# Podcast 73 – My Time With the Banerjis


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**Kate:** This is the Practical Homeopathy® Podcast Episode Number 73 with Joette Calabrese.

**Joette:** This is Joette Calabrese, and I'd like to welcome you

to the Practical Homeopathy Podcast. Women and men worldwide are taking back control of their families' health and learning how to heal their bodies naturally, safely and effectively. So, if you're hungry to learn more, you've come to the right place. Stay tuned as we give you the tools – and the inspiration you need – as I share my decades of experience and knowledge using this powerful medicine we call homeopathy.

**Kate:** Good morning, Joette.

**Joette:** Hi Kate, always good to see you.

**Kate:** Another podcast, super-excited because we're going to talk about the Banerjis today! I want people to know – I want to know – more about your time at the Banerji clinic, and how you came to meet them. Maybe you'll sneak in some protocols that you learned there that we haven't heard a lot about. So, I'm excited for the podcast today.

**Joette:** Okay, great. This is podcast what, number 70 or 71 or something?

**Kate:** I think it will be, like, 73 … something like that. You have done a lot of podcasts! There is so much to learn; I feel like we could go on forever.

**Joette:** Oh, that's my goal – into eternity.

**Kate:** You can never retire. I know a lot of people are wondering. They're worried that someday you might retire, and then what? We'll be stuck.

**Joette:** Yeah, I don't know that I'll retire. I might slow down a bit, but I can't imagine stopping this altogether. It's in my blood now.

**Kate:** Yeah, I can't imagine you not doing it either.

Okay, so let's talk about the Banerjis. Tell me, Joette, a little about how did you come to find out about the Banerjis

and then start your discussions with them.

## Learning about the Banerjis and their background

**Joette:** Well, if you're in the homeopathic community, you couldn't help but hear about them. So, some 20-some years ago, I heard at one of our national conferences, "You know, there are these … this father and son team in India who each sees a hundred patients per day."

I thought to myself, "That's impossible. How could that possibly be?" Because I only knew classical homeopathy which requires that you take a case that lasts at least an hour, more often an hour and a half. Then you've got hours' worth of work after it often. So, I was incredulous.

Then about a year or so later, I went to another conference, and someone else said exactly the same thing, "You know, there is this father and son team in India who each sees a hundred patients per day."

I said, "I just, I don't get it."

So, I had always known that if I really wanted to learn homeopathy in great depth that I had to work alongside a homeopath that was seeing many patients per day and had not had any interruptions in his education and the generation before him or the generation before him.

**Kate:** So, I have a question. Let me stop you right there for a second. When they were talking about these Banerjis seeing a hundred patients a day, were they talking about them in a negative way or just sort of matter-of-fact way? How were they portrayed?

**Joette:** No, it was just matter of fact. It was of interest because we were all heavily burdened and mired down with these heavy classical methodologies that require that it took us an

hour and a half to take a case. It’s not that we were complaining because we didn’t know any other way. But it was certainly something that was so juxtapositioned that it pricked up my ears.

**Kate:** Maybe we’re jumping ahead of ourselves here, but that leads me to think about the Banerjis and how they originally started. They must have used the classical method of practicing homeopathy, is that their background as well?

**Joette:** Well, it had been passed down through their families. Each of them had studied homeopathy. So, they had all gone to homeopathy school, but in India, that’s *medical* school. So, they were medical homeopathic physicians. They had gone through many years of study and had put their time in so that they could be in practice and understand. I mean, obviously if you’re in medical school, you’ve got anatomy, physiology, pathology, et cetera. That’s a very important basis of being in practice. So yes, they did have traditional homeopathy as their background.

But when your patients are lining up in front of your clinic – your research center – the night before, and they’re bussing them in from small villages, and as they open the doors of the bus – and I’ve watched this daily when I worked there – and the doors would open, the bulging bus would empty out, I don’t know, 80 people, 100 people? I don’t know. Maybe I’m exaggerating but at least 80 people. Then they would just line up and sit on the sidewalk with their blankets and wait until the *next day* to see them!


**Kate:** Oh, my gosh!

**Joette:** After a while, when you're seeing the same condition over and over and over, and then another condition over and over and over, by the sheer numbers, after a while it narrows down to, "It's most likely *this* remedy." If you see – just like we know in classical homeopathy for acutes – if you see someone with a hematoma, the first thing we think of *generally speaking* is *Arnica*. Now, we can also use *Hamamelis.* We can also use *Bellis perennis*. We have other choices, but we have all learned in day one of homeopathy school, *Arnica montana* for hematomas or ecchymosis.

**Kate:** So, isn't that in essence a practical protocol?

**Joette:** Yes! It absolutely is a practical protocol. When I was practicing classical homeopathy, I wanted *more* protocols. I had some; that was one of them. I knew that strep throat was met with *Belladonna*. I mean, everybody knows that. We can also

use *Hepar sulph*. We can certainly use *Mercurius*. There are other remedies that we can consider. But we generally start out with an extremely painful strep throat, it's *generally* speaking *Belladonna*.

Now, how did we come to that? Well, after a while, you'd have to be, as we say in Italian, "Testa dura," which means hardhead, to not pick up on the fact that this works time and time again for most people – not everyone but for *most* people.

So, when they came up with these protocols, it was out of sheer *need* to be able to fulfill the requirements of meeting with a thousand people a day. Because, of course, they weren't the only doctors treating. They had, when I was there – the last seven, eight years that I was there – there were twelve senior doctors and correspondingly junior doctors to take the cases (start opening the cases for each of those senior doctors). With twelve of them all seeing a hundred patients per day, do the math: that's 1,200 patients in a day. That means at the end of one week, it is 7,200 people.

**Kate:** Right. I often wonder – and we were talking about this earlier – that if Boericke or Kent or Hahnemann had that many people at their doorstep everyday, if they too wouldn't have come up with these protocols.

**Joette:** They would have had more protocols. They would have been forced to come up with answers more quickly so they can get to the next person who was being carried in in a sling or with his family carrying him in a …

We used to meet the ambulances in the back of the homeopathic research foundation. The ambulance would drive in. We would walk outside because the person could not be carried in. I mean, the facilities were much different than the facilities that we're accustomed to. So, the family had put the person in the ambulance. Now, we went out and met with the family and the patient. We would take that case. When we finish with it,

went right back into the office again, and the next 75 people were waiting in line to get their turn in. We did not leave until every person was taken care of.

**Kate:** They have quite the staff, too. So, there's a big process as far as people receiving the information. It's not just one doctor alone seeing those hundred people.

**Joette:** No, there's a senior doctor and a junior doctor. Then there's a junior-junior doctor. Then there are the pharmacists, and then there are those who do the processing and the accounting. Then when that's all finished, and the case has all been taken, there's the junior doctor (who was on the case with the senior doctor) goes up to the second floor and hands it to the person who inputs it into a computer. So now, we've got a record of it. The second floor is just as humming as the first floor.

**Kate:** So, what typically happens? So, say, I'm a person outside the Banerji clinic. I'm waiting in line. Now, it's my turn. What happens?

## The case taking process

**Joette:** The first thing they do is they stand in line. When they get in to their time to meet up with someone, there's a little window like a bank window – almost like a bank teller. They get their name. They get a little bit of information, and they said, "Okay, we'll call you in a little while."

Then they have a loud speaker, and they call out the name of the person an hour later … who knows how long it is … 10 minutes? I don't really know that logistics of that. But when they're called in, then they're sat down in a large room where the junior doctor starts taking the case. "Let me see your X-rays that you've brought in. Let's see the blood labs, whatever you've got." Some people don't bring those. Some do have them with them. "Give me your age, your name," et cetera,

et cetera. They get all the statistics and all that information. Then what is the chief complaint? What are the satellite concerns, et cetera? And it's all written down. But it's written down in a *very* concise way.

By the way, it's all handwritten! Kind of interesting. It must be required, absolute, in *perfect* penmanship. It's gorgeous. What they hand to the senior doctor is perfection. If Pratip Banerji saw one little mistake, he'd give it back to the doctor (the younger doctor) and say, "Do it right! I don't want any misspelled words. I don't want any scribbling. Use white-out. Clean it up. If you have to do it over again, do it again." The penmanship had to be perfect. They were real sticklers for protocol.

**Kate:** Wow. Hmm. Okay. So now, what happens next?

**Joette:** Then usually the case is taken. I imagine that they're told to sit back down again until they're called *again* – now to meet with the senior doctor. That's when they're brought in by the junior doctor into the consultation chambers as they call it. The person is led in by the junior doctor. The junior doctor then sits next to the senior doctor. I was, of course, privileged to sit *between* them, which was wonderful because I was privy to everything that was going on and could observe the case that was taken and what was now going to be considered – what medicines were going to be used.

So, the patient is sitting in front of us at the desk. If Pratip deemed that it was necessary that he palpated, then there was an examining room, and the person was instructed to get on the examining table. If it was something more personal, then the person was brought into a separate little side room. Pratip would observe what needed to be looked at. And then the person would get dressed again, come back and sit down.

If none of that was required, he might check their pulse. He might listen to their heart. I shouldn't say, "might." He

*often* did it for the most part; he would use these methods. If they brought their X-rays, he'd turn on the little X-ray light and put the X-rays up so we could all see. He would look at that and look at the CT scans. Anything that they brought in was observed. Even though the junior doctor had already done that, Pratip would always look again to make sure that everything was tight and orderly and organized.

Then the patient would explain to him what was going on. Pratip spoke many languages, so did Dr. Prasanta Banerji and so did most of the doctors because they're educated people. Many of them had been educated in England. So, they came with English plus many of the dialects. I don't know if they could speak all of them, but they certainly understood the dialects of India, and there are a myriad of them.

So, by that time, that's when Pratip then starts speaking to this junior doctor, and he is directing him as to what the medicines are. The junior doctor is writing it down. The junior doctors that had been around for a long period of time knew exactly what he was going to say because they are *protocols*. Knowing what the condition is, they've already written half of the case up already in anticipation of what Dr. Pratip or Prasanta was about to say. They were usually right.

**Kate:** Okay. So, if they were certain or had an idea, they would write that down, and then …

**Joette:** In advance, just to move things along faster.

After that was completed, then the junior doctor would hand the form … it was a small form with all of this gorgeous penmanship on it. There was no English; it was all in Sanskrit and in Latin because that's what the homeopathic medicines are, of course. They're all Latin. That's all that was there. Nothing was in English. He would hand it to the senior doctor, Dr. Pratip or Dr. Prasanta Banerji, or any other senior doctor

who was taking the case, and they would sign off. Now, that sign off meant that was done.

Hand it to the junior doctor. The junior doctor would guide the patient back to the large room where they would then direct them to go to, now, the pharmacy which is all connected. It's all part of the compound. They would take their form with them. Then the pharmacist knew exactly what to do from there.

**Kate:** Now, I'm curious. If you were sitting in between them, and they were speaking another language, how are you able to write down what their protocols were? Did they talk in English much?

**Joette:** The doctors would speak in English. The patients would speak in their tongue.

**Kate:** Oh!

**Joette:** But the doctors understood what the patients were saying, but the conversation between the two doctors was always in English.

**Kate:** Oh, that's nice. Okay. Because I'm imagining, you know, "How are you translating this Joette?"

**Joette:** Right. Well, the first year, I was lost. I had watched many Indian movies before we got there so that I could kind of get up to snuff … so I could understand their English because, of course, it is different than ours. I listened to hours and watched hours of Indian movies, good and bad ones. Bollywood, which is mostly dancing, you're not really learning much of the language. But you get the idea of the culture, that's for sure.

So, the first year was very difficult for me. I was really lost in what they were saying, especially because I was working with Dr. Prasanta Banerji, Pratip's father. He was a

little more difficult for me to understand. He did not have the English that I understood as well as I did Pratip's.

But nonetheless, I knew what the condition was, and they would also discuss the condition. You know, I'm going to take that back. Was there anything written on this form that said in English what the condition was? No, there wasn't. Not that I recall, there wasn't. I can't believe I can't remember that. I was there for … I figured out cumulatively, I was there for just over a year and a half.

**Kate:** Oh, my gosh! Really?

**Joette:** Yeah. That's how long I spent there. I would go every year. I'd have to come back to the US because I mean, I had to work! Nobody was paying me to do this. I had to work. I had a family. My children were all adults, but, nonetheless. Actually, the first year I was there, my youngest son was in high school. My parents were around so that he was with them a lot. But I did have a life, so I had to go back home again and then recover! The amount of hours and work was phenomenal.

**Kate:** And you were always sick.

**Joette:** I was always getting sick when I went there: amoebic dysentery; I got whooping cough one year; I got "unknown microorganism.'

**Kate:** Well, you were exposed to the gamut while you were in there. What were some of the conditions that you saw?

## Conditions encountered at the clinic

**Joette:** I saw everything. I saw leprosy, active tuberculosis, AIDS, cancer that was not hidden on the inside – cancer that had now gone to the outside of the body so that it was 100% visible and large and extensive, a lot of mouth cancer, a *lot* of that. Because some people in India chew betel nut, and it's not just the betel nut that they're chewing. It's got tobacco

mixed in it. It's got lots of unsavory properties. It becomes a habit for many people. Not just men, believe it or not, even some women. And, it eats away at the inside of the mouth and causes cancer or abscesses. I saw a lot of mouth cancers and mouth abscesses. We saw hydrocephalus time and time and time again. We saw extreme skin infections because of being exposed to the streets.

**Kate:** Bacteria.

**Joette:** Bacteria, that's right, staph infections that had gone rampant. A lot of cellulitis, so a lot of acute issues, but we also saw colitis and food intolerances and allergies and menstrual conditions and multiple sclerosis. You name it; we saw it all. When you're seeing a hundred patients per day, you've got a lot of choices from which to see.

**Kate:** When you say, "saw," you talk about how you would walk through the clinic. You were shoulder to shoulder with these people and diseases, too.

**Joette:** Yes, yes. It's interesting. My observation was as sick as these people often were, and as humble a beginning that they came from, or humble of a setting that they came from (in the small villages or on the streets of Kolkata), when they came to the clinic, the women had freshly clean saris. Their hair was beautifully oiled and braided back. They were clean. Their nails were clean. They came with dignity. It was a beautiful thing to behold. No one came in cargo pants. No one came …

**Kate:** Leggings.

**Joette:** Well, there was that, too.

**Kate:** Underneath.

**Joette:** And not everyone was in the traditional garb. The younger people don't often wear saris. It's usually the older

women who wore the saris, and the younger people who came maybe from the small villages. But if they were city people in Kolkata, they often were wearing Western clothes. So, we saw the whole gamut from the top of society to the bottom of society. It was really very, very fascinating.

When we walked through the halls, my friend, Dr. Vivekta Sharma – and we became very dear friends; we're still in touch – would hold my hand to draw me through the crowds *in the building*. We're still in the building! The only way I could keep up with her was she would hold my hand and pull me through – like we were playing a childhood game – to get me through the swarms. Meanwhile, I was being held back by the sheer crowds of people in the building waiting their turn.

**Kate:** Wow! And outside, too, probably.

**Joette:** Outside was just as bad and sometimes worse than that because on the street, there were all the vendors in front of the clinic, the research foundation. That's where people would perhaps buy their meals. The whole street was lined with the lunches and dinners that were being made, with flames right on the street – with brick all around and a little flame. Sometimes the vendors would be sitting cross-legged, frying up these delicious, little cakes that are fried in deep mustard seed oil with vegetables and spices inside of them. Smelled wonderful, and that's what usually those who came in from the towns would eat.

So, you're negotiating the sidewalk with everything, plus, not to mention Calcasian dogs. I believe that's the way it's pronounced because it's named after Calcutta. They are roaming street dogs that all look alike. There are hordes of them everywhere. They're really friendly dogs. Some of them have names. Some of them don't. They're just everywhere. They're waiting for the garbage to be tossed or to be put in a pile, and they go after it. So, it's quite a street scene, very exciting.

**Kate:** Yeah!

## Meeting and working with the Banerjis

**Kate:** Okay, I want to take a step back for just a minute and talk about how you came to speak with the Banerjis and to be able to actually go and sit and observe them.

**Joette:** I had a colleague who contacted me. He was Indian. He works in my region when I used to live in Buffalo, New York area. He had met the Banerjis previously, years before. He contacted me, shot me an email and said, "Joette, you know, Drs. Pratip and Prasanta Banerji, I'm bringing them into town. I'm going to have them speak at Daemen College."

Now, he knew that I would be interested not only because I'm a homeopath, and we were good acquaintances, but also, I had been teaching homeopathy at Daemen College years prior to that. He thought, "Well, since you were a teacher there and …" et cetera, et cetera, "Perhaps you'd be interested in coming to this engagement where I'm engaging them to speak for about …" I think it was about six hours, seven hours. Because they were going to be speaking at …

**Kate:** MD Anderson?

**Joette:** No, they've gone to MD Anderson, and then they were to come to Roswell Park, the cancer institution in Buffalo, New York. Since they were there, he thought, "Well, let's see if we can get them to speak to a large group of people."

And I said, "Sure!"

He said, "Look, you don't have to pay the fee."

I said, "No, no, no. Let me explain the way I feel about this. I'm happy to pay the fee. I'm happy to make a donation. Just please make sure that I'm seated next to them during lunch."

**Kate:** Oh, wow!

**Joette:** He said, “Oh, all right.”

So, he did that; he arranged for that. So for a full day, they spoke. When we had lunch and then we had breaks, we actually went to a separate room. I had lunch with my colleague and the woman who arranged all of this at Daemen College. And the two Drs. Banerji and I had lunch together – a private lunch which was fantastic because I got a chance to speak to them and ask if I could observe their work.

Now, I don’t know if we made it clear earlier, Kate, but I have always known that if I was going to really learn homeopathy, I had to go to India. Had to. Because that’s where it’s been practiced uninterruptedly for the last 200 years and that would have given me insight.

I had tried to go to India and work with Dr. Ramakrishnan years prior to that. I had studied with him for five years in Toronto some 10 years prior to all of this. He had a program that was shutting down at the time. He was not taking any new homeopaths that could observe in his program. So, it was a big disappointment to me, but now I had another opportunity.

When Pratip Banerji said to me, “Certainly! Just contact us. We know all about you.” They’d done their homework on me. They had looked me up online to make sure that I was legitimate … what I had been doing. Once he knew that, then I suppose he felt comfortable to invite me to work with them.

Now, that was easier said than done because the communications between the US and India – technical communications – is often very difficult. I wrote to them, and there was no response. (I didn’t write to him exactly. I wrote to their director.) I didn’t get a response. Then I wrote again, I didn’t get a response. And wrote again, and I was just tenacious about it. I just stayed on it for, I’m going to say, a good year. It took almost a year for me to actually communicate with them and then set up a date, find out when they were going to be in

town. Because of course I'd like to work with their senior doctors as well – and I did many times – but I really wanted to sit with *them*.

Finally, we got it all set up. And even to the last week, we had our tickets for Kolkata which are nothing to sneeze at – it's pretty darn expensive to do this – and I still wasn't sure that the date was an absolute.

**Kate:** You're kidding!

**Joette:** We just took a chance. I said this is worth a chance. If it turns out that they're not there, that they're on a speaking tour (which is what they do regularly), we'll just make it into, I guess, a vacation in India!

**Kate:** Wow!

**Joette:** So, this is not an easy process, but it was a fun process. I got to know them very well. The first year I got in there, they were renovating their offices. So, we were working in somewhat of a makeshift setting, still very lovely. I was able to work mostly with Dr. Prasanta Banerji, for which I'm very grateful. I would say the full 13 weeks, pretty much, I worked only with him. And maybe a few days here and there, I worked with Dr. Pratip, his son.

**Kate:** Wow! That's *so awesome* that you got to do that.

**Joette:** Well, and during the day, we would work from approximately 10:00. I would get there around 10:00 in the morning. Dr. Prasanta or Dr. Pratip Banerji didn't get in until a little bit later because they went on house calls to the people's homes. They would often get in at around noon. Meanwhile, I had been working with the senior doctors. I sat with them, the other doctors, and observed and recorded all of their cases as well. Then Dr. Prasanta and Pratip would end at around, oh, sometimes 8, 9 o'clock, but I would then go with the group of doctors which would include Dr. Vivekta Sharma,

my friend.

We would go to the other clinic that they had. That was in another part of town. We would pile in; it was such a blast.

Mostly the doctors are a good deal younger than I am by about 20 years. So, I was like the old mother. They would stuff me into this car. Everybody was sitting on everybody else's laps. We'd go rumbling through the town and through Kolkata. Oh my gosh! It's crazy. That in itself is just an experience.

We'd get there, and then we'd go through this old building and up to the top floor and sit up there. It was so hot. It was *so* hot. The doors were closed, and we'd all have our dinner. Now, most of the dinners were brought in by the doctors, their wives, or they made it themselves, or sometimes they'd only go to certain street vendors. They wouldn't just buy from anyone. They would buy us a dinner. We'd all have these fantastic dinners together. I was turned on to the masala tea that they were accustomed to drinking. To this day, I still drink masala tea every day because of how they turned me onto that.

Then once we finished eating, everything was cleared up, open the doors, and people would throng in. I've got pictures of it: Long, long table. On one side, the women would line up, and on the other side, the men would line up. And all across the whole table were all the doctors. It was fascinating, absolutely fascinating.

**Kate:** So you mean, they were all listening to cases at the same time?

**Joette:** No, each doctor was taking a different case.

**Kate:** Yes, that's what I meant.

**Joette:** So, there may be ten doctors? Each one was seeing a different case. We would see … I'm going to say there were another 200 people, 300 people that come on that night. Split

by 10, each one had seen 30 cases within a couple of hours. By the time I got back to the hotel, I was … how do I say … hooped! I had put in a 12-hour day and intensely writing.

**Kate:** And in the heat.

**Joette:** In the heat. The heat was at times pretty extreme even though I was there in January which was the most comfortable. I was there usually January, February and part of March every year.

So, I would get back to the hotel, and my husband would always greet me at the hotel door which was great. As I got out of the car, he would meet me right at the door. He's such a gentleman. Give me a big kiss. Tell me I was doing a great job. (I was half-dead.) Walk me to the elevator. Up we would go to our room, and I would shower down. I would take a couple of cases myself – my own clients who needed help. They knew that I was out of town, but certain people still needed help. So, I would still work with folks back home and work on those cases.

**Kate:** I remember one time I had a consult with you when you were in India. Do you remember that?

**Joette:** I do.

**Kate:** Imagine how tired you were trying to listen to my … probably after just seeing all those diseases, you're like, "Oh! That's nothing, Honey."

**Joette:** It does put life in perspective. There's no doubt about it.

But you know, we also saw the mundane, as well. We often saw people with just some acne. The middle class complained about that. There's an emerging strong, educated class there.

I shouldn't say that it's emerging … emerging. It's just growing more rapidly lately in the last, I don't know, 50

years or so. There have always been the educated. There have always been those who are well-travelled, and who are learned. But it's growing faster – more than ever – because of technology, and because it's now a free market there. We're seeing more and more entrepreneurial businesses start-up which is a beautiful thing to behold.

**Kate:** So, how many times have you gone to India now? It's quite a few.

**Joette:** It was a number of times, and I actually lost count. I want to say it was nine times. Each time was anywhere between 3 weeks and 13 weeks. When I totaled it up cumulatively, I would say that it was just over a year and a half of time spent there.

I recorded over 7,000 cases. Then of course, they didn't come in order according to a repertory. So when I got home, I had months of work to organize all of these protocols and information and translating them from cases to protocols. So that just because the case that came in first in the morning was a menopausal case, and the next one was a colitis case doesn't mean it's going to automatically fall into my notebook that way! I had to now transcribe, "Okay, this is the female section. Put that case in here, and what the protocol is. This is the GI section. Okay, put that colitis into that section." So, I had a lot of work to do.

To this day even years later, I'm still organizing my notes so that I can find them more quickly when I need them. But for the most part, I've memorized the most commonly used (the ones that I use on a day-to-day basis) that I don't even have to think about them any longer – not unlike the Banerjis.

You know what's fascinating? I didn't say this, but I described it. But they don't allow their underlings, their junior doctors or senior doctors to take notes – not on the *patient* but on the case. So in other words, they did not say,

“Okay, we’re going to use *Carbo animalis* for hormonal conditions in a woman going through menopause.” They were not allowed to write that down. You *memorize* it! That’s how you learn it. After those junior doctors had been there at least a year, they had them all memorized. (They allowed me to do it because I was observing.)

**Kate:** Were there other homeopaths there doing this right alongside you?

**Joette:** Every once in a while, a homeopath would come from Switzerland. Usually they were medical doctors who were practicing homeopathy or from Germany or where they had seen the Banerjis speak and were curious and wanted to know what they were doing and observe. But they usually were there for about a week. Some of them were from Madrid. There were a couple of doctors and endocrinologists who I got to know the first and second year. She would stay right along with me and do exactly what I was doing, which was writing down absolutely every single case. But it surprised me to see that they would come and observe but not write down the protocols.

**Kate:** What!?

**Joette:** That was the *gold*!

**Kate:** Yes!

**Joette:** So it always flabbergasted me. Then years later, after going year, after year, after year, and getting to know Dr. Pratip and his lovely wife, we became friends. His wife and my husband and I went on a vacation together. We spent a lot of time together over meals. She told me that they were so excited about having me there because I was the only person ever – I was really surprised to hear this – *ever*, who would ever come for a 13-week spin and then come the next year, and the next year, and the next year, and the next year, and the next year to learn these protocols. They had never seen anyone do that before.

So, for that reason alone, they gave us – and me – extra privileges which was quite an honor.

**Kate:** So, you're likely the holder of the most information of the Banerji Protocols other than the people at their clinic.

**Joette:** Well, I am one of them. There's one other person that I know of who I got to know, lovely person who helps them write and does research for them. She's a PhD in nursing in California. I'm sure she did this to the degree that I did as well. But she brought it back to teach nurses and to teach professionals. Then there was another woman that I learned about who was from Japan who came several times as well. But according to what I have been told, I was the only one who had done it so many times and for so long a period of time – other than those who had been working for the Banerjis.

**Kate:** I knew there was a reason we love you so much, Joette.

**Joette:** It's ridiculous. I'm ridiculously tenacious. I mean, when I chomp onto something I can't let go. My mother always used to say, "No matter what you do, you do it up to your eyeballs." And she was right.

**Kate:** Yeah. I've heard you talk about a number of areas in your life where you didn't give up. You just kept pursuing that until you got where you wanted to be or got the answer that you wanted.

**Joette:** I actually think that came from being in sales because I used to sell real estate. I used to sell airtime with NBC. As a little girl, I sold vacuum cleaner bags from door to door. Because my father was an entrepreneur, and he sold, and so I believe that on some level I was trained – or maybe it's innate (it's probably a combination of both) – that when someone says, "No," then you just have to ask ten more people. Then you'll get that yes.

**Kate:** Or you ask them several times.

**Joette:** Yeah, you just keep going. “No,” doesn’t mean “NO!” Don’t be ridiculous! It just means, “Okay, on you go. Next step.”

**Kate:** That’s awesome. All right, so let’s wrap this up and just give us a summary as to maybe your greatest insights from being with the Banerjis all those times.

## A beneficial insight from Dr. Prasanta Banerji

**Joette:** One of the cadences that I got from Dr. Prasanta Banerji … and I used to call them “Prasanta-isms” and “Pratip-isms.” So, when they would say something wise, I would write it down. It was so fascinating.

But the one that I so much use, not only in my day-to-day life, but I teach others to consider, is he used to tell the patients all the time – especially those who were of the upper middle class and could go to many doctors – he would tell them (not to those who are suffering terribly, but for those who wanted to be proactive), instead of using the word “proactive” or to tell them to calm down with that concept, he would say, “Stop hunting for disease.” I love that statement.

Now, that does not apply to people who are really suffering from serious illnesses. But if you’re well, stop looking to see whether or not you’ve got this gene or that gene that might trigger. Stop looking for whether or not you might have the *potential* of an illness and test after test after test. That only provokes anxiety.

So, if someone is ill, obviously we have to do our research. They have to be tested to determine what the condition is so that we know what to springboard from.

But when someone is not really unwell, just enjoy life. You know you’ve been handed a pearl called life. Take it, run with

it, and enjoy it. Learn how to treat others and become the healer for those who are *truly* suffering. Stop looking for the potential that, "You know, I'm 40. Maybe I should go get that mammogram every year. Or now, you're 50, you should have a colonoscopy – every year." Really? I question all of that. So, I urge folks to stop looking around and just live life. If something comes up, okay, *now* you look into it.

**Kate:** Joette, thank you so much for sharing about the Banerjis and sharing their wisdom with us. I think we should do another segment on this so that we can learn more about what your conversations were and maybe some more protocols. So, I'm excited. I think this has been a great podcast.

**Joette:** Yeah. Thanks, Kate. It's always fun.

**Kate:** You just listened to a podcast from PracticalHomeopathy.com where nationally certified homeopath, public speaker, and author, Joette Calabrese shares her passion for helping families stay strong through homeopathy. Joette's podcasts are available on iTunes, Google Play, Blueberry, Stitcher, and TuneIn radio.

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