

There Are Three Sides to Every Coin! Plus, Two Medicines for Scar Tissue



Today I'd like to address a particular type of question I'm often asked. A typical example is:

"Should I be concerned that the remedies outlined in the [Good Gut, Bad Gut course](#), your blog and other writings, and the [Banerji book](#) seem different?

Would you recommend that I focus on the remedies from the course rather than the book?"

People also ask, "Why is there a difference between such and such protocol (from the Banerji book for example) and this other protocol that you've given (on my blog or in a class perhaps) for the same condition?"

My readers have gotten used to the idea that I recommend following the Banerji protocols exactly as they are, without changes or substitutions, and that's a good thing – I'm very happy that my message has gotten through on that point.

However, when students and followers of my blog come across multiple protocols for the same condition, they often get confused.

Although at first glance this may *seem* confusing, let me assure you it's a *good* thing. As the saying goes, "there is more than one way to skin a cat," and it's beneficial to have knowledge of those other ways.

When it comes to the Banerji protocols, the information I give comes from a few different sources.

My primary sources are my personal transcripts of what I observed and recorded at the Banerji Research Foundation Clinic during my multiple visits to Kolkata, India.

I also consult the [Banerji Protocol book](#) and I often ask the Banerji's and the other doctors who I now consider my friends.

When I observe the Banerji methods at their busy research center/clinic, I am careful to take detailed and specific notes.

Throughout the course of my studies, my notes reflected the eventual protocol I would choose.

For instance, if I saw a case of kidney failure, I'd write down the client's age, gender, diagnosis, which homeopathics had been used previously and those currently being prescribed, along with whatever pharmaceutical drugs or medicines the person was taking at the time.

Ten minutes later, another kidney failure case might come in. Again, I'd write down all of the information related to

the case; every minutiae detail. I wouldn't just say to myself, "Oh, I've already got a kidney case written down." No!

I did this for a total of 6,528 cases over the last 3 years.

Every single one was different, and I made sure to document each of them because I suspected I might miss something vital if I didn't.

I wanted to make sure I never got it wrong, made assumptions, or misunderstood the particulars (even though I always read the remedies straight from the page the doctors wrote it on.)

One time, I observed a man who presented with severe scar tissue. Dr. Banerji had been using Nitricum acidum 200 every 3 days but after a considerable amount of time (around 6 months), there was no discernible change.

Dr. Pratip Banerji turned to me and asked, "Joette, what do you use for scar tissue?" I answered, "I use Thiosinaminum 6, twice daily."

He altered his medicine choice, at least for this particular patient.

Two different protocols, both extremely useful for addressing scar tissue.

I learned that when it comes to rheumatoid arthritis, Dr. Prasanta Banerji uses one specific protocol while his son, Dr. Pratip Banerji (who practices in the next room over), uses a completely different one. Is one right and the other wrong?

No. Both work well; it's just a matter of each doctor's personal preference.

We see this in almost every form of medicine. If you go to

an allopathic medical doctor, two people with the same condition might receive different pharmaceutical recommendations based on each doctor's experience and individual proclivity.

The same is true with traditional Chinese medicine or Naturopathy.

I often use the example of botanicals for a common cold or virus. While one person swears by Echinacea, another prefers garlic, and a third finds that infusions of vitamin C, essential oils and vitamin D are most effective.

All of these methods work, and most of them will work well for most people. But ... not all of them will work perfectly for all people, all of the time.

Furthermore, there's the important element of time. A protocol that has a high level of effectiveness at one point in time might be overshadowed by a different protocol at a different point in time.

Human health is constantly changing, and different strains of illnesses will continue to pass through populations from year to year. This year's influenza strain is different from last year's, which was different from the year before, and so on.

You get the idea.

Ultimately, though there may be several protocols to choose from (whether from the classical or practical perspective), it is easy to see how the Banerji system streamlines the process and makes it easier; having a single one for each diagnosis makes the process of selecting a homeopathic potency and frequency much simpler.

No intensive repertoire required!

However, having multiple protocols to choose from is

helpful, too, because if the first one doesn't act, or does so only partially (remember, most first-line Banerji protocols have been shown to work in around 80% of the population who suffer from the condition being treated), there is always another proven-effective option to choose from.

In short, if you have a proper diagnosis and are stymied by choosing between two or three different protocols, go with the one that most closely represents the individual case.

For those who don't have classical training or are not familiar with *materia medica*, this may be trickier.

Just remember, when unsure about an approach, it's best to choose *one* and stick with it for 6-8 weeks (adjusting dosages based on whether the condition is chronic or acute.)

My aim here on my blog and in my courses is to provide you with the tools and education to achieve optimal health. I want you to gain the knowledge, confidence, and pride in knowing you have become the master healer you and your family deserve.

So why have just one wrench in your toolbox when you can have three or four?

Most of us have always believed it's merely heads or tails. But what about the edge of the coin? Isn't that a side we should recognize, too?
