hour (SOS) for hot flushes.

- SOS medicines are the same as the first line medicines.

- Ammonium Carbonicum 200C in liquid, one dose every 10 days, and
- Caulophyllum 200C, two doses daily, throughout the month; to be repeated every 3 hours during bleeding.

MUMPS

Mumps is a viral disease and has to be treated very carefully. Sometimes, it metastasizes to the testes and damages it.

FIRST LINE MEDICINES

- Mercurius Vivus 200C + Belladonna 30C, one dose every 3 hours.
- Pulsatilla 30C, 2 doses to be given daily if there is any pain in the testes; however, Mercurius Vivus 200C + Belladonna 30C, one dose every 3 hours is to be continued.

SECOND LINE MEDICINES

- Hepar Sulphuris Calcareum 6C and Belladonna 30C, one dose every 2 hours alternately.

THIRD LINE MEDICINES

- Thuja Occidentalis 30C and Belladonna 30C, one dose every 3 hours alternately.

MUSCULOSKELETAL DISORDERS

FIRST LINE MEDICINES

- Rhus Toxicodendron 30C and Bryonia Alba 200C, one dose every 2 hours alternately.

SECOND LINE MEDICINES

- Symphytum Officinale 200C and Hypericum Perforatum 200C, one dose every 3 hours alternately.

THIRD LINE MEDICINES

- Medorrhinum 200C and Colchicum Autumnale 30C in liquid, one dose every 3 hours alternately.

NEPHROTIC DISEASES FROM SYSTEMIC DISORDER, AMYLOIDOSIS, DIABETIC NEUROPATHY, SLE

The following medicines may be given, along with treatment for primary diseases.

FIRST LINE MEDICINES

- Thuja Occidentalis 30C, two doses daily.
- Lycopodium Clavatum 30C in liquid, two doses daily.

SECOND LINE MEDICINES

- Eel Serum 6C, two doses daily.
- Lycopodium Clavatum 30C in liquid, two doses daily.
- Medorrhinum 200C, two doses daily.

NEPHROTIC SYNDROME

Nephrotic syndrome is a persistent disease which keeps recurring in spite of the availability of the best healthcare facilities. However, it is quite easily and conveniently treatable under our protocol given below.

FIRST LINE MEDICINES

- Bryonia Alba 30C, two doses daily.
- Lycopodium Clavatum 30C in liquid, two doses daily.

SECOND LINE MEDICINES

- Arsenicum Album 6C, two doses daily.
- Lycopodium Clavatum 30C in liquid, two doses daily.
- Medorrhinum 200C, one dose every alternate day; if there is a high degree of edema, and if Lycopodium Clavatum 30C does not help, give Apis Mellifica 6C, three doses daily.

THIRD LINE MEDICINES

- Thuja Occidentalis 30C, two doses daily.
- Terebinthina 6C, two doses daily.
- Lycopodium Clavatum 30C, liquid, one dose daily.

NON-HODGKIN'S LYMPHOMA

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> Belladonna 30C and Thuja Occidentalis 30C, one dose every 3 hours alternately. Kali Muriaticum 3X and Ferrum Phosphoricum 3X (two tablets of each together = one dose), two doses daily. 	<ul style="list-style-type: none"> Hepar Sulphuris Calcereum 6C, two doses daily. Calcarea Fluorica 3X, two doses daily. 	<ul style="list-style-type: none"> Hepar Sulphuris Calcereum 6C and Thuja Occidentalis 30C, one dose every 3 hours alternately. Kali Muriaticum 3X + Ferrum Phosphoricum 3X (two tablets of each together = one dose), two doses daily.

OSTEOMYELITIS

Osteomyelitis is a bone infection generally caused by bone injuries, open fractures, surgical procedures, etc. In many cases, discharging sinus occurs, but not in all cases. It is curable by the administration of homeopathic medicines.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<p>Acute Stage</p> <ul style="list-style-type: none"> Symphytum Officinale 200C and Calcarea Phosphorica 3X, one dose every 3 hours alternately. <p>With discharging sinus, Hypericum Perforatum 200C + Arsenicum Album 3C, two doses daily.</p>	<ul style="list-style-type: none"> Ruta Graveolens 200C, two doses daily. Calcarea Sulphurica 3X, two doses daily. Psorinum 200C in liquid, one dose once in a week. <p>For infections on the long bones, such as tibia, femur, etc., Mezereum 200C, one dose daily, is to be added.</p>	<p>Tubercular Origin</p> <ul style="list-style-type: none"> Tuberculinum Bacillinum 200C in liquid, one dose once in a week. Symphytum Officinale 200C, two doses daily. Calcarea Phosphorica 3X, two doses daily.

OSTEOPOROSIS

Osteoporosis is a common phenomenon for women in their post-menopausal stage. It also occurs in many other conditions known to physicians.

FIRST LINE MEDICINES

- Symphytum Officinale 200C, two doses daily.
- Calcarea Phosphorica 3X, two doses daily.
- Hypericum Perforatum 200C, one dose every one hour (SOS) for pain, if any.

SECOND LINE MEDICINES

- Ruta Graveolens 200C, two doses daily.
- Calcarea Fluorica 3X, two doses daily.

OVARIAN TUMORS (POS)

These medicines can resist the removal of ovaries. Ovarian tumors can be completely cured with the protocol of treatment given below. No surgery or hormonal treatment is necessary. The treatment should be continued for 3 months, and then reviewed. There may be a change of protocol, if necessary, only after 3 months.

FIRST LINE MEDICINES

- Conium Maculatum 3C, two doses daily.
- For acute pain, Belladonna 3C in liquid, one dose every 15 minutes.

SECOND LINE MEDICINES

- Thuja Occidentalis 30C, two doses daily.
- Calcarea Fluorica 3X, two doses daily.
- Conium Maculatum 1000C in liquid, one dose once in a week.

THIRD LINE MEDICINES

- Hydrastis Canadensis 200, two doses daily.
- Calcarea Fluorica 200C, two doses daily.

PANCREATITIS

Acute pancreatitis is a very serious problem. In most of the cases, the etiology is unknown; in many cases, there is calcification inside the pancreatic duct which causes acute colic, and, in some cases, obstructive jaundice may result from a calculus getting into the CBD from the pancreatic duct. These cases are treated very successfully with the Banerji Protocols of treatment.

FIRST LINE MEDICINES

- Carduus Marianus θ and Chelidonium Majus 6X, in liquid, one dose every 3

SECOND LINE MEDICINES

- Carduus Marianus θ , two doses daily.

hours alternately, to be given for 3 months; then the case should be reviewed.

- In case of acute colic, *Carduus Marianus* θ , alternated with *Belladonna* 3C in liquid, repeated every 15 minutes, often relieves the pain.
- *Pancreatinum* 3X, one dose daily, is also to be given.

- *Hydrastis Canadensis* θ , two doses daily.

Please give these medicines for 3 months, then review the case.

PARALYSIS

There are many diseases which cause paralysis in the human system. We deal with two major causes:

- Cerebrovascular accidents (CVA), due to a sudden rise of high blood pressure.
- Space occupying lesion (SOL), or tumor in the spinal cord.

FIRST LINE MEDICINES

For CVA :

- *Rhus Toxicodendron* 30C and *Arnica Montana* 3C, one dose every 3 hours alternately.
- *Aconitum Napellus* θ , in liquid (3 drops), two doses daily, to control and stabilize the blood pressure.
- In case of any cardiac problem associated with the CVA, *Lachesis Mutus* 200C, one dose every alternate day is often prescribed
- In case of more intracranial haemorrhage *Hamamelis Virginica* 200C + *Arnica Montana* 3C, one dose to be given every 3 hours.

For Spine SOL :

- *Symphytum Officinale* 200C and *Calcarea Phosphorica* 3X, one dose every 3 hours alternately, often helps in shrinkage of the SOL, and the paralysis improves slowly.

SECOND LINE MEDICINES

For Spine SOL :

- If proper response is not seen in 3 months with the first line of medicines, and the second check-up MRI shows no improvement, *Ruta Graveolens* 200C and *Calcarea Phosphorica* 3X are to be given, one dose every 3 hours alternately.

PARKINSON'S DISEASE

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Gelsemium Sempervirens 200C, two doses daily. • Rhus Toxicodendron 30C, two doses daily. 	<ul style="list-style-type: none"> • Lachesis Mutus 200C, one dose every alternate day. • Kali Phosphoricum 6X, two doses daily. • Cuprum Metallicum 200C, two doses daily. 	<ul style="list-style-type: none"> • Zincum Metallicum 200C, two doses daily. • Hydrocyanic Acid 30C in liquid, two doses daily.

PELVIC INFLAMMATORY DISEASE (PID)

Pelvic inflammatory disease (PID), described as a women's disease, is related to the reproductive system, and is caused by polymicrobial infections (bacterial, viral, fungal, parasitic, etc.), associated with sexually transmitted diseases (gonococcal infection) producing cervicitis, endometritis, endometriosis, salpingitis, adhesions, post-surgery complications, or a pelvic organ related a group of disorders, manifested symptoms like lower abdominal pain, chills and fever, menstrual disturbances, mucopurulent per vaginal discharges, etc.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Medorrhinum 200C, one dose daily. • In acute condition, Apis Mellifica 30C, one dose every 2 hours. • Conium Maculatum 3C + Sepia 6C, two doses daily. 	<ul style="list-style-type: none"> • Thuja Occidentalis 30, two doses daily. • In acute condition, Belladonna 30C, one dose every 10 to 15 minutes (SOS), till the pain is relieved. 	<ul style="list-style-type: none"> • Carbo Animalis 200C, two doses daily.

PEMPHIGUS VULGARIS

Pemphigus vulgaris is associated with the gradual onset of blisters all over the body which often causes bleeding, occasional temperature and irritation to the skin. It is an autoimmune disease and a very serious complication. In case of acute bleeding from the blisters, Ferrum Phosphoricum 2X (trituration) is to be applied locally.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Cantharis 200C + Arsenicum Album 200C, four doses daily; if these do not act quickly, add Nitricum Acidum 3C in liquid, and give four doses daily. • Belladonna 3C in liquid, for acute pains and high temperature, one dose every 30 minutes for one hour till relief. 	<ul style="list-style-type: none"> • Antimonium Crudum 6C and Arsenicum Album 200C, one dose every 3 hours alternately. • Echinacea-Rudbeckia θ, four doses daily. 	<ul style="list-style-type: none"> • Thuja Occidentalis 30C and Cantharis Vesicatoria 200C + Arsenicum Album 200C, one dose every 3 hours alternately.

PEPTIC ULCERS

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Arsenicum Album 3C in liquid, one dose 15 minutes before every intake of food, five to six doses every day. • Ferrum Phosphoricum 3X (4 tablets), three doses daily in case of bleeding. • Carbo Vegetabilis 200C, one dose every third day, in cases of patients who had melena or hematenesis. 	<ul style="list-style-type: none"> • Natrum Phosphoricum 30C, three doses daily. • Anacardium Oriental 200C, one dose every alternate day. 	<ul style="list-style-type: none"> • Symphytum Officinale θ, three doses daily; it acts best when epigastric tenderness is too much. • Lycopodium Clavatum 200C, one dose every alternate day.

PERIANAL ABSCESS AND FISTULA

Infection of the anal gland, the cryptoglandular epithelial lining of the anal canal, including the surrounded soft tissues, leads to formation of anorectal abscess. Recurrent formation of abscess

leads to abnormal connection of the epithelial surface of the anal canal and perianal skin. The severity and depth of the abscess are quite variable, the abscess cavity is often associated with the formation of a fistulous tract.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Hypericum Perforatum 200C + Arsenicum Album 200C, two doses daily. • Psorinum 1000C in liquid, one dose every 10 days. • Hypericum Perforatum 200C, one dose every 2 to 3 hours (SOS) in case of acute pain. 	<ul style="list-style-type: none"> • Silicea 200C, one dose every third day. • Hepar Sulphuris Calcareum 200C + Arsenicum Album 200C, two doses daily. 	<ul style="list-style-type: none"> • Psorinum 1000C in liquid, one dose every 14 days. • Calcarea Sulphurica 6X and Silicea 6X (two tablets of each together = one dose), four doses daily.

PHARYNGITIS

Pharyngitis is a part of upper respiratory tract infection. Pharyngitis, or sore throat representing the inflammation of the pharynx-posterior wall of the throat and surrounding area, and tonsils caused by virus and bacteria, produce symptoms like the common cold, cough, painful swallowing, fever, headache, fatigue, bodyache, raw feeling in the throat, etc.

FIRST LINE MEDICINES	SECOND LINE MEDICINES
<ul style="list-style-type: none"> • Hepar Sulphuris Calcareum 200C, two doses daily; in case of acuteness, to be repeated every 3 hours. In case of temperature, Belladonna 30C, one dose every 3 hours alternately with Hepar Sulphuris Calcareum 200C. 	<ul style="list-style-type: none"> • Baryta Carb 200C, two doses daily. • Kali Muriaticum 3X, two doses daily. • In case of acute cough, Spongia Tosta 6C, one dose every 3 hours (SOS).

PIGMENTATION DISORDERS – VITILIGO, MELANODERMA

Under our Protocols, there is very effective treatment without any side effects, though it requires a long time. No extra medication is necessary.

FIRST LINE MEDICINES

Vitiligo

- Arsenicum Album 200C, two doses daily, for 3 months. If the results are not encouraging, stop Arsenicum Album 200C, and give Mezereum 6C, two doses daily, Sulphur 200C, one dose every 10 days, and Arsenicum Album 1000C in liquid, one dose every 7 days.

Melanoderma

- Mercurius Solubilis Hahnemanni 200C, two doses daily, for 3 months. If the results are not encouraging, continue Mercurius Solubilis Hahnemanni 200C, and add Sulphuricum Acidum 6C in liquid, two doses daily.

SECOND LINE MEDICINES

Vitiligo

- Arsenicum Sulphuratum Flavum 6X, two doses daily, for 3 months.

Melanoderma

- Chelidonium Majus 30C, two doses daily.
- Antimonium Crudum 200C, one dose every alternate day. If this is not very effective in 3 months, then stop it and give Sepia 200C, one dose every third day, for 3 months.

PITYRIASIS ROSEA / VERSICOLOR

Pityriasis is a whitish type of spot with mild fungal activity. Sometimes, when the body gets heat, or after sweating, there may also be mild itching.

The medicines should be continued for 3 months.

FIRST LINE MEDICINES

- Mercurius Solubilis Hahnemanni 200C, two doses daily.

In case of Rosacea, Rhus Venenata 30C, two doses daily, along with Mercurius Solubilis Hahnemanni 200C.

SECOND LINE MEDICINES

- Antimonium Crudum 6C, two doses daily.

THIRD LINE MEDICINES

- Mezereum 200C, two doses daily.

POLIOMYELITIS (POST-POLIO PARALYSIS)

Poliomyelitis is an infectious viral disease which affects mainly young children. The virus is transmitted through contaminated food and water, and multiplies in the intestine from where it can invade the nervous system. Poliovirus is an RNA virus which is transmitted through the oral-fecal route. The incubation period for poliovirus is 5 to 35 days. The viral particles initially replicate in the nasopharynx and the GI tract, and then invade lymphoid tissues, with subsequent hematologic spread.

symptoms of paralytic polio include high fever, headache, stiffness in the back and neck, asymmetrical weakness of various muscles, sensitivity to touch, difficulty in swallowing, muscle pain, loss of superficial and deep reflexes, paresthesia, irritability, constipation, or difficulty in urinating. Paralysis generally develops one to 10 days after the early symptoms appear, progresses for 2 to 3 days, and is usually complete by the time the fever breaks.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Calcarea Phosphorica 3X, two doses daily. • Cuprum Metallicum 6C, two doses daily. 	<ul style="list-style-type: none"> • Symphytum Officinale 200C and Hypericum Perforatum 200C, one dose every 3 hours alternately. • Calcarea Phosphorica 3X, four doses daily. 	<ul style="list-style-type: none"> • Lachesis Mutus 200C, one dose every alternate day. • Calcarea Phosphorica 3X, two doses daily. • Ledum Palustre 200C, two doses daily.

POLYPS OF THE COLONS AND SMALL INTESTINE

Polyps of the colons and small intestine are very persistent in nature, and their growth after surgery is very common. We do not advise surgery at all. Our medicines are effective, and slowly the polyps regress completely.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Thuja Occidentalis 30C, two doses daily, but, in case of acute trouble, like any pain, or burning, or excessive bleeding, Thuja Occidentalis 30C is to be repeated—one dose every 3 hours, five to six doses a day. When the condition improves, the doses are to be reduced slowly to two doses daily. If there is bleeding daily, give Ferrum Phosphoricum 3X (4 tablets), three doses daily. 	<ul style="list-style-type: none"> • Nitricum Acidum 200C, two doses daily, and also Ferrum Phosphoricum 3X, whenever necessary. 	<ul style="list-style-type: none"> • Mercurius Solubilis Hahnemanni 200C, two doses daily. • Hamamelis Virginica 200C + Arnica Montana 3C, two doses daily.

POST-HERPETIC NEURALGIA

Herpes is a viral infection, and causes intense pain. After the subsidence of the small vesicles, neuralgia starts and continues for a long time. We advise that no medicines should be applied to these eruptions, because our experience shows that external application leads to severe neuralgia.

FIRST LINE MEDICINES

- Tarentula Hispania 200C, one dose every third day.
- Hypericum Perforatum 200C, two doses daily; a dose may be given every 2 to 3 hours in case of acute neuralgia.

SECOND LINE MEDICINES

- Rhus Toxicodendron 30C, one dose every 3 hours; reduce the doses when the patient feels much better.

THIRD LINE MEDICINES

- Cuprum Metallicum 200C, one dose every 3 hours, when there is acute pain; when the condition is normal, two doses to be taken daily.

POST-MENOPAUSAL VAGINAL BLEEDING

The treatment prescribed below should be continued for 3 months, and then reviewed on seeing the results.

FIRST LINE MEDICINES

- Ammonium Carbonicum 200C in liquid, one dose every 10 days.
- Arnica Montana 3C, two doses daily, during bleeding; to be given every 3 hours till the bleeding stops, and continued for 3 months before a review of the case.

SECOND LINE MEDICINES

- Lachesis Mutus 200C, one dose every third day.
- Caulophyllum 200C, two doses daily, during bleeding, one dose to be given every 3 hours till the bleeding stops, and continued for 3 months before a review of the case.

PREMENSTRUAL TENSION SYNDROME

FIRST LINE MEDICINES

- Sepia 200C, one dose every 3 days.
- Cocculus 30C, two doses daily.

SECOND LINE MEDICINES

- Cimicifuga Racemosa 30C, two doses daily.

THIRD LINE MEDICINES

- Platinum Metallicum 200C, one dose every 3 days
- Stramonium θ (5 drops), two doses daily.

PROSTATITIS / BENIGN PROSTATIC HYPERPLASIA

Prostatitis usually affects elderly persons (60 years of age and above). The treatment should be continued for 3 months; thereafter, whether or not any change in protocol is necessary should be considered.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Medorrhinum 200C, one dose every alternate day. • Cantharis 200C, two doses daily. • Sabal Serrulata θ (10 drops), one dose daily. 	<ul style="list-style-type: none"> • Thuja Occidentalis 30C, two doses daily. • Sarsaparilla Officinalis 30C, two doses daily. 	<ul style="list-style-type: none"> • Conium Maculatum 1000C in liquid, one dose every 10 days. • Cantharis 200C, two doses daily. <p>In cases of patients who suffer from urge incontinence, this protocol works very effectively.</p>

PYOGENIC HEPATIC ABSCESS / AMEBIC HEPATIC ABSCESS

There has been an increased incidence of hepatic abscesses -- both pyogenic and amebic -- in the last few decades. Experts are of the opinion that regressive treatment procedures for hepatobiliary and pancreatic diseases may be responsible for this. These abscesses are often difficult to diagnose, and pose a threat to the lives of patients. Under our Protocols, we treat patients only with the medicines prescribed below.

FIRST LINE MEDICINES	SECOND LINE MEDICINES
<ul style="list-style-type: none"> • Chelidonium Majus 6X in liquid and Carduus Marianus θ, one dose every 3 hours alternately. • Pyrogenium 200C, one dose daily. • Belladonna 3C in liquid; during high temperature, give one dose every 15 to 20 minutes. 	<ul style="list-style-type: none"> • Chelidonium Majus 6X in liquid and Hepar Sulphuris Calcareum 6C, one dose every 3 hours alternately. • Carduus Marianus θ, two doses daily.

RABIES

Rabies is a viral (rhabdovirus) encephalitis transmitted by infected saliva which gains entry into the body by animal bite, or an open wound. The rabies virus travels to the

brain by the peripheral nerves. The incubation period of the disease is usually a few months in humans, depending on the distance the virus must travel to reach the central nervous system. Once the rabies virus reaches the central nervous system and symptoms begin to show, the infection is effectively untreatable and usually fatal within days. The prodromal syndrome consists of pain at the site of the bite in association with fever, malaise, headache, nausea and vomiting. The skin is sensitive to changes of temperature, especially air currents (aerophobia). The encephalitis produces the classic rabies manifestation of delirium alternating with periods of calm. Extremely painful laryngeal spasms on attempting drinking (hydrophobia), autonomic stimulation, hypersalivation, and seizures. The less common paralytic form manifests as an acute ascending paralysis resembling the Guillain-Barre syndrome, and the ultimate stage is coma, autonomic nervous system dysfunction, and death. Immediately after the bite of an animal, or as soon as possible, anti-rabies inoculation should be given.

From our side, we suggest giving Stramonium 200C + Arsenicum Album 200C, one dose every 3 hours for 15 days, to prevent the disease.

FIRST LINE MEDICINES

- Stramonium 200C + Arsenicum Album 200C, one dose every 3 hours.
- Hydrophobinum 30C, one dose daily.

RADIATION REACTION

Patients who undergo, or have completed, radiotherapy get considerable relief from its various side effects – such as skin changes, fatigue, diarrhea, nausea, etc.—after taking the medicines prescribed below.

FIRST LINE MEDICINES

- Ruta Graveolens 6C and Nux Vomica 30C, one dose every 3 hours alternately.

SECOND LINE MEDICINES

- Fluoricum Acidum 200C, one dose every third day.

THIRD LINE MEDICINES

- X-ray 200C, one dose every alternate day.

REACTIVE CERVICAL LYMPH ADENOPATHY: TUBERCULAR AND NON-TUBERCULAR MYCROBACTERIAL LYMPH ADENOPATHY

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Thuja Occidentalis 30C, two doses daily. • Tuberculinum Bacillinum 200C in liquid, one dose every 10 days. 	<ul style="list-style-type: none"> • Hepar Sulphuris Calcareum 6C, two doses daily. • Calcareo Fluorica 3X, two doses daily. 	<ul style="list-style-type: none"> • Thuja Occidentalis 1000C in liquid, one dose every 10 days. • Hepar Sulphuris Calcareum 6C, two doses daily.

RECTAL PROLAPSE

Rectal prolapse is a surgical condition, but, in many cases, patients do not resort to surgery – due to either economic constraints, or various contra-indications to surgery. We have used our protocols with such good results that nowadays we advise patients that they first try our medicines, and if they do not yield results in 3 to 4 months, resort to surgery only then.

Each protocol should be continued for at least 3 months.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Ruta Graveolens 200C, two doses daily. 	<ul style="list-style-type: none"> • Podophyllum 200C, two doses daily. 	<ul style="list-style-type: none"> • Syphilinum 30C, two doses daily.

RENAL ARTERY STENOSIS

FIRST LINE MEDICINES	SECOND LINE MEDICINES
<ul style="list-style-type: none"> • Staphysagria 200C, one dose every alternate day. • Lycopodium Clavatum 30C, two doses daily. 	<ul style="list-style-type: none"> • Hamamelis Virginica 200C + Arnica Montana 3C, two doses daily. • Lycopodium Clavatum 30C, two doses daily.

RENAL STONES

The causes of formation of stones in the kidneys are unknown. Under the conventional system of medical treatment, renal stones are treated as cases of surgery, and there are at present many forms of surgical procedure. Under this system, the constitution of the patients — for which renal stones are formed — is never the subject of such treatment; this being so, renal stones are formed again. Moreover, owing to the surgical and invasive process followed, the nephrons of the kidneys are damaged. There is no question of such damage to the kidneys under our system of treatment; on the contrary, our protocols of treatment improve the immune system of patients, and help prevent recurrence. More important, small renal stones are dissolved, and some pass out with urine. We have also observed that if the stones are silent, they do not cause any problem.

FIRST LINE MEDICINES

- Berberis Vulgaris θ , two doses daily.
- Sarnaparilla 30C, two doses daily, to be continued for 3 months.

In case of acute pain, Berberis Vulgaris θ and Belladonna 3C in liquid, one dose to be given every 10 minutes alternately, till relief.

SECOND LINE MEDICINES

If the stones go down to the urinary bladder and cause pain, dysuria, and a frequent urge for urine,

- Equisetum Hyemah θ , and Cantharis 200C should be given, one dose every 15 minutes alternately, till relief.

The above treatment frequently dissolves the renal stones which pass out with the urine. In case there is a feeling of nausea, give Tabacum 200C, two or three doses daily.

RHEUMATIC HEART DISEASE (RHD)

Under the conventional system of medicine, rheumatic heart disease (RHD) is treated as a surgical case. The treatment under our Protocols prescribed below, if continued for 3 to 4 years, cures the condition.

FIRST LINE MEDICINES

- Lachesis Mutus 200C, one dose every alternate day.

SECOND LINE MEDICINES

- Stannum Metallicum 200C, two doses daily.

THIRD LINE MEDICINES

- Cimicifuga Racemosa 30C, two doses daily.

- Calcarea Phosphorica 3X, two doses daily.
- Crataegus Oxyacantha θ, two doses daily.

If these medicines are continued for 6 months, they are highly effective; then, for complete cure, this treatment should be continued for 3 to 4 years.

- Cactus Grandiflorus θ, two doses daily.

- Adonis Vernalis θ, two doses daily.

RHEUMATOID ARTHRITIS

Rheumatoid arthritis is a colagean disease, and it requires a fairly long treatment for relief and cure. It is a chronic system inflammatory disease with pain, stiffness and, in many cases, deformities set in in the joints. The cause is not known, and it is a chronic multi-system disease.

I shall always remember a remarkable case of rheumatoid arthritis, treated by my father Dr. Pareshnath Banerji. The concerned patient came to him, restless and screaming with severe pain, after having tried out conventional, ayurvedic and also homeopathic systems of treatment. All painkillers under these three systems had failed, and he could not get any relief from pain.

At first, my father's medicines also failed to relieve him of his pain. He then thought of Medorrhinum 200C — a medicine which had been tried before. He changed the dosage to one dose every 3 hours, and asked the patient's attendant to continue giving the medicine throughout the night and report to him the next morning.

The next morning it was found that the pain had completely disappeared. The doses were then reduced to 2 doses daily for one month. The patient was completely cured, as follow-ups during the next 5 years did not reveal any recurrence.

FIRST LINE MEDICINES

- Rhus Toxicodendron 30C, and Bryonia Alba

SECOND LINE MEDICINES

- Chininum Sulphuricum 3X (trituration), one

THIRD LINE MEDICINES

- Medorrhinum 200C and Colchicum Autum

200C, one dose every 2 or 3 hours alternately, till disappearance of the symptoms, and laboratory findings come within normal limits.

- Belladonna 3C in liquid, for acute pain and high temperature, one dose every 30 minutes.

In case these medicines do not give proper relief, the next medicines are

- Symphytum Officinale 200C and Kalmia Latifolia 6C in liquid, one dose every 3 hours alternately, is often very effective;
- As a basic medicine, Calcarea Carbonica 200C, one dose every third day, along with the medicines referred to above are given to increase immunity; in many cases, symptomatic medicines are required to give relief to patients.

dose to be given every 3 hours till substantial relief is obtained.

- Rhus Toxicodendron 1000C in liquid, one dose once in a week.

30C, one dose every 3 hours alternately.

SALIVARY GLAND STONES

Bearing in mind that the treatment of salivary stones and any type of tumor is usually surgical, unless the actual cause of the development of a stone of the salivary gland is addressed to, there is a possibility of recurrence. The medicines under our Protocols, prescribed below, directly address the functioning of the salivary glands; thus, the problem, once treated and solved, usually does not recur.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Hepar Sulphuris Calcereum 6C, two doses daily. 	<ul style="list-style-type: none"> • Carduus Marianus θ, two doses daily. • Calcarea Fluorica 3X, two doses daily. 	<ul style="list-style-type: none"> • Thuja Occidentalis 30C, two doses daily.

If there is too much pain, the same medicines may be repeated every 30 minutes.

SALMONELLOSIS / TYPHOID FEVER

In the case of typhoid fever, if a patient comes with some temperature but not with a proper diagnosis, it is not possible for a doctor to identify the disease and assess the duration of the treatment required. It is possible to identify the disease by clinical examination, or by an examination of the tongue and abdomen. What is advised next is to have blood taken for Widal, followed by a blood examination for the Widal test, to confirm the disease.

As our Protocol below will bear out, our approach is based on the prescription of specific medicines. After cure by these medicines, there is absolutely no chance of any relapse of the disease.

Typhoid fever may affect the lungs, the gall bladder, the kidney, etc. and specific medicines are prescribed under our protocol following which we give symptomatic relief for the other complications too.

For typhoid fever, the following Protocol may be used very successfully:

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Baptisia Tinctoria 200C, two doses daily. • Lycopodium Clavatum 30C in liquid, two doses daily, is very specific for typhoid. 	<ul style="list-style-type: none"> • Gelsemium Sempervirens 6C, two doses daily, may be given every 3 hours if there is high temperature. If there are colds and cough, Bryo- 	<ul style="list-style-type: none"> • Bryonia Alba 30C and Rhus Toxicodendron 30C, one dose every 3 hours alternately.

When the temperature becomes very high (103°F or 104°F), give Arnica Montana 3C + Cuprum Metallicum 6C—one dose every 15 minutes 3 times—and wait for an hour to allow the temperature slowly come down. If it does not, the medicines may be repeated in similar dosage; this prevents febrile convulsions, and also brings down the temperature.

nia Alba 30C, two doses daily, is to be given.

- Baptisia Tinctoria 200C, one dose daily.

SCABIES

For scabies, there should be absolutely no external medication, which may lead to other diseases like bronchial asthma or nephritis. Diluted calendula lotion should be used for washing purposes. Coconut oil or olive oil may also be applied externally for relief.

FIRST LINE MEDICINES

- Psorinum 1000C in liquid, one dose every 14 days.
- Arsenicum Album 200C, two doses daily.
- In case too much itching makes the patient restless and prevents sleep, Coffea Cruda 200C, one dose during every attack of itching, often gives very good results, with less itching and more sleep.

SECOND LINE MEDICINES

- Sulphur 200C + Arsenicum Album 200C, two doses daily, may be given, or three or four doses daily in case of too much itching. This is also a curative treatment.

THIRD LINE MEDICINES

- Antimonium Crudum 200C + Arsenicum Album 200C, four doses to be given daily.

SEBORRHEIC DERMATITIS AND DANDRUFF

Seborrheic dermatitis is an inflammatory skin disorder, and may be acute or chronic papulosquamous dermatitis that often coexists with psoriasis. Pruritus is an inconstant finding, the scalp, face, chest, back, umbilicus, eyelid margins and body folds have dryscales or oily, yellowish scurf.

It particularly affects the sebum-gland rich areas of skin. The cause of seborrheic dermatitis remains unknown, although many factors have been implicated. Seborrheic dermatitis may be aggravated by illness, psychological stress, fatigue, change of seasons, and reduced general health.

In adolescents and adults, seborrheic dermatitis usually presents as scalp scaling (dandruff), or as mild-to-marked erythema of the nasolabial fold during times of stress or sleep deprivation.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Mezereum 200C, two doses daily. • Arsenicum Album 200C, two doses daily. • Tuberculinum Bacillinum 200C in liquid, one dose once in a week. 	<ul style="list-style-type: none"> • Graphites 200C, one dose once in a week. • Kali Sulphuricum 3X, two doses daily. 	<ul style="list-style-type: none"> • Psorinum 1000C in liquid, one dose every 10 days. • Natrum Sulphuricum 6X, two doses daily.

SEVERE ACUTE RESPIRATORY SYNDROME (SARS)

This is an acute respiratory tract infection known as the common cold, with the sudden onset of symptoms like acute rhinitis, colds, sneezing, running nose, nose blocks, dyspnea, malaise, fever, mild cough and sore throat caused by virus bacterial infection.

FIRST LINE MEDICINES	SECOND LINE MEDICINES
<ul style="list-style-type: none"> • Lachesis Mutus 200C, one dose every alternate day. • Chelidonium Majus 6X in liquid and Hepar Sulphuris Calcareaum 6C, one dose every 2 hours alternately. • Kali Muriaticum 3X and Ferrum Phosphoricum 3X (two tablets of each together = one dose), two doses daily. 	<ul style="list-style-type: none"> • Kali Iodatum 6C in liquid and Bryonia Alba 30C, one dose every 2 hours alternately. <p>In case the patient has acute mental distress, Ignatia Amara 200C, two doses daily, may be added.</p>

SHOCK

Electric shock

Electric shocks have been known to cause immediate problems like burns, and sometimes the symptoms may be severe enough to cause even a cardiac arrest, in which case the patient may require institutionalised medical care. Sometimes, electric shocks have been seen to be the point of origin of various diseases. In such cases, the protocol that we use is as follows. . . for any symptom or complication caused by an electric shock, the treatment prescribed below will help.

FIRST LINE MEDICINES

- Coffea Cruda 200C, two doses daily, till relief.

SECOND LINE MEDICINES

- Aconitum Napellus 200C, one dose every 30 minutes.

Mental shock

It is generally accepted that mental shocks can be the hidden cause of many chronic diseases. Sometimes, a patient may indicate that the start of the problem or disease is followed by mental trauma or shock. In such cases, the medicines as referred to below take care of many illnesses which may be the result of the trauma—both immediate, and in the past.

FIRST LINE MEDICINES

- Ignatia Amara 200C, two doses daily.
- Coffea Cruda 200C, two doses daily, till relief.

SECOND LINE MEDICINES

- Aconitum Napellus 200C, two doses daily, to be given as required.

SINUSITIS

Sinusitis of less than four weeks' duration, presenting symptoms of nasal discharge, nasal congestion, headache, sneezing, etc., is caused by both virus and bacteria.

FIRST LINE MEDICINES

- Sanguinaria Canadensis 200C, two doses daily.
In acute cases, the

SECOND LINE MEDICINES

- When the first line medicines do not work, give Kali Bichromicum

THIRD LINE MEDICINES

In case of nose blocks, running nose, sneezing and also sinusitis

medicines are to be repeated every 3 hours, and, after substantial relief, the doses are to be reduced to two doses daily.

In case of acute pain, with or without temperature, give Sanguinaria Canadensis 200C + Belladonna 3C, one dose every 30 minutes.

30C, two to three doses daily.

- For nose blocks, give Lycopodium Clavatum 30C, one dose every one to 2 hours, when necessary.

- Calcarea Carbonica 1000C in liquid, one dose once a week.
- Sanguinaria Canadensis 200C, two doses daily.

For acute sneezing and nose running, Arsenicum Album 6C, one dose every one hour (SOS), is to be given for relief.

SPINAL TUMORS: PRIMARY AND METASTASIS

It causes paralysis of various parts, limbs, etc., depending on the position of the tumor. Based on observational facts of thousands of cases, the medicines referred to below have been used with success.

FIRST LINE MEDICINES

- Symphytum Officinale 200C, two doses daily.
- Calcarea Phosphorica 3X, two doses daily.
- Carinosium 30C, one dose every alternate day, if there is malignancy.

SECOND LINE MEDICINES

- Ruta Graveolens 200C, two doses daily.
- Calcarea Phosphorica 3X, two doses daily.

SYPHILIS

Of the sexually transmitted diseases, syphilis is one of the most common in developing countries. Using our protocols, we have treated many cases in various stages of the disease, and have found the medicines prescribed below to be very effective in the eradication of the basic disease from the system. Symptomatic relief may be given by using other medicines as and when required.

FIRST LINE MEDICINES

- Hepar Sulphuris Calcareum 200C + Arsenicum Album 200C,

SECOND LINE MEDICINES

- Nitricum Acidum 200C, one dose every 3

THIRD LINE MEDICINES

- Mercurius Solubilis Hahnemanni 200C and Arsenicum Album

two doses daily; in case of severe ulceration, give one dose every 3 hours.

hours and, when much better, two doses daily, till cure.

200C, one dose every 3 hours alternately.

SYSTEMIC LUPUS ERYTHMATOSUS (SLE)

Systemic lupus erythmatosus (SLE) is an inflammatory autoimmune disorder characterized by autoantibodies to nuclear antigens. This can affect multiple organ systems, occurring predominantly in young women rather than men. People with lupus produce abnormal antibodies in their blood which target tissues within their own body, rather than foreign infectious agents. Because the antibodies and accompanying cells of inflammation can affect tissues anywhere in the body, lupus has the potential to affect a variety of areas. Common manifestations may include arthralgias and arthritis; malar (butterfly) rash and other skin rashes; pleuritis or pericarditis, renal or CNS involvement; and hematologic cytopenias. The precise reason for the abnormal autoimmunity that causes lupus is not known. Inherited genes, viruses, ultraviolet light, and certain medications may all play some role.

FIRST LINE MEDICINES

- Thuja Occidentalis 30C, two doses daily.
- Hypericum Perforatum 200C + Arsenicum Album 200C, four doses daily, in case of ulceration on the finger tips, or acute pain.
- Rhus Toxicodendron 30C, two doses daily, for joint pain; it may be repeated every 3 hours in case of acute joint pain.

SECOND LINE MEDICINES

- Lachesis Mutus 200C, one dose every alternate day, for tachycardia and also protocol given in first line of medicines.
- Kali Muriaticum 3X and Ferrum Phosphoricum 3X (two tablets of each together = one dose), two doses daily, for anemic patients.
- Thuja Occidentalis 30C to be continued with all along.

THIRD LINE MEDICINES

- Thuja Occidentalis 30C, two doses daily.
- Symphytum Officinale 200C, two doses daily.
- Kalmia Latifolia 6C in liquid, two doses daily.

TENNIS ELBOW (LATERAL EPICONDYLITIS) GOLFERS' ELBOW (MEDIAL EPICONDYLITIS)

Both these conditions are similar except with regard to the position of the pain in the elbows. These conditions are usually attributed to injuries resulting from participation in various sports, but, in many cases, the causes are unknown.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Symphytum Officinale 200C, two doses daily. • Calcareo Phosphorica 3X, two doses daily. 	<ul style="list-style-type: none"> • Rhus Toxicodendron 30C, two doses daily. • Calcareo Phosphorica 3X, two doses daily. 	<ul style="list-style-type: none"> • Ruta Graveolens 200C, two doses daily. • Hypericum Perforatum 200C, two doses daily.

THALASSEMIA / APLASTIC ANEMIA

To maintain the QoL of such patients, the ultra-dilute medicines help considerably in both major and minor cases. These may prolong the intervals between blood transfusion. For patients who come before any transfusion, no blood transfusion is generally required after the start of our treatment.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Natrum Muriaticum 30C, one dose daily. • Kali Muriaticum 3X and Ferrum Phosphoricum 3X (two tablets of each together = one dose) , four doses daily. • Vitex Negundo θ, two doses daily. • If a patient has temperature, give Belladonna 3C in liquid, one dose every 30 minutes (SOS). 	<ul style="list-style-type: none"> • Almost the same as first line medicines, with the potency of Natrum Muriaticum to be 1000C in liquid, in lieu of 30C; also give Hamamelis Virginica 200C + Arnica Montana 3C , two doses daily. • Kali Muriaticum 3X and Ferrum Phosphoricum 3X are to be continued. 	<ul style="list-style-type: none"> • Thuja Occidentalis 30C, two doses daily. • Ceanothus θ (10 drops), two doses daily. • Kali Muriaticum 3X and Ferrum Phosphoricum 3X are to be continued.

TINEA CORPORIS AND TINEA CRURIS (RINGWORMS)

These two skin problems, caused by fungal infections, are very common and infectious, and if a single member of a family is affected, the infection may spread to the whole family. Our medicines are effective in treating these skin problems.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> Graphites 200C, one dose every third day. Kali Sulphuricum 3X, two doses daily. Coffea Cruda 200C, one dose every one hour (SOS) for excessive itching. 	<ul style="list-style-type: none"> Sulphur 200C + Arsenicum Album 200C, two doses daily; in aggressive cases, four doses daily. 	<ul style="list-style-type: none"> Natrum Sulphuricum 6X, two doses daily. Tellurium 200C, one dose every third day.

TONSILLITIS, PERITONSILLAR ABSCESS, SEPTIC TONSILLITIS

This is a recurring type of throat infection with throat pain accompanied by high temperature. Our protocol aims at reducing the acuteness of the septic condition in the throat, and also a long-term solution – the gradual reduction in the intensity of the attacks, and complete stoppage thereafter.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> Hepar Sulphuris Calcareum 200C, two doses daily; in cases of acute attacks, give one dose every 3 hours... six doses a day may be given. 	<ul style="list-style-type: none"> Mercurius Cyanatus 200C + Belladonna 3C and Kali Muriaticum 3X; give one dose every 3 hours, alternately. <p>In case of acute throat pain, particularly in Septic Tonsillitis, give Mercurius Cyanatus 200C + Belladonna 3C, one dose every 3 hours till relief.</p>	<ul style="list-style-type: none"> Diphtherinum 30C in liquid, two doses daily.

Eupatorium Perfoliatum θ may be used in alternation with Hepar Sulphuris Calcareum 200C, Mercurius Cyanatus 200C + Belladonna 3C or Diphtherinum 30C, in case of high temperature.

After an acute attack subsides, Hepar Sulphuris Calcareum 200C, two doses daily, is to be continued for at least 3 months to complete the cure and ensure no recurrence thereafter.

TRAVEL SICKNESS

Some persons fall ill while on travel, while some others when at high altitudes have breathing difficulties owing to the lack of oxygen.

FIRST LINE MEDICINES

- Tabacum 200C, one dose every one hour before starting a journey; three doses to be taken.
- For airsickness, particularly when the ear is blocked, take Sanguinaria Canadensis 200C, one dose before boarding an aircraft, followed by Pulsatilla Nigricans 30C, one dose if there is any disturbance in the air.

SECOND LINE MEDICINES

- Coccus Indicus 30C, two doses daily.

TUBERCULAR AND NON-TUBERCULAR LYMPH ADENOPATHY

Lymph adenopathy can arise from a number of afflictions – reactive, viral, bacterial, neoplastic, etc. The medicines prescribed below under our Protocols are effective in treating lymph adenopathy irrespective of its cause.

FIRST LINE MEDICINES

- Tuberculinum Bacillinum 200C in liquid, one dose every 10 days.
- Hepar Sulphuris Calcareum 200C, two doses daily.

SECOND LINE MEDICINES

- Tuberculinum Bacillinum 200C in liquid, one dose every 10 days.
- Thuja Occidentalis 30C, two doses daily.

TUBERCULOSIS

Tuberculosis is caused by the bacteria mycobacterium tuberculosis. The commonest site of the infection is usually the lungs, but it can affect any part of the body.

Pulmonary tuberculosis

FIRST LINE MEDICINES

- Kali Carbonicum 200C in liquid, one dose every third day.

SECOND LINE MEDICINES

- Kali Carbonicum 200C in liquid, one dose every third day.

- Bryonia Alba 30C + Aconite Napellus 200C, two doses daily.
- Ferrum Phosphoricum 3X, two doses daily.

- Kali Muriaticum 3X and Ferrum Phosphoricum 3X (two tablets of each together = one dose), two doses daily.
- Thuja Occidentalis 30C, two doses daily.

TUBERCULAR PERITONITIS

FIRST LINE MEDICINES

- Tuberculinum Bovinum 200C, two doses daily.
- Lycopodium Clavatum 30C in liquid, one dose every 3 hours.
- Carbo Vegetabilis 200C, one dose daily.

SECOND LINE MEDICINES

- Tuberculinum Bovinum 200C, two doses daily.
- Helleborus Niger 30C in liquid, two doses daily.

THIRD LINE MEDICINES

- Apis Mellifica 6C, one dose every 3 hours.
- Acetic Acid 30C, two doses daily.
- Tuberculinum Bacillinum 200C in liquid, one dose once in a week.

TUBERCULOSIS OF BONES AND JOINTS

FIRST LINE MEDICINES

- Symphytum Officinale 200C and Calcarea Phosphorica 3X, one dose every 3 hours alternately.
- Tuberculinum Bacillinum 200C in liquid, one dose once in a week.

SECOND LINE MEDICINES

- Symphytum Officinale 200C and Rhus Toxicodendron 30C, one dose every 3 hours alternately.
- Ferrum Phosphoricum 3X and Magnesia Phosphorica 3X (two tablets of each together = one dose), two doses daily.

TUBEROUS SCLEROSIS

Tuberous sclerosis is associated with seizures and progressive psychomotor retardation beginning in early childhood. The cutaneous abnormality, adenoma, sebaceum, reddened nodules on the face, forehead, neck, and benign tumor in the viscera are common features.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none">• Antimonium Crudum 200C, one dose every alternate day.• If brain involvement is prominent, Ruta Graveolens 6C, two doses daily, and Calcarea Phosphorica 3X, two doses daily, should be added.• Cuprum Metallicum 6C, two doses daily for convulsion.	<ul style="list-style-type: none">• Thuja Occidentalis 30C, two doses daily.	<ul style="list-style-type: none">• Hamamelis Virginica 200C + Anica Montana 3C, two doses daily.• Thuja Occidentalis 1000C in liquid, one dose once in a week.

ULCERATIVE COLITIS

Ulcerative colitis is a chronic condition which, on affecting an individual, usually leads to an intake of medicines for the rest of his life. At our clinics, we have had the experience of treating numerous cases successfully with permanently beneficial results.

I give below an interesting case history – of the first case of ulcerative colitis I treated after I had shifted from Mihijam to Kolkata.

One day in the early 1960s, a gentleman came to me at my 114A Ashutosh Mukherjee Road clinic in Kolkata, and wanted to take me to his residence to see his son who was so ill that he could not be brought along.

His son, suffering from blood dysentery, was passing stool with blood, and hospitalised for treatment in London where he had been pursuing his legal studies. The doctors said that he was suffering from ulcerative colitis, with eight inches of the colon ulcerated. They treated him with steroids which gave him temporary relief only, and said his was a case for immediate surgery. The father's signature was required for surgery; as this was not possible in London, they gave him very heavy doses of adrenocorticotrophic hormone (ACTH) which gave him some immediate, but temporary, relief, and sent him back to Kolkata, advising immediate admission to the School of Tropical Medicine for follow up treatment and surgery. The doctors in London sent the full details of his case to the School the doctors at which also advised immediate surgery after commencing treatment. His condition deteriorated very fast after a warm water douche had been given. One day, his father was called shortly after midnight to be told that his condition had worsened, making immediate surgery imperative. His father was requested to sign for his consent to the surgery. On being told that there

was no guarantee that his son would regain normal health after surgery, the father signed on a risk bond and arranged for his son's discharge from the School of Tropical Medicine.

Being a believer in homeopathy, the father called two well-known homeopaths who examined his son, and prescribed medicines which his son took for a week. As there was a further deterioration in his condition, the father came to me and took me to his residence. I was then completely unknown to the family, and had been referred to the father by someone as a "son of the famous Dr. Pareshnath Banerji, who has recently commenced practice in Kolkata". When I examined his son, I saw him in an extremely emaciated condition, reduced to skin and bones, lying down with folded legs which he could not straighten owing to severe pain in the lower abdomen. A bed-pan was taken out from under his bed; there was a lot of blood and scrapplings of the intestine in it, and I was told that he had been passing such stool 20 to 24 times daily. His tongue was red as a result of taking the Ayurvedic medicine Makaradhwaja which contains mercury, and is given to patients at the last stage to rejuvenate the system. I was surprised that the homeopaths treating him had allowed this. I advised cleaning the tongue and discontinuing the taking of Makaradhwaja. I enquired about the food that he was being given, and was told that he was taking fruit juices, barley water and fish soup. I asked the patient if he liked the food, and was told that he did not. I advised him to take normal Bengali food, cooked with spices, and discontinue taking fruit juices which induce loose motion, explaining to him and his father that the ulcer was in the last part of the colon, and that whatever food was taken was digested long before it reached the ulcer. I prescribed Cantharis 6 (two doses every two hours) for ulcerative colitis where scrapplings of the intestine are passed, throughout the day and night, but not if he slept at night, and one dose of Hepar Sulphuris Calcareum 6 to combat the adverse effects of mercury.

The treatment I prescribed gave very good results within 7 days, with the stool becoming solid and hard, a considerable increase in body weight, and no adverse effects whatsoever. I advised continuing these medicines for 2 or 3 years, because there could be relapses, and I wanted to ensure that the patient was completely free from ulcerative colitis. I also advised the patient to report to me from time to time. This he regularly did, to confirm that he was fit and healthy. His physical well-being gave me the greatest possible satisfaction, and his success later as a legal practitioner only added to it.

The medicines we prescribe are as follows:

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Mercurius Solubilis Hahnemanni 200C in liquid, two doses daily. • Carboolicum Acidum 6X in liquid, one dose to be given after each passing of stool with blood. 	<ul style="list-style-type: none"> • Cantharis 6C and Hepar Sulphuris Calcareum 6C, one dose every 3 hours alternately. 	<ul style="list-style-type: none"> • Mercurius Corrosivus 30C, one dose every 3 hours.

URINARY INCONTINENCE

Urinary incontinence is a potentially embarrassing condition, and can seriously affect the quality of life of an individual. Underlying medical conditions, such as prostatic problems in men and the laxity of the pelvic floor in women, are the commonest causes. Our medicines have proved to be effective in the treatment of both men and women.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Cantharis 200C, two doses daily. • Sabal Serrulata θ (10 drops), two doses daily. • Conium Maculatum 1000C in liquid, every 7 days. 	<ul style="list-style-type: none"> • Medorrhinum 200C, one dose daily. • Hyoscyamus Niger 200C, one dose every third day. 	<ul style="list-style-type: none"> • Causticum 200C, one dose every alternate day.

URINARY STONE DISEASE

The requirements of patients suffering from this condition is two-fold – on the one hand, the symptoms of pain as well as the presence of the stone need to be addressed; on the other, medicines should help prevent the recurrence of stone formation.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Berberis Vulgaris θ, two doses daily. • Sarsaparilla 30C, two doses daily. • During acute colic, Berberis Vulgaris θ and Cantharis θ, one dose every 15 or 20 minutes alternately. 	<ul style="list-style-type: none"> • Equisetum Hyemale θ and Cantharis 200C, one dose every 3 hours alternately. • In case of acute pain, Equisetum Hyemale θ and Cantharis 200C, one dose to be given every 15 minutes alternately. • In case of hematuria, Terebinthina 6C, three doses daily, to stop bleeding; if Terebinthina 6C fails to stop bleeding, Geranium θ (one dose) is to be given every 2 hours till it stops. 	<ul style="list-style-type: none"> • Berberis Vulgaris 200C, one dose every alternate day, may stop the recurrence of the formation of stone; it should be continued for 6 months.

Another important advice we give patients in renal stone cases is not to drink too much water. We have observed that it does not help; on the contrary, it creates more inconvenience.

URINARY TRACT INFECTION (UTI)

Our protocols are very effective in dealing with different kinds of infections —bacterial, fungal, or viral. The Escherichia coli bacteria is the commonest cause of urinary tract infection. The medicines prescribed below can completely eradicate this usually persistent condition.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none">• Medorrhinum 200C, two doses daily; in acute cases, one dose every 3 hours. If there is temperature, Pyrogenium 200C, once dose daily. In case of hematuria, Terebinthina 6C, two doses daily.	<ul style="list-style-type: none">• Thuja Occidentalis 30C, two doses daily, and, in acute cases, one dose every 3 hours.	<ul style="list-style-type: none">• Only for dysuria and frequent urge, Cantharis 200C, two doses daily; Chimaphila Umbellata 0, two doses daily.

Generally, urinary tract infection recurs in most cases. We advise patients to continue taking Medorrhinum 200C , two doses daily, for one month, even after they are completely free of the infection.

URTICARIA: ALLERGIC OR OTHERWISE

Urticaria is an allergic condition which requires treatment as an acute, as well as a chronic, disease. The medicines prescribed below take into account the need for immediate relief from an acute state, as well as the importance of preventing recurrence.

We should select a medicine for permanent relief which is also curative, so that the allergic condition dose not recur.

FIRST LINE MEDICINES	SECOND LINE MEDICINES
<ul style="list-style-type: none">• Bovista 200C, one dose every third day for two months.	<ul style="list-style-type: none">• Natrum Muriaticum 6X, one dose every 3 hours during attacks, followed

- Antimonium Crudum 6C, one dose for every attack and one dose every one hour (SOS) till relief.
- Apis Mellifica 6C and Urtica Urens θ , one dose every 3 hours alternately, in case of angioedema due to allergy.

by one dose daily for a month. In very acute attacks, Natrum Muriaticum 6X and Apis Mellifica 6C, one dose may be alternated with every 2 hours.

UTERINE FIBROIDS

The following sets of medicines can regress uterine fibroids and stop recurrence. These cases should be reviewed every 3 months.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Conium Maculatum 3C, two doses daily. • Calcarea Fluorica 3X, two doses daily. 	<ul style="list-style-type: none"> • Thuja Occidentalis 30C, two doses daily. • Conium Maculatum 1000C in liquid, one dose every 10 days. 	<ul style="list-style-type: none"> • Calcarea Carbonica 200C, two doses daily. • Hydrastis Canadensis 200C, two doses daily.

UTERINE PROLAPSE

Uterine prolapse is considered a surgical disease because this condition mostly occurs owing to the abnormal relaxation of the suspensory ligaments and muscles in the pelvic cavity. Under our protocols, an improvement of this condition in patients is also dependent on the state of their muscular system.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> • Sepia 200C in liquid, one dose every third day, for two months. 	<ul style="list-style-type: none"> • Arnica Montana 200C, two doses daily. • Lillium Tigrum 200C, one dose every third day. 	<ul style="list-style-type: none"> • Ruta Graveolens 200C, two doses daily.

VAGINITIS, CERVICITIS

Vaginitis is a condition usually caused by a fungal infection (*Candida albicans*). Various other conditions such as sexually transmitted diseases, improper hygiene and parasitic infections may also be responsible.

These medicines are very effective, whether there is leucorrhoea or not. In acute cases, the medicines may be repeated every 3 hours.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> Nitric Acid 3C in liquid, two doses daily. 	<ul style="list-style-type: none"> Kreosote 200C, two doses daily. 	<ul style="list-style-type: none"> Carbo Animalis 200C, two doses daily.

VARICELLA (CHICKEN POX)

Early treatment may shorten the course of the disease. So far, no serious complications have been seen with this protocol.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> Bryonia Alba 30C, one dose every alternate day. Antimonium Crudum 6C and Thuja Occidentalis 30C, one dose every 3 hours alternately. Hyoscyamus Niger 6C, one dose daily. 	<p>Last stage:</p> <ul style="list-style-type: none"> Antimonium Crudum 6C, two doses daily, or four doses daily for itching. Chelidonium Majus 6X in liquid, one dose every 3 hours, if there is cough with lung congestion. Coffea Cruda 200C, one dose daily. Camphora 200C, one dose daily for 7 days after the cure of the disease, to abate its after-effects. 	<ul style="list-style-type: none"> Thuja Occidentalis 30C acts as a preventive for both chicken pox and small pox to those who have not been affected; one dose every third day is to be given.

VARICOSE VEINS/ DEEP VEIN THROMBOSIS

Hamamelis Virginica 200C + Arnica Montana 3C, given together, are very effective and specific for absorbing blood clots, thrombosed arteries and veins. In brain hemorrhages, this combination absorbs blood clots very fast and also stops hemorrhage.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> Hamamelis Virginica 200C + Arnica Montana 3C, two doses daily; in acute cases, one dose every 3 hours. 	<ul style="list-style-type: none"> Crotalus Horridus 6C, two doses daily, and if there is much pain, Hypericum Perforatum 200C, one dose every 3 hours, alternately with Crotalus Horridus 6C. 	<ul style="list-style-type: none"> Lachesis Mutus 200C, one dose every alternate day. Carduus Marianus 0, two doses daily. Hamamelis Virginica 200C + Arnica Montana 3C, two doses daily.

VITREOUS HEMORRHAGE

There is a sudden loss of vision and the onset of black lines and dots in the field of vision, and subsequent examination by an eye specialist confirms vitreous hemorrhage. The Banerji Protocols of treatment are very effective in such cases; they also cure the Eale's disease.

FIRST LINE MEDICINES	SECOND LINE MEDICINES
<ul style="list-style-type: none"> Hamamelis Virginica 200C + Arnica Montana 3C, four doses daily. 	<ul style="list-style-type: none"> Hamamelis Virginica 200C + Arnica Montana 3C, four doses daily. Crotalus Horridus 6C, two doses daily.

WARTS

These oral medicines help achieve almost 100% regression.

FIRST LINE MEDICINES	SECOND LINE MEDICINES	THIRD LINE MEDICINES
<ul style="list-style-type: none"> Antimonium Crudum 200C, one dose every alternate day. 	<ul style="list-style-type: none"> Thuja Occidentalis 30C, two doses daily. 	<ul style="list-style-type: none"> Cistus Canadensis 200C, one dose every alternate day.

- *Hypericum Perforatum* 200C, two doses daily, if associated with pain.
- In case of warts being raised and flat, *Mezereum* 200C, one dose every alternate day, is very effective.

- *Calcarea Fluorica* 3X, two doses daily.
- *Thuja Occidentalis* θ , for external use, is often helpful.

WEIGHT LOSS AND MALNUTRITION

In many instances, patients come to us when they have unintentional weight loss, even though there have been no changes in their lifestyle or diet.

There are many medical conditions such as diabetes, celiac disease, and various gastrointestinal diseases which can result in malabsorption and, subsequently, weight loss.

FIRST LINE MEDICINES

- *Abrotanum* 6C, two doses daily.

SECOND LINE MEDICINES

- *Iodium* 200C in liquid, two doses daily.
- *Calcarea Phosphorica* 3X, two doses daily.

THIRD LINE MEDICINES

- *China Officinalis* 200C, one dose every alternate day.
- *Chelidonium Majus* θ (10 drops), two doses daily.

CHAPTER 3

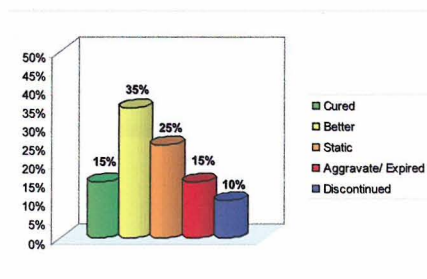
RENAL FAILURE

RENAL FAILURE

We have done work on fearsome diseases such as chronic renal failure (CRF). On analysis of our gathered data on the cases at our clinics treated with the *"Banerji Protocols to Retard Progression of Chronic Renal Failure"*, we did a poster presentation in Puerto Rico, with Dr. Barbara Sarter, PhD, RN, FNP-C, Associate Professor, Advanced Practice Programs, Hahn School of Nursing and Health Science, University of San Diego.

On analysis of CRF cases in India, we found that approximately 100,000 new cases were diagnosed each year, with fewer than 10% of all patients receiving renal replacement therapy. The vast majority of patients starting hemodialysis die, or stop treatment, because of cost constraints within the first three months, and about 5% of all patients with end stage renal disease (ESRD) end up having a transplant. Our objective was to evaluate the effectiveness of our protocols on the course of CRF.

At our clinics, we have treated in excess of 4000 cases of chronic renal failure (CRF) at every stage of the disease. We have observed that 75%-80% of these cases have a history of long continued



use of conventional anti-hypertension medicines. About 20% of these cases came to us while undergoing dialysis. On analysis of the data available to us, we find that approximately 15% of the cases are completely cured, whereas 35% of the cases are much better, 25% of the cases are static, and 15% the of cases are aggravated or expired, while 10% of the cases have discontinued treatment. From the current trend at our clinics, it is seen that the number of renal failure patients are increasing day by day.

Due to this, from January 2012 to August 2012, we have treated more than 400 new renal failure cases.

ACUTE RENAL FAILURE

Usually the sudden onset of worsening of the kidney function over hours to days results in azotemia; in most of the cases, corticomedullary differentiation is well maintained in the kidneys, and outward symptoms like edema, nausea, vomiting, hypertension, acute retention of urine, anorexia, etc. are present.

Of the numerous cases which we have treated at our clinics, one concerned a 33-year-old man with a blood urea level of over 200 (normal: upto 40), and a serum creatinine level above 20 (normal: upto 1). His brother rushed him to our clinic straight from a hospital where he had been discharged after doctors had given him no hope from treatment under conventional medicine.

Medicines based on our Banerji Protocols were started immediately, and, as reflected by serial blood tests, there was a gradual improvement in his condition over a period of 6 months. He continued taking our medicines for about one and a half years, and his urea and creatinine levels became completely normal. Till today, nearly 15 years since he was cured, he brings along other patients suffering from various ailments.

CHRONIC RENAL FAILURE

Chronic kidney disease is the long-standing, progressive deterioration of the renal function, and it is rarely reversible. Chronic kidney disease is identified by a blood test for creatinine. Higher levels of creatinine indicate a falling glomerular filtration rate and, as a result, a decreased capability of the kidneys to excrete waste products. The condition is discovered if urinalysis (testing of a urine sample) shows that the kidney is allowing the loss of protein or red blood cells into the urine.

Symptoms develop slowly, and include anorexia, nausea, vomiting, stomatitis, dysgeusia, nocturia, lassitude, fatigue, pruritus, decreased mental acuity, muscle twitches and cramps, water retention, malnutrition, GI ulceration and bleeding, peripheral neuropathies and seizures.

FIRST LINE MEDICINES

- Medorrhinum 200C, one dose every alternate day.
- Lycopodium Clavatum 30C (drop dose), and Cantharis 200C, every 3 hours alternately.
- Aconitum Napellus θ (3 drops), two doses daily.

SECOND LINE MEDICINES

- Eel Serum 30C, one dose every alternate day.
- Lycopodium Clavatum 30C (drops dose).
- Cantharis 200C, every 3 hours alternately.
- Aconitum Napellus θ (3 drops dose), two doses daily.

Frequency of doses may be increased according to the severity of the symptoms.

Arsenicum Album 6C, for nausea, vomiting and dyspnoea; may be repeated every 15 minutes in very acute conditions. The doses may be reduced when the condition improves.

CHAPTER 4

BLOOD PRESSURE

BLOOD PRESSURE

The importance of hypertension

According to the medical dictionary, hypertension is high blood pressure. Blood pressure is the force of blood pushing against the walls of arteries as it flows through them. Arteries are the blood vessels that carry oxygenated blood from the heart to the body's tissues. It is said that its effects cannot be underestimated in modern-day life, with the rising incidence of strokes, coronary heart failure and renal failure which generally shorten life expectancy. The time has come to evaluate the correctness of this statement.

Blood pressure varies with age, sex, race, and from country to country. For clinical purposes, in the case of a young male, a diastolic blood pressure above 100 and a systolic blood pressure of 160 may be considered definitely hypertensive; a diastolic blood pressure above 95 may be considered probably hypertensive. According to a definition of the World Health Organization (WHO), a blood pressure of 160/95 or over is deemed abnormal, while 140/90 to 160/95 is to be regarded as 'borderline'. It has been recommended that blood pressure be taken three times, and the mean

of these three readings be used to indicate normality or abnormality. For purposes of prognosis, systolic blood pressure is more relevant than diastolic or mean arterial pressure.

According to *Clinical Cardiology: New Frontiers, 2000*, published by the American Heart Association Inc, Carretero et al, essential, primary, or idiopathic hypertension is defined as high blood pressure in which secondary causes such as renovascular disease, renal failure, pheochromocytoma, aldosteronism, or other causes of secondary hypertension or Mendelian forms (monogenic) are not present. Essential hypertension accounts for 95% of all cases of hypertension. This generally means that in most cases, the cause of high blood pressure is unknown; these cases are known as primary or essential cases. Blood pressure is determined by the product of the cardiac output and the peripheral vascular resistance.

In discussing blood pressure and its probable causes, it may be noted that the observations made by the WHO and other authorities are open to some doubt as they may not be applicable in the case of all ethnic groups such as the Indian or Japanese populations. Observations such as these are generally made in the USA or in European countries where most of the population is covered by insurance schemes and have ready access to medical facilities. Observations made in such countries may be overrated due to the fact that the doctors who report these observations rarely get untreated cases which are actually the key to the study of "the natural history of the disease". Patients who visit such doctors, whether they are 5 years old or 50, get their blood pressure checked at every visit, whether required or not! And treatment is arranged for without any application of the clinical expertise of the practitioner, because the insurance companies dictate it. In these cases, it is not possible to make a correct assessment of the ill effects of high blood pressure.

However, in a country like India, where medical and insurance facilities are not available to the vast majority of the population, and the expenses of medical treatment have to be borne by the patients themselves, the regular checking of blood pressure and the regular intake of medicines, is not possible owing to the non-availability of doctors as well as economic constraints. Since we have observed and studied these untreated persons for 10 to 15 years, we have been better equipped to be able to assess whether or not high blood pressure, particularly essential hypertension, is harmful and, if it is harmful, the number of those afflicted as a percentage of the total number observed.

In the course of our medical practice in Kolkata since 1960, we have examined patients, given medical advice and prescribed medicines to about 1000 to 1200 patients every day, with the help of our assistant doctors; we have also been privileged to observe, and make keen observations on, many diseases. Our observations on patients with high blood pressure are different from those of doctors engaged in present-day medical practice in the developed countries. We have observed that patients with blood pressure as high as 180/100, 200/100, 200/110 and 210/110 for 20 years or more have not suffered from ill health. Between 1995 and 2005, more than 1000 cases have been studied by us, and we have observed that a subset of more than 200 patients with blood pressure levels varying from 190/100 to 200/110 have all enjoyed normal health, with no fluctuations in their blood pressure which has been stabilized by our treatment.

At our clinics, we treat cases with our protocols as follows:

1. Rhus Toxicodendron 30C + Aconitum Napellus 200C, two doses daily (one dose = 3 to 5 drops only),
2. Aconitum Napellus 0, two doses daily,
3. Rauwalfia Serpentina 0, two doses daily,
4. Glonoine 30C, two doses daily.

In treating such cases of essential hypertension, we constantly monitor if there are fluctuations in blood pressure levels. If there are fluctuations, our treatment with homeopathic medicines is aimed at stabilizing the blood pressure levels and making the patients symptom-free. Based on our collective experience of over 50 years as practicing homeopaths, we have identified and developed specific medicines for cases of essential hypertension. These medicines do not have to be taken by patients for the rest of their lives; the patients are observed carefully, and their blood pressure levels are checked till stability is ensured. When there are no fluctuations for one year, the medicines are stopped, and the patients continue enjoying good health.

As bodily strength and the strength of the muscular system varies from patient to patient, so does the strength of cardiac muscles. This being so, there are persons with cardiac muscles strong and competent enough to bear high blood pressure which may be considered normal for them. We feel that the arbitrary and routine measurement of blood pressure at any excuse, and the indiscriminate prescription of medicines without a careful analysis as to the cause of the elevated blood pressure, and to the possible consequences that may ensue by the use of those drugs are most unscientific and injurious to health.

The conventional approach to the medical treatment of any disease consists of:

1. Kill it = antibiotics
2. Poison it = antibiotics
3. The immune system is reacting! Stop it, because it does not know how to protect the human animal = give steroids, will kill the natural immunity of the patient, thus “protect them”!!
4. Burn it = radiation
5. Make the system toxic, so that it is deadly to the disease = chemotherapy

So, the conventional attitude towards disease actually believes that there cannot possibly be any effective treatment that is acting in reverse, like homeopathy which seeks to activate immune response. As the cause of blood pressure is not known in 95% of patients, and moreover, physicians do not focus on the patients, but on the effects as they try to lower the blood pressure to what they consider the “normal range” for all people, the treatment delivered leads to a multitude of problems. As mentioned earlier, we do not think that the “normal range” is the same for all people. To understand this, we need to realize how the “normal range” is arrived at. From the population,

pick a 100 or a thousand persons without prejudice, and have them fill up a questionnaire, as below:

1. Do you feel dizzy?
2. Do you have vertigo?
3. Do you get neck pain?
4. Have you ever had any episodes of unconsciousness?
5. Are you prone to anger?
6. Do you smoke?
7. Do you drink?
8. Do you get lapses of memory?
9. Tell us about the stress factors in your life ...!

There are more than 100 questions.

When the answers match the result sheet, the subjects are deemed to be eligible for being part of the study group: the results of their measured blood pressure are added up and divided by the number of persons selected ... and that is the so called “average pressure”, or also advertised as the desired “normal blood pressure”. In this group exists individuals with a blood pressure of 90/60, as well as those with 200/110. So, what is “normal” when the study population consists of these extremes? 120/80 averages the group so ... do you have a blood pressure of 120/80? If not, you need medicines.

The Properties of the Ideal Antihypertensive Agent

- Effective
- Effective over 24 hours with once-a-day dosing
- High response rate; works well in all subgroups of hypertensive patients
- No side effects
- No metabolic side effects
- Affordable (reduces the cost of treating the patient)

Since it is very difficult to achieve the ideal situation with monotherapy, attempts have been made to create a more ideal treatment for hypertension by combining complementary drugs in low doses.

Ref: *Combination Drug Therapy in the Treatment of Hypertension: Properties of the Ideal Antihypertensive Agent* by Neutel et al, 2002.

Blood pressure is generally lowered with the use of allopathic drugs under the conventional systems of medicine in two ways:

- by dilating the arteries by Beta blocker drugs, so that blood flows easily, thus lowering blood pressure; and
- by diuretics, i.e., drugs which help produce more urine by whipping the kidneys.

Based on our experience, we feel that dilating the arteries by Beta blocker drugs may produce cardiac enlargement in many persons, since the heart is actually an integral part of the arterial/venous system; moreover, in many patients, the kidneys cannot tolerate the whipping action of the drugs which help produce urine, with the result that chronic renal failure is a natural conclusion. These adverse effects apart, the recognized bad effects of conventional drugs used for the control of hypertension are:

- the lowering of potassium, sodium and calcium levels;
- hyperuricemia, hyperglycemia and dyslipidemia;
- impotence and sexual weakness;
- excessive urination;
- renal dysfunction which may cause chronic renal failure and/or renal stones;
- hormonal imbalances which sometimes cause gynecomastia and hirsutism;
- palpitation, headaches, drowsiness, etc;
- hepatitis, hemolytic anemia;
- depression, nightmares;
- nasal blockages; and
- salt and water retention which produces edema (swelling).

It is our advice that sudden withdrawal of the conventional/allopathic blood pressure drugs should not be done. It can cause an unpredictable and sudden rise of blood pressure which may cause cerebro-vascular accidents (CVA) in many cases. The drugs should be withdrawn very slowly: we advise to reduce the drugs at the rate of $\frac{1}{4}$ the doses every month, that is, to stop the drugs in the course of 4 to 5 months.

CHAPTER 5

CASE STUDIES FOR GENERAL CASES

HEMANGIOMA: A BENIGN, CONGENITAL TUMOR OF THE BLOOD VESSELS

An infant child with a hemangioma, i.e., a benign congenital tumor of the blood vessels with ulcerations, came to our clinic in the year 2005 to avoid surgery. A collage of pictures of the tumor, taken by the parents themselves, show how the tumor regressed.

We used our specific Banerji Protocol for this case.



A BENIGN BRONCHOGENIC TUMOR

A 60-year-old lady with a benign tumor in her lungs, came to us on 2nd August, 1999. She was suffering with severe cough, hemoptysis and weakness.

A Chest X-ray (PA view) done on 17th July, 1999 showed, as per the radiologist's report "... a hydatid cyst on left side ...".

After taking Kali Carbonicum 200C, one dose on alternate mornings, Thuja Occidentalis 30C, two doses daily, and Ferrum Phosphorica 3X, two doses daily, for hemoptysis, all symptoms were gone within 5 to 6 months.

A follow up Chest X-ray (PA view) done on 8th March, 2002 showed that everything was within normal limits.



X-Ray Chest PA view dated
17.07.1999



X-Ray Chest PA view dated
08.03.2002

MULTIPLE SCLEROSIS

SS, a 25-year-old married lady, came to our clinic on 4th June, 2005 with complaints of headaches, a feeling of heaviness in her head, nausea, weakness in her limbs and diplopia for the last 3 months. Before coming to us, she had taken steroids for 2 weeks, and was also taking one tablet of Eltroxin daily for hypothyroidism.

Before she visited us, the initial observations were as follows:

According to an MRI of her brain done on 3rd March, 2005 "... Impression: The non-contrast MRI findings of Brain are suggestive of focal altered signal areas in bilateral cerebral white matter regions as well as left cerebral peduncle – most likely representing MS plaques ...".

A MR Scan of her brain (plain and contrast study), done on 9th March, 2005, showed "... multiple hyper & hypo intense lesions are seen involving centrum ovale, bilateral periventricular

white matter, right basal ganglia region and left cerebral peduncle – features are suggestive of demyelinating disease...”.

An E.E.G. study report dated 3rd March, 2005 stated “... Suggestive of Cortical dysrhythmias...”.

During her treatment, the observations were as follows:

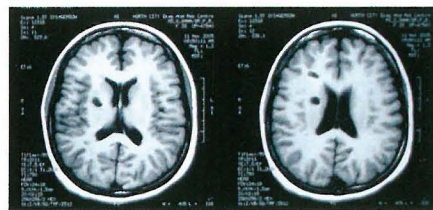
A follow up MRI of her brain done on 11th November, 2005 showed “... multiple MS plaques now showing fresh appearance of few more lesions at right frontal periventricular, anterior medial temporal, left posterior temporal as well as bilateral upper front parietal periventricular and sub cortical white matter regions since the last MRI done on the 3rd of March 2005. Note also marked regression in size of the acute lesions at left parietal and fronto-parietal white matter regions and left cerebral peduncle. Increased size of the right basal ganglia and adjoining upper Para ventricular lesion also noted at present...”.

A follow up MRI of her brain, done on 5th July, 2007 showed “...multiple MS plaques in both cerebral hemispheres now showing fresh appearance of few more ill-defined larger hyperintense lesions mainly located at bilateral upper paraventricular regions posteriorly (area of centrum semiovale) as well as left middle cerebellar peduncle producing no remarkable mass effect, since the last MRI done here on 11th of November 2005. Note also multiple small punctate nodular hyperintense foci at bilateral frontal and parietal periventricular, periatrinal as well as bilateral temporal white matter as well as right basal ganglia and adjoining upper paraventricular regions – suggestive old multiple sclerosis (MS) plaques...”.

Clinically, gradual improvement was seen with our homeopathic medicines, and all the symptoms disappeared within two years. Radiology showed a few brain lesions of MS were there, and she was advised to continue our treatment.



MRI of Brain Date 03.05.2005



MRI of Brain Date 11.11.2005



MRI of Brain Date 05.07.2007

RIGHT ADNEXAL SOL

SK, a 37-year-old married lady, came to us for the treatment of pain in her lower abdomen.

The USG study of her lower abdomen dated 7th September, 2009 showed "... Right adnexal complex SOL (8.6 cm X 4.4 cm) - ? Loculated collection possibility of right ovarian SOL cannot be ruled out. Mild free fluid in POD and also right iliac fossa region ...".

After taking our medicines, her lower abdominal pain slightly decreased.

A follow up USG of her lower abdomen dated 1st January, 2010 showed "... right ovarian cyst (3.5 cm x 2cm). Marked regression in size of the cystic lesion seen on comparing with study of 7th of September 2009 ...".

She felt much better symptomatically, and continued with the same medicines.

Another follow up USG of her lower abdomen dated 21st April, 2010 showed "... further regression of the cystic lesion. The cyst now measures (1.8 cm x 1.8 cm.) ...".

The next follow up USG of her lower abdomen dated 16th December, 2010 showed "... The cystic lesion seen in previous USG dated the 21st of April 2010 has resolved completely ...".

At present, the patient has no pain in her lower abdomen, and leads a normal life without any medication.



USG of lower abdomen
dated 07.09.2009



USG of lower abdomen
dated 01.01.2010



USG of lower abdomen
dated 21.04.2010



USG of lower abdomen
dated 16.12.2010

UTERINE TUMOR

A 43-year-old married lady came to our clinic on 4th May, 2009 for the treatment of heavy menorrhagia with lower abdominal pain.

Her first USG of the lower abdomen dated 10th April, 2009 showed "... a large SOL (10.5 cm x 7.4 cm) arising from the fundus of uterus...".

After taking our specific medicines, her lower abdominal pain was totally gone and menorrhagia controlled within 3 months.

The follow up USG of her lower abdomen dated 7th February, 2010 showed "... as compared to the previous USG done on the 10th of April 2009 showed that "... the fundal SOL is no longer seen at present ...".

At present, the patient is leading a normal life, without any medication.



USG of Lower Abdomen dated 10.04.2009



USG of Lower Abdomen dated 07.02.2010

PSORIASIS

Psoriasis is an auto-immune disease which can affect multiple systems in the body, the most characteristic symptoms being a reddish, scaly skin eruption which can cover the whole body. This disease is considered to be incurable by conventional medicine, and palliation to give some relief to the patient is attempted.

In the case below, the medicines Hepar Sulphuris Calcareum 200C, one dose given every alternate day, and Arsenicum Album 200C, one dose every day, have shown remarkable effect.

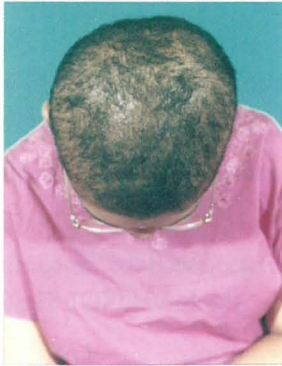


Date of picture taken:
14.03.2008



Date of picture taken:
20.10.2010

ALOPECIA



2007



2011



For relevant details about treatment under the Banerji Protocols, see page 46 of Chapter 2 :
“The Treatment of Other Diseases and Ailments by Homeopathic Medicines under the Banerji
Protocols”.

CHAPTER 6

A PROTOCOL OF ULTRADILUTE MEDICINES FOR APPLICATION IN SPACE MISSIONS AND EXTRATERRESTRIAL SETTLEMENTS

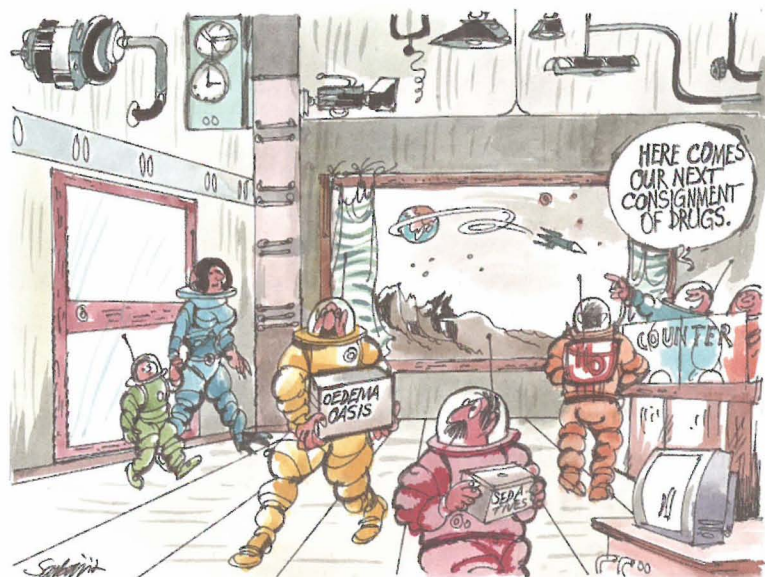
Dr. Prasanta Banerji and Dr. Pratip Banerji

The text below was presented by Drs. Prasanta and Pratip Banerji as a paper "*Possible Use of Ultradilute Medicines for Health Problems during Lunar Missions*" at the Rutgers Symposium on Lunar Settlements, organized at the Rutgers University, USA, in June, 2007.

Abstract:

Conventional medicines create significant problems in addressing health problems in zero and microgravity extraterrestrial environments. This paper explores whether ultradilute medicines with proven efficacy may possibly be used without these problems in such environments. Its purpose is to arouse interest among the scientific community in the potential of these medicines so that rigorous research might be conducted in simulated space environments. We have classified some ultradilute medicines into different groups according to their potential effectiveness in treating common health problems found in extra terrestrial environments. Some clinical data documenting their effectiveness in both preventing and treating similar health problems at our clinic is presented. Finally, protocols for use before, during and after a space flight are proposed, based

on the groupings we developed. Our classification has been done according to the proven efficacy of specific ultradilute medicines on specific health problems in earth-bound human beings, and is guided by our long clinical experience in treating over one thousand patients a day with these medicines at our clinic.



1 INTRODUCTION

In the very near future, there will be a significant increase in the space faring population, which will ultimately assume monumental numbers with the crystallization of the lunar habitat. The commissioning of the lunar habitat will also greatly increase the duration of travel and period of stay in hostile environments in space and on the moon.

Conventional medicines face significant handicaps in addressing health problems in zero and microgravity extraterrestrial environments for a number of reasons. Blood levels of medications may not be predictable using earth-based data. Also, the complex fluid shifts and changes in electrolyte balance that occur during a space flight and habitation in reduced G environments make distribution of conventional drugs consistently abnormal[1]. In the zero or microgravity of extraterrestrial environments, altered gastrointestinal emptying and intestinal transit rates lead to erratic plasma levels and inefficient absorption of conventional medicines considering the dimensionless ratio of gravitational forces to viscous forces[1, 2].

In space, there are problems of dispersion, solubility, absorption, availability at tissue level, metabolism and excretion of drugs including problems of recycling and disposal[1]. Thus, it is obvious that the scope of use of conventional medicines in space may be greatly limited due to the above factors.

The concept of ultradilute medicines has been in existence starting from the ancient medical texts of China and India (about 3000 B.C.), Hippocrates (400 B.C.), Paracelsus (1500 A.D.) and Hahnemann (1800 A.D.). Although initial experiments were done upon equine and caprine populations, later it was introduced in the treatment of human subjects. However, treatment with ultradilute medicines went into obscurity only to resurge in recent times. Ultradilute medicines are nontoxic, non addictive, low cost and easily administrable. These medicines are prepared by a unique process of serial dilution beyond the micro-level (10⁻⁶) of different plant extracts, biological materials and minerals. They have an extended shelf life, are absorbed through the oral mucosa and are believed to have effects on cellular function that are independent of normal pharmacodynamic and pharmacokinetic principles. The emerging disciplines of complexity, nanoscience, and materials science[3] seem to be more appropriate for explaining how ultradilute medicines exert their effects, despite minimal to negligible quantities of the active ingredients as measured by conventional instruments[4]. Although the real mechanism of their action is still under investigation, according to past and present workers in the field, one mechanism might be through the nerve receptors on the tongue[5]. At present, we do not have a good understanding of their mechanisms of action. A recent article offered testable and credible hypotheses about the ability of ultradilute solutes to alter the structure of water through epitaxy coupled with succussion (vigorous shaking) generating pressure and nano bubbles leading to properties markedly different than those of untreated water. Epitaxy is the transmission of structural information from the surface of one material (usually a crystalline solid) to another (usually but not always a liquid)[3]. We do have ample evidence of the effectiveness of ultradilute medicines in treating a wide variety of health disorders and diseases[6].

Ultradilute medicines can be used easily in space as they are expected to be the least affected by zero gravitation, different types of radiations and the transient thermal changes that are encountered during space missions. This creates a scope and possibility to exploit their use in space medicine where various factors limit the pharmacodynamics of all available conventional drugs. Due to the hostile environments faced during exploration and journey into space, the primary concern in such missions is to maintain the integrity of our space travelers' minds as well as their bodies in these inhospitable conditions. This paper presents our perspective based on a retrospective analysis of our results in treating a vast number of problems simulating those encountered during space travel. In this paper, we will:

1. *Present some clinical outcomes at our clinic using ultradilute medicines to treat and prevent health problems analogous to those present in space travel.*
2. *Propose a group of ultradilute medicines for possible use in space and lunar settlements that should be tested in simulated circumstances.*
3. *Suggest optimal doses and duration of prevention and treatment in pre-flight, on board the space ship, post-flight, and in lunar settlements.*
4. *Discuss the structural and functional requirements of a prototype ultra-dilution medicine center on the moon and its administration from earth.*

Overall, we will explore future prospects of ultradilute medicines in lunar settlements and during travel through the lunar terrain.

SELECTION OF MEDICINES

We have selected medicines for different space symptoms under three categories; namely, first line, second line and third line medicines. These selections were based on our vast experience in treating similar ailments with ultradilute medicines over three generations of practice, extending to a period of more than 100 years. In most of the cases, the regimens of treatment have been modified by Dr. Prasanta Banerji, and that is why at present this approach is commonly known as the “Banerji Protocols” by the scientific community. The Banerji Protocols have brought scientific acceptability and opened a new horizon in treatment by ultradilute medicines. We have made some publications and important presentations on these ultradilute medicines with significant success[7, 8].

SOURCES AND GENERAL DESCRIPTIONS OF THE MEDICINES

Our medicines are prepared according to the *Homoeopathic Pharmacopoeia of India* and the *British Homoeopathic Pharmacopoeia*, and they are readily available in the market throughout the world. These medicines were prepared using materials from various sources such as plants and minerals. For their descriptions and methods of preparation, please consult the *British Homoeopathic Pharmacopoeia*, 2nd edition, British Association of Homeopathic Manufacturers, 1999, or the *Homoeopathic Pharmacopoeia of India* at http://www.rheinindia.com/hpl/index_1.php.

THE PROPOSED LIST OF MEDICINES FOR DISEASES IN SPACE AND IN EXTRATERRESTRIAL ENVIRONMENTS

Different medicines were classified according to acute and chronic manifestations of different health problems as encountered commonly in space and in extraterrestrial environments. The selected list of medicines arranged according to different health problems are given in Table 1 (for acute problems) and in Table 2 (for chronic problems).

OUTCOMES OF TREATMENT OF VARIOUS PROBLEMS WHICH ARE SIMILAR TO HEALTH HAZARDS WHICH MAY ARISE IN SPACE AND IN EXTRATERRESTRIAL ENVIRONMENTS

We analysed the treatment outcomes of hundreds of patients suffering from similar problems which are found in space and in extraterrestrial environments. Results are given in Table 3. It is apparent that the first line medicines are effective in treating a wide variety of relevant acute and chronic problems in over 60% to 90% of the cases.

Table 1: Common acute symptoms in Space and their ultradilute remedies

Symptoms/Diseases in Space	Specific Ultradilute Medicines		
	1st line medicines Every 2 hours, singly or alternately.	2nd line medicines Every 2 hours, singly or alternately.	3rd line medicines Every 2 hours, singly or alternately.
Motion sickness	Nicotiana Tabacum 200C	Cocculus Indicus 30C	Conium Maculatum 3C
“Fluid shift” (stuffy nose, headache, facial edema)	Belladonna 30C and Arnica Montana 3C	Glonoin 30C and Aconitum Napellus 200C	Sanguinaria Canadensis 200C and Belladonna 30C
Symptoms due to bone loss (Osteoporosis)	Symphytum Officinale 200C and Calcarea Phosphorica 3X	Ruta Graveolens 200C and Calcarea Phosphorica 3X	Mezereum 200C and Calcarea Phosphorica 3X
Destruction of RBC	Hamamelis Virginica 200C and Arnica Montana 3C	Natrum Muriaticum 30C and Ferrum Phosphoricum 3X	China Officinale 3X
Acute Radiation Syndrome	Coffea Cruda 200C	Arnica Montana 200C	Arsenicum Album 200C
Psychological Stress	Ignatia Amara 200C	Aurum Metallicum 200C	Hyoscyamus Niger 6C
Insomnia	Coffea Cruda 200C	Kali Phosphoricum 6X	Thea 30C
Orthostatic Intolerance	Aconitum Napellus 200C	Cactus Grandiflora 6X and Crataegus Oxycantha 6X	Conium Maculatum 3C
Problems due to lunar dust (Allergic Rhinitis)	Kali Carbonicum 200C and Lycopodium Clavatum 30C	Kali Carbonicum 200C and Bryonia Alba 30C	Kali Carbonicum 200C and Sanguinaria Canadensis 200C
Problems due to severe air pollution – eye (Keratoconjunctivitis)	Argentum Nitricum 200C and Belladonna 30C	Argentum Nitricum 200C and Arsenicum Album 200C	Argentum Nitricum 200C and Mercurius Solubilis 200C
Triggering of allergic and autoimmune diseases	Allium Cepa 30C	Natrum Muriaticum 30C	Lemna Minor 6X

Acute CNS changes	Ruta Graveolens 6C and Calcarea Phosphorica 3X	Hyoscyamus Niger 6C	Kali Phosphoricum 6X
Human performance and Chronobiology	Phosphoricum Acidum 200C	Helleborus Niger 200C	Aurum Metallicum 200C

Table 2: Common chronic symptoms in Space and their ultradilute remedies

Symptoms/Diseases in Space	Specific Ultradilute Medicines		
	1 st line medicines	2 nd line medicines	3 rd line medicines
Symptoms due to bone loss (Osteoporosis), fracture healing and integrity of healed fracture, damage to joint structure, or intervertebral disc	Symphytum Officinale 200C and Calcarea Phosphorica 3X	Ruta Graveolens 200C and Calcarea Phosphorica 3X	Mezereum 200C and Calcarea Phosphorica 3X
Post-return back pain	Rhus Toxicodendron 30C	Arnica Montana 200C	Hypericum Perforatum 200C
Atrophy of anti-gravity muscles as a result of Sarcopenia and Protein Catabolism	Gelsemium Sempervirens 200C	Abrotanum 6C	Iodum 200C
Destruction of RBC	Kali Muriaticum 3X and Ferrum Phosphoricum 3X	Natrum Muriaticum 30c and Ferrum Phosphoricum 3X	China 3X
Immuno-suppression due to reduced activity of Lymphocytes	Ruta Graveolens 6C	Calcarea Carbonica 30C	Thuja Officinalis 30C
Urinary Stone formation	Berberis Vulgaris 200C	Equisetum Hynale 6C	Calcarea Carbonicum 200C
Radiation Hazards	Fluoricum Acidum 200C	Mercurius Solubilis 200C	Staphysagria 200C
Psychological Stress	Ignatia Amara 200C	Aurum Metallicum 200C	Hyoscyamus Niger 6

Insomnia	Coffea Cruda 200C	Kali Phosphoricum 6X	Thea 30C
Orthostatic Intolerance	Aconitum Napellus 200C	Cactus Grandiflora 6X and Crataegus Oxyacantha 6X	Conium Maculatum 3C
Problems due to lunar dust (Silicosis and Lung Cancer)	Kali Carbonicum 200C and Lycopodium 30C	Kali Carbonicum 200C and Bryonia Alba 30C	Kali Carbonicum 200C and Sanguinaria Canadensis 200C
Cardiac Dysrhythmia	Digitalis 30C	Stannum Metallicum 200C and Crataegus Oxyacantha 6X	Cactus Grandiflora 6X
Electrolyte Imbalance	Natrum Muriaticum 30C and Kali Muriaticum 3X		
Reduction in cardiac mass	Stannum Metallicum 200C and Crataegus Oxyacantha 6X	Adonis Vernalis 30C	Actea Racemosa 30C
Problems due to severe air pollution – eye (Keratoconjunctivitis)	Argentum Nitricum 200C and Belladonna 30C	Argentum Nitricum 200C and Arsenicum Album 200C	Argentum Nitricum 200C and Mercurius Solubilis 200C
Problems due to severe air pollution – Respiratory Fibrosis and Granuloma	Kali Carbonicum 200C and Chelidonium 6X	Ipecacuanha 30C	Silicea 30C
Changes in Microflora, alterations in Host Microbe Interaction	Mercurius Solubilis 200C	Nitricum Acidum 200C	Borax 30C
Triggering of allergic and auto-immune diseases	Thuja Officinalis 30C and Bryonia Alba 200C	Calcarea Carbonica 200C and Kalmia Latifolia 6C	Rhus Toxicodendron 30C and Colchicum 30C
Chronic Radiation (effects on fertility, sterility and heredity)	Male: Aurum Metallicum 200C Female: Calcarea Carbonica 200C	Fluoricum Acidum 200C	Hamamelis Virginica 200C
Chronic CNS changes	Ruta Graveolens 6C and Calcarea Phosphorica 3X	Hyoscyamus Niger 6C	Gelsemium 200C
Human Performance and Chronobiology	Phosphoric Acid 200C	Helleborus Niger 30C	Hyoscyamus Niger 6C

Table 3: Table showing outcomes of treatment of patients suffering from various problems which are similar to complications which may arise in space and in extraterrestrial environments

Symptoms in Space	Specific Ultradilute Medicines					
	1st line medicines		2nd line medicines		3rd line medicines	
	Cases treated	Cases recovered	Cases treated	Cases recovered	Cases treated	Cases recovered
Motion Sickness	340	301 (88.5%)	39	33 (84.6%)	6	4 (66.7%)
Combined stuffy nose, headache, puffy face, facial edema	82	64 (78.0%)	18	13 (72.2%)	5	3 (60.0%)
Osteoporosis	1050	1008 (96.0%)	42	36 (85.7%)	6	4(66.7%)
Muscle Disorders	26	21 (80.8%)	5	3 (60.0%)	2	1 (50.0%)
Acquired Hemolytic Anemia	234	198 (84.6%)	36	29 (80.6%)	7	5 (71.4%)
Immuno-suppressed cases	42	28 (66.7%)	14	8 (57.1%)	6	4 (66.7%)
Urinary Stone formation	52	31 (59.6%)	21	10 (47.6%)	9	4 (44.4%)
Complications after Radiation Therapy	196	137 (69.9%)	59	31 (52.5%)	28	12 (42.9%)
Psychological Stress	134	116 (86.6%)	18	14 (77.8%)	4	2 (50.0%)
Insomnia	210	156 (74.3%)	54	37 (68.5%)	17	10 (58.8%)
Orthostatic Hypotension	88	80 (90.9%)	8	6 (75.0%)	2	2 (100.0%)

OUTCOMES ON THE PREVENTIVE USE OF ULTRADILUTE MEDICINES

Patients who recovered after undergoing treatment with 1st line medicines were subsequently divided into two groups. One group was given the same medicines in a preventive dose of once every 15 days, and another group was given placebo in similar dosage, and the results were compared. We

used as placebo Saccharum Lactis, which according to the *Homoeopathic Pharmacopoeia of India* is a purified, milky white, hard, crystalline substance soluble in five parts of water, optical rotation D +55.3° free from fat, starch, alum, phosphates, NaCl and copper. Table 4 presents the differences in outcomes between the treatment and control groups. Treatment with preventive doses resulted in 2 to 4 times fewer recurrences than in the placebo groups.

Thus, in our practice, we have obtained excellent results with hundreds of patients suffering from similar ailments as in space and on extraterrestrial environments (Table 3); similarly, we have observed a significant beneficial role of these ultradilute medicines in preventing recurrences of these health problems (Table 4).

Table 4: Table showing results of our study on the preventive aspect of the 1st line medicines on patients producing different symptoms

Symptoms	Cases treated with medicines		Cases treated with placebo	
	Cases treated	Cases recovered	Cases treated	Cases recovered
Motion Sickness	72	3(4.16%)	66	26(39.39%)
Combined stuffy nose, headache, puffy face, facial edema	19	2(10.52%)	18	8(44.44%)
Osteoporosis	320	14(4.37%)	292	82(28.08%)
Muscle Disorders	5	2(40%)	6	5(83.33%)
Hemolytic Anemia	91	46(50.54%)	68	60(88.23%)
Immuno-suppressed cases	11	0	8	4(50%)
Urinary Stone formation	12	1(8.33%)	10	4(40%)
Complications after Radiation Therapy in tumor recurrences	-	-	-	-
Psychological Stress	48	16(33.33%)	52	35(67.30%)
Insomnia	62	11(17.74%)	59	21(35.59%)
Orthostatic Hypotension	29	0	26	4(15.38%)

DESCRIPTION OF TWO CASES TO SHOW THE REMARKABLE ACTION OF ULTRADILUTE MEDICINES IN TWO DIFFERENT DISEASES WHICH SIMULATE PROBLEMS ENCOUNTERED IN SPACE

We have treated many patients suffering from various problems that are similar to complications which may arise in space and on extraterrestrial environments. Two of the most serious complaints faced in space are the demineralization of bones due to zero G, and the likelihood of bronchogenic carcinomas resulting from exposure to lunar dust in prolonged space habitation. Below, we describe two patients – one suffering from massive bony destruction due to an osteogenic sarcoma (a malignant tumor originating from the bone), and the other suffering from a lung cancer. All histological and radiological evaluations of these two patients before and after treatment with ultradilute medicines is presented.

Below, we shift to a more detailed discussion of the health problems commonly encountered in space, and explain how we developed specific formulations and protocols for space travelers based on our earth-bound treatment of these problems.

ULTRADILUTE MEDICINES AND RADIATION HAZARDS

Radiation hazards are important problems encountered in space travel. Although Galactic Cosmic Rays (GCR) consist of atomic nuclei mainly with protons (75%), it is the heavier nucleus (1%) only which is mainly responsible for energy deposition. Solar Energetic Particles (SEP), which consist mainly of protons and alpha particles, show less energy deposition than GCR, but they have more flux activities from both GCR. The carcinogenic risk from SEP exposure ranges between 4 and 15, as observed by the Space Studies Board[9]. In our observations, we have found that our medicines have both curative and preventive roles in combating carcinogenesis. This is also well supported by many cases of complete regression of malignant tumors (for example, Case Nos. 1 and 2 above) which may be encountered in space as hazards from long-standing radiation exposure. Research on the preventive use of these medicines against radiation-induced malignancies should be a priority.

ULTRADILUTE MEDICINES AND HAY FEVER

In our study, we have also found that ultradilute medicines are also very effective in mitigating allergic rhinitis or sinusitis, which simulates the initial caudal fluid shift that occurs in space travel. Nasal congestion is a common response early in space flight[10, 11]. On the moon during the Apollo 17 mission, exposure to regolith containing fine particles of silica caused

Harrison Schmitt to suffer from “hay fever” after exposure to lunar dust. In addition to our data presented above, other studies have demonstrated the efficacy of ultradilute medicines in allergic rhinitis[12] .

PROPOSED PREVENTIVE FORMULATION OF COMBINED ULTRADILUTE MEDICINES

After thorough analysis of the treatment outcomes of different patients on earth suffering from similar ailments in space travel, we have devised two combined medicines, PBHRF-1 and PBHRF-2, for prevention of common health problems before and after the journey. Their compositions and purposes are given below.

Following this classification, two combination medicines (PBHRF-1 and PBHRF-2) were prepared. PBHRF-1 is to be administered to the astronauts from a week before the start of the mission. It contains Lycopodium Clavatum 30C, Symphytum Officinale 200C, Berberis Vulgaris 200C, Nicotiana Tabacum 200C, Fluoricum Acidum 200C, Coffea Cruda 200C, Ruta Graveolens 6C, Calcarea Phosphorica 3X, Kali Muriaticum 3X and Ferrum Phosphoricum 3X in equal proportions. This combination medicine will prevent and alleviate different health problems in travel to space, such as: mental stress, ‘fluid shift’ (stuffy nose, headache, facial edema), bone loss, renal stone formation, destruction of anti-gravity muscles, motion sickness, protection from radiation, destruction of RBC, immuno-suppression (due to reduced action of lymphocytes), insomnia, etc. [10,11].

PBHRF-2 is prepared by combining Aconite Napellus 200C and Crataegus Oxyacantha 3X in equal proportions which will be used to prevent cardiac de-conditioning on return to earth.

DOSAGE OF PBHRF-1 AND PBHRF-2

The optimised dose pattern for these medicines in relation to their duration of treatment was analysed, and the following protocol is suggested:

- *pre-flight: two pellets of PBHRF-1, twice daily at a 12-hour interval, for a week preceding the journey.*
- *on board the space ship: two pellets of PBHRF-1, twice daily at a 12-hour interval during the journey.*
- *post-flight: two pellets of PBHRF-2, twice daily at a 12-hours interval for 2 days, beginning one day before landing.*
- *in lunar settlements: medicines will be selected according to the chart of individual medicines, and the dosage will be determined by the attending physician at the lunar settlement.*

ULTRADILUTE MEDICINE CENTER ON THE MOON

We have further conceptualized the structural and functional requirements of an ultradilute medicine center on the moon and its administration from earth in the following way:

Inside the lunar settlement, a room may be dedicated for storage of medicines and providing treatment facilities to lunar inhabitants, both tourists and long-term stay personnel, preferably in the middle part of the atrium (Fig. 8). Facilities must be provided for direct communication to the earth control station for consultation, and special opinions to be taken from experts present at the earth station. At the earth station, a similar area may be dedicated where some experts would be there to give advice, and to solve any medical crisis which may happen in the lunar settlement. Routine medicines may be taken by the astronauts in the spacecraft during the mission, and any medical crisis may be solved as aforementioned.

PROSPECTS OF DEVELOPMENT OF NEW ULTRADILUTE MEDICINES IN LUNAR SETTLEMENTS AND DURING TRAVEL THROUGH THE LUNAR TERRAIN

In future, explorations should be made in collaboration with prospective lunar industrialists to manufacture all required medicines from indigenous materials on the moon. Research facilities should be provided to discover new medicines from local sources. Drug trials should also be done first on animals, then on humans. Drugs to improve immunity and prevent infections can easily be developed to protect the population of the lunar colony from possible locally unique infections from micro organisms.

The method of preparation of new ultradilute medicines has been standardized over the past two hundred years into a relatively simple process that allows for the constant generation of new medicines responsive to new internal and external threats to human health. In short, one starts with either a known medicinal or other substance with known effects on the human organism, or with an offending disease-producing agent from the surrounding environment. Then it is serially diluted with ethanol and water in a way that creates a biologically active ultradilute solution to produce a medicine of a standardized potency (dosage). For example, since lunar dust has been found to evoke allergic reactions, in a lunar drug manufacturing plant samples of lunar dust can be taken and converted into an ultradilute medicinal formula that will be able to prevent or treat lunar dust allergy. This process is roughly analogous to that of vaccination or inoculation of the human organism with a minute amount of an offending substance in order to evoke an appropriate immune response against that substance.

CONCLUSION

From time immemorial, the moon has been close to the human heart. Ever since man first looked up into the sky with intelligence enough to understand that the moon was more than just a picture, the desire to touch it has inspired humankind in different ways. In aesthetic, astronomical, astrological and, more recently, in analytic physicochemical ways of the modern sciences, not necessarily in chronological order, mankind has been inspired by this circling orb.

Even before modern scientific explorations, human beings exploited the moon in their literature, mental expressions and in astronomical pursuits. We can compare present explorations of the moon to the exploration of the extreme depths of an ocean. As a puppet made of salt is utterly unstable in an ocean, human beings are as unstable in the hostile environments of space and extraterrestrial terrains. Thus it is our primary duty to maintain the integrity of our body as well as our life in these inhospitable conditions, perhaps with the help of ultradilute medicines.

We have argued above that there is great potential for the application of ultradilute medicines in space and extraterrestrial environments. Further research in simulated environments is a necessity in order to explore this exciting possibility.

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Dr. Prasanta Banerji
Dr. Pratip Banerji

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