

Original Research

## Homeopathy and Cancer – Some Conceptual Issues

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**Academic Editor:** Michael Frass

**Special Issue:** [Application of Homeopathy in Oncology Patients](#)

*OBM Integrative and Complementary Medicine*  
2018, volume 3, issue 3  
doi:10.21926/obm.icm.1803016

**Received:** June 06, 2018

**Accepted:** August 01, 2018

**Published:** August 27, 2018

### Abstract

This paper explores some of the conceptual issues that arise when comparing homeopathy with the mainstream medical system, both in terms of their underpinning philosophies and in their treatment methods, and especially when applied to the problem of cancer. A review is under-taken of the key concepts that underpin both medical approaches: the holistic approach of homeopathy and the reductionist approach of mainstream medicine. The article closes with a discussion of the emerging conflicts between classical homeopathy and the Banerji protocols.

### Keywords

Holism; symptom totality; Hahnemann; provings; named diseases; nosological entity; medical philosophy; Banerji protocols; individualised treatment; observational/descriptive approach; reductionism; analytical approach; classical homeopathy; practice-theory conflicts

## 1. Introduction



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Cancer is still one of the top killers throughout the world and has been so for most of the last century. In most developed countries today cancer accounts for 20-30% of all deaths [1], matched numerically only by cardiovascular disorders [2, 3]. The commonest cancers are of the breast, lung, colon and prostate [4-7]. A cancer basically consists of cells or tissues that have lost their allotted bodily function, and, behaving abnormally, they divide rapidly to form a malignant tumour. Malignant cells from the tumour can also break free and get transported by the blood to other parts of the body where they can set up secondary cancers (metastases), especially in the liver, lungs and the lymphatic system [8-10].

Cancer was mentioned by Hippocrates and also by Galen who named it from the Greek 'oncos' meaning swelling; hence the more modern term oncology, 'the study of cancer.' [11-14]. Cancer comes from Carcinus the crab which is the Latinised form of Karkinos from the Greek. A tumour often takes the form of a lump with veins sticking out vaguely resembling the shape of a crab [15]. However, on a more metaphysical level the crab is a tenacious scavenger and the pubic lice or 'crabs' (*Pthirus pubis*) cling tightly to pubic hairs. And so subtly nested within the word cancer one might see these other meanings regarding tenacity and clinging on.

## **2. Defining Disease**

Before discussing cancer more specifically it will be instructive to consider some rather knotty taxonomic problems. Because of significant differences between the natural therapies like homeopathy and mainstream medicine we need to ask: what is a disease? And what is cancer? A disease can be defined as a derangement or malfunction of the body and mind characterised by distinctive signs and symptoms (uncomfortable sensations) which may commonly include: nausea, fever, pallor, digestive disturbances, pains, dizziness and general feelings of unwellness [16, 17]. Obviously, diseases can be crudely classified as acute and short-lived or chronic and long-lasting. Some diseases are self-limiting and resolve themselves easily in a few days without much further discomfort, while others persist and even end in the death of the patient.

Regarding what cancer is, it tends to be an unrestricted form of cell division. In adults, cell division is mostly confined to the skin and digestive tract, while cellular activity in most tissues is mostly focused on 'making things' (e.g. liver, pancreas, glands in general) or on contributing to body structure (e.g. muscle, bone, cartilage, collagen, etc.). These restrictions on cell division arise because of the role a cell or tissue plays in the body. However, in cancer such secondary programmes degenerate, or are suspended, or even get switched off, and the cells revert back to unrestricted mitosis. In essence, this is how a tumour is formed. In this respect a tumour resembles the stages of an early embryo, in which the secondary functions they had in the organism, and which were allocated to them in the early stages of development, are lost and the cell reverts back to endless cell division [18].

A cancerous tumour is rather like a morula—a ball of rapidly dividing and undifferentiated cells—but with no obvious purpose, direction or function. It is taking nutrients from the body, but contributes nothing to the structure, function or maintenance of the body; it might thus be seen as essentially 'parasitic' in nature. In order for any cell to become part of a useful tissue or organ it has to switch off its primary division programme and settle into a specific role within the body. This process necessarily involves a change in function. In the healthy organism this change is normally irreversible, but in cancer, this process becomes reversed and a differentiated cell

reverts back to an undifferentiated state and back to its primary programme of endless cell division.

The real differences between natural therapies and the mainstream do not focus on such broad and generic symptoms as listed above, but on what constitutes a disease. For many centuries, the mainstream approach has been to view diseases as specific groups of localised symptoms and thus to classify them—often based on their location in the body—to give them names and to regard them as 'specific entities' that reside in a part of the body where they create symptoms. By this mainstream definition, a person may possess several so-called diseases at the same time and thus receive separate treatments for each one. A person may thus receive pills for blood pressure, some other medication for their acid indigestion and yet more pills for their psoriasis, thrush and constipation [19-21]. None of these treatments can be regarded as truly curative as they act merely as palliatives to relieve groups of localised symptoms. This approach clearly lacks a joined-up or holistic approach and is the daily reality with mainstream medicine for many people. The alternative therapies tend to reject this piecemeal approach and embrace a more holistic vision of the organism both in health and in disease. In this view the whole can only be fixed by treating the whole, not by tinkering with parts or by indulging a false concept of the organism as merely some type of machine [22-27].

### **3. Named Diseases Versus Symptom Totality**

Homeopathy rejects the named 'disease entity' concept used in mainstream medicine [28-36] and instead regards the organism as a structural and functional totality [37-41]. It is instructive to consider the consequences of this distinction. In homeopathy, therefore, there are no 'diseases' as such, but just people with health disorders. On this basis there is no 'disease entity' concept and so there are no cancers as a separate disease category, there are simply individual people with cancerous tumours. What this means in practice is that there cannot be a single generic homeopathic treatment (or remedy) for cancer as a distinct sickness concept, or for conventionally-defined specific 'types' of cancer, but there can be individually-matched treatments for the whole person that can match person A, person B or person C, etc.

This means that by and large homeopaths do not treat the disease, or the cancer, as such, they treat the whole person as a psychophysical totality and in so doing they seek to eliminate all the health disorders in the organism indirectly—including the cancer—by restoring healthy functioning of the whole mind and body. Therefore, such natural therapeutic measures are not directed at the cancer per se but aim to remove the deeper underlying causes of sickness. It also means that several people with technically the 'same cancer' can each be treated with a different homeopathic remedy, each tailor-made to fit the idiosyncratic and unique symptom profile of each individual—their own symptom totality. Every homeopathic treatment is thus individualised, i.e. matched solely to the specific mental and physical profile of each individual [42-44].

Hahnemann condemns the allopathic classification of diseases as a "metaphysical or speculative method of viewing diseases, of regarding them as something separate and distinct from the living whole, of conjecturing their peculiar nature, that had in all ages led physicians astray, and given rise to all those contradictory methods of treatment that have prevailed in medicine since it was cultivated as a science." [45].

In a little known and rarely mentioned essay of 1825 [46], Hahnemann sets out the clear differences between the old school of medicine (allopathy) and the new (homeopathy), and in doing so he declares the profound inadequacy and falsity of the allopathic approach as compared to the superior approach he has discovered through his own tireless investigations. He condemns the entire allopathic conception of disease. The names of diseases he calls "imaginary morbid pictures," [46] (p.713) "deceptive pictures of disease," [46] (p.714) and "forms of disease manufactured by themselves." [46] (p.713) He denounces pathology as a perversion of nature, deriving from an arbitrary procedure, a figment of learned reveries, a human piece of manufacture, a delusive pathological picture, a trumped-up phantom of their imagination and a system of man's fabrication. That amounts to a pretty comprehensive condemnation.

#### **4. Mainstream Medicine Not Holistic Enough**

Allopathy can be seen as the opposite of holistic as it does not individualise its treatments. Cancer treatments provide a good example which are always broadly generic in character and tailored solely towards the imputed 'nosological entity' [47-49] (the tumour), not towards the specific features of an individual patient. In homeopathy it is the exact opposite. And yet in recent decades there has been an allopathic claim of holism: "despite growing claims by doctors to be adopting a more holistic frame of reference, the mind and spirit in this conceptualization are still typically regarded as relatively peripheral to health care." [50]; "the positivistic biopsychosocial model of Engel (1980) that has heavily underpinned the efforts of doctors to move in a holistic direction is plainly modernist in conception given its biomedical moorings." [51]. For biomedical scientists, "it is the already diagnosed disease condition which is to be treated rather than the total person." [52].

Furthermore, "other problems stem from medicine's mechanistic model of the body. This model leads doctors to rely on reductionistic treatment. This term refers to treatment in which doctors consider each bodily part separately from the whole—reducing it to one part—in much the way auto mechanics might replace an inefficient air filter without checking whether the faulty air filter was caused by problems in the car's fuel system. In contrast, sociologists (as well as a minority of doctors) argue for a more holistic image of how the body works and of how illness should be treated (Waitzkin, 1993). Holistic treatment refers to treatment that assumes all aspects of an individual's life and body are interconnected rather than simply excising a tumor when someone has cancer, perhaps doctors and other health care workers should also explore how their patients' social and environmental circumstances contributed to cancer growth and how psychological support might improve their odds of recovery." [53, 54].

By contrast, homeopathy makes a holistic appraisal of "the totality of the morbid symptoms," [55] of the patient, treats "every case of disease according to its individuality," [46] and thus employs a holistic concept of the organism not found in allopathy. For example, minor ailments and ancillary 'trivial' symptoms are not excluded as irrelevant, but are explored in the consultation and included in the anamnesis. Such additional symptoms used in homeopathy include facial complexion, nasal obstruction, smelly feet, bad breath, amount and colour of sputum, temperament, likes and dislikes, time of day, etc. These all help to match the remedy much more closely to the individual patient as they form integral parts of their personal symptom totality. Such features of a person are rarely regarded as relevant in allopathic medicine.

In recent decades the word holism has been used in mainstream medicine in various ways: "holism implies that for every human activity there are biological, psychological, social, cultural and spiritual influences." [56, 57]. This is not really a definition of holism like that used in homeopathy. But "in medieval European culture, illness was understood to be a disorder of the whole person in disharmony with inner and outer forces. Restoring the balance between these two forces would help the return of health." [56, 57] (p.84) Also, "a person who has a physical illness may also be affected psychologically, socially and culturally. In the holistic approach, the client's thoughts, beliefs, attitudes and emotions are paramount. For instance, a medical model will tend to emphasise the disease and its treatment, with the practitioner usually taking the lead. In the holistic model, the client has a central role in the care and will work in partnership with the health professionals." [56, 57] (p.85) While homeopaths would not disagree with these notions, yet again they differ from the notion of case totality.

"Holistic ideas have found their social meaning in antagonism to the bureaucracy, specialization, and fragmentation as well as the (related) reductionism that have come to dominate twentieth-century medicine." [58]. "In twentieth-century medicine, the invocation of holistic values has implied the polarizing antinomies of bedside as opposed to laboratory, of art as opposed to science, of the patient as individual and member of society in contradistinction to the patient as an aggregate of discrete mechanisms." [58] (p.141). This medical historian gets much closer to the nub of the problem and alludes to the clear dividing line between the allopathic and the holistic.

## **5. Historical Background**

It seems that Hahnemann first discovered the subtle holistic dimension of sickness in the provings and then saw them reflected very clearly in the presenting symptoms of patients in the clinical situation. "It is astonishing how meticulously Hahnemann records the complaints of his patients and how he elaborates on his thinking process about the remedy selection on the basis of the symptoms." [59]. These practical aspects of his work must have led him to realise that there is a much closer match between a patient's symptoms and the language of the provings than there is between the patient's symptoms and generic disease labels. Therefore, he had no honest choice but to abandon the mainstream classification and naming of diseases—which he could then see as thoroughly inadequate—and so to continue with his own holistic concept of symptom-totally and the individuality of every case of disease that exists.

Hahnemann's own Casebooks reveal the exacting detail he recorded during patient consultations: "These miscellaneous symptoms form a conglomerate next to the patient's intestinal spasms, we read that he snores at night, cannot yawn nor belch, etc. the patients consulting Hahnemann complained mainly of digestive symptoms, such as anorexia, constipation, and intestinal cramps. Others came with insomnia, headaches, dizziness, weakness, and peripheral paraesthesias. During the winter months there were abundant respiratory ailments, and the women had backaches, menstrual irregularities, leucorrhoea and menopausal hot flashes." [60].

Hahnemann therefore emphasises that such "minute shades of symptoms observed go to constitute the characteristic features of the disease," [61] and especially "the more striking, singular, uncommon, peculiar, or characteristic symptoms of the disease." [62]. For example, *Nux vomica* is "particularly adapted for persons who are of a very anxious, zealous, fiery, or violent character, or where the disposition is malicious, wicked, or disposed to anger." [63]. Or with

Pulsatilla, which is "peculiarly adapted to persons of a bashful disposition, disposed to tearfulness, and subjects of secret sorrow and vexation, or, at all events, to persons of a mild and yielding disposition." [63].

By the early 1800s, having seen single drugs act in a homeopathic way for well over a decade [64, 65], and therefore, having repeatedly witnessed the curative powers of single drugs—when matched carefully to the symptom profile of the patient—Hahnemann was obliged to formulate new and radically different concepts of sickness and treatment. This new understanding he arrived at amounts to a really significant change in medical conceptuality which mainstream medicine has yet to grasp. He realised that there is no need to name diseases in the generic allopathic manner, because—most fundamentally—diseases are not generic entities—as physicians had long supposed—but can be more accurately described as temporary and highly individualised aberrations of human health. Or as he puts it: "no name borrowed from a pathological system of man's fabrication which falsely alleges diseases to possess constant unvarying characters, should be attached to morbid states." [46]. Or, in plain terms: there are as many different cases and types of human sickness as there are people on earth.

## **6. Treatment**

What are the consequences of the two conceptual approaches to sickness? A natural consequence of the 'disease entity' approach in mainstream medicine with regards to cancer, is the view that a cancerous tumour can simply be surgically removed from the body and that this can somehow be deemed a major step in solving the problem. In other words, this approach assumes that a cancer is merely a localised health issue to be fixed at the local level, and this illustrates very well the underpinning notion that 'fixing the part can fix the whole.' [66, 67]. The reality is not quite so simple and it soon becomes apparent that a tumour is much more than a nosological entity or a localised issue. Even the use of chemotherapy to halt the growth of tumours encounters many problems and often creates more suffering for the patient than the tumour itself. Cytotoxic drugs impact severely on other body systems not just the tumour. The unpleasant side-effects of such drastic treatments are widely documented. [68-73]. It is a typical example of the scattergun approach of chemical drug therapy.

All such examples show how unhelpful the reductionist approach of mainstream medicine can be in failing to solve the original problem, being rooted in a fundamental misconception of the organism as merely a collection of parts like a motor vehicle that can be restored to perfect working order simply by replacing or fixing parts. Far from being a machine, these examples illustrate that the organism is indeed a dynamic totality just as homeopathy suggests, and that each disease should be treated as an individual disorder of the whole organism and not through some arbitrary and generic disease classification system [74, 75].

Furthermore, the true 'totality of the organism' is not confined solely to its structure, for a living organism also constitutes a functional totality and a dynamic whole of numerous interacting parts and systems continuously cooperating in complex ways in real time second by second. Therefore, to even conceive that some parts of the organism can somehow be 'hived off' from the whole and treated separately from others reflects an inaccurate perception of what a living organism is, and how it functions in reality. It reveals a phenomenal blindness to this reality, which

largely stems from adopting the reductionist approach so favoured in mainstream sciences like chemistry, biology and engineering [76-79].

Homeopathy focuses almost exclusively upon the symptoms of the patient; it does not search for mechanisms, but merely wants symptoms accurately listed with all their concomitants like worse or better, modalities, time of day, etc. This forms the raw empirical basis of prescribing, and nothing more [80-82]. Unlike allopathy, homeopathy does not seek reasons, theories or proposed pathways that may or may not lie behind the symptoms—all such are dismissed as speculative side-issues that could easily divert one from the central task of finding the best-fit remedy. It chooses not to delve very deeply below the surface of the symptoms, but rather deals with the as is situation of the patient totality. It accepts this totality just as it is in its fresh and unvarnished state, unclassified and in the natural ordinary language of the patient; and, above all, free of the confusing intrusion of any speculative theories or possible explanations. This is an important and very distinctive aspect of homeopathic prescribing—it virtually defines the homeopathic approach, 'the homeopathic gaze'—and it stands in very stark contrast as compared with that of allopaths. [83, 84].

Homeopathy "prefers to explore rather than to explain. It emphasises exhaustiveness in observation and stresses the significance of phenomena in terms of the organism as a whole," [85] rather than a fragmented view of its parts. It "considers the single patient as indivisible and unique as not accessible to the method of measuring," [86] so beloved of the allopaths. In the homeopathic sense, "the single individual is individual; it cannot be divided and transformed into quantities and figures. And the single individual is single in the sense of unique; it has no standard with which it can be compared. In other words, the single individual is, from this point of view, not accessible to the scientific method many other terms are used to characterize these two confronting attitudes: empirical and rational, realistic and theoretic, biologic and mechanic, Hippocratic and Galenic, (more) idiographic and nomothetic" [87, 88].

By contrast, allopaths delve deeply into the alleged causes of the disease and its symptoms in the hope that they can interrupt certain metabolic pathways, for example, uncover important mechanisms or eliminate certain causes as irrelevant while focusing more on others. And of course they classify and give fancy names to diseases. And all this is aimed at finding a treatment that will eliminate or alleviate the condition—in other words suppress the symptoms. This view also regards homeopathy as too superficial and appreciative only of the surface symptoms of the patient: that it doesn't delve deep enough [89-91].

The approach of homeopathy—being mostly observational and descriptive—is much closer to anthropology and an observational/descriptive approach than it is to the analytical and explanatory approach of science. Homeopathy is more about looking than about theorizing [92-95]. It is more concerned with a detailed perception of the patient than with analysing or classifying their problems [85]. In this important respect, homeopathy differs very sharply from allopathic medicine, which adopts a far more analytical and teleological approach to the patient. It analyses the symptoms of the patient in an attempt to find chains of causes which has become typical of the whole of natural science, upon which allopathy claims to be based [76-79].

Hopefully these points clearly illustrate very profound differences in approach to cancer between the CAM modalities and mainstream medicine and how their different modes of medical conceptuality very significantly underpin the very wide divergence in the preferred therapeutic measures each medical system adopts.

## **7. Cure**

When it comes to the question of cure we enter an entirely new and complex territory regarding any disease and that includes cancer. Hahnemann's clever definition of cure devolves from his definition of a disease as the totality of symptoms, and therefore cure must inevitably mean the complete removal of all symptoms. In this sense, he of course assumes that the removal of all symptoms automatically means the removal of the disease in its totality, and not just parts of the totality or some of the symptoms [96-102]. However, this assumption is made on the proviso that we are including the most subtle of all symptoms, which are used in homeopathy, and not just the gross symptoms of disease that conform to some 'nosological entity' as per allopathy. Hahnemann expressly regarded the removal only of parts of the disease—or some of the symptoms—as mere palliation and perhaps also suppression.

One therefore has to approach the concept of cure from the same angle—with the same attitude—that Hahnemann approached the concept of disease and that is one that is truly appreciative of the disease as a totality in what is a non-static (dynamic) living organism. This means that the key elements of this dynamic totality—function and process—precede structure. Therefore structural changes in the disease are inevitably regarded as secondary aspects or expressions of the functional disorder, the disordered process. And so the aim of homeopathic cure is not to tamper with structure directly but to eradicate the disease process at the level of function in its entirety and so restore correct organism functioning, or to place the organism back into a truly symptom-free state. In this way issues relating to structure will automatically also be resolved through those corrections at the functional level. In any case, as with anything in the body, structure is always a product of function and process. Function is more primary and fundamental. And in sickness it is the primary process of sickness that needs dealing with, not the structure, which is secondary. And yet in cancer, the allopathic gaze falls only on the cancerous tumour—the structural by product of the cancerous process. Removing the tumour clearly does not remove the primary underlying sickness process.

Clearly therefore, in the case of cancer the mere removal of physical and structural parts of the tumour in no way conforms to the definition of cure as used in homeopathy. In such treatments only part of the disease has been removed and it therefore conforms to Hahnemann's definition of palliation or suppression. Rather, it is the disease process at the functional level which must be halted and only this would then equate to true cure in Hahnemann's original terms.

Of course attaining true cure is one thing, but Hahnemann, and most homeopaths since, traditionally do not wish cure to occur just by the removal of the totality of symptoms, they also want it to occur in an orderly manner "upon principles that are at once plain and intelligible." [103]. This means using remedies in a certain manner and that the case evolves in a predictable way that reflects the underlying principles that are widely acknowledged and admired as the classical approach. In other words, mere removal of the symptoms is not enough, and cannot be automatically regarded as classical and any method adopted that achieves such a result may not be admired or acknowledged as a truly curative process: we are mindful that it could be a suppression.

## **8. Homeopathic Cancer Treatments**

There are several approaches to cancer within homeopathy. Homeopathy is used to treat cancer in at least two ways, firstly in a classical fashion prescribing for the symptom totality of the person [104-107]. Secondly, it can be used to support mainstream treatments and to alleviate the bad effects of radiotherapy and chemotherapy [108]. A third option is to use the Banerji Protocols which basically involves a modern form of Burnett's method [109-116] using alternating remedies sometimes in high potency and often repeated frequently. Homeopathic remedies can also be used as part of a wider programme of natural detox cancer treatment including changes to diet, liquid intake, massage, meditation, reflexology, colonic irrigation, etc. [117-127].

The classical approach would lead us to check every type of cancer in the repertory so we then end up with a list of the top cancer remedies; and here they are: Arsen alb, Conium, Kreosotum, Silica, Carbon animalis, Phosphorus, Sepia, Sulphur, Lycopodium, Phytolacca, Lachesis, Arsiod, Calc carb, Thuja, Hydrastis, Carbo veg, Nit acid, Graphites [128]. The precise symptoms of an individual patient would then be matched as closely as possible to one of these remedies.

## **9. Allopathic Treatments**

Following its usual approach, allopathy focuses solely upon the cancerous tumour itself and ignores virtually everything else about the patient. This approach aims to destroy the tumour cells. This can sometimes be achieved by surgical removal of the tumour, by using cytogenic drugs (chemotherapy) that slow down cell division, and also by using radiation that has a similar effect. None of these 'scattergun' approaches impacts solely upon the tumour cells and they usually have quite dramatic negative effects on other body systems, such as the skin, digestive tract and bone marrow. These side-effects illustrate very clearly the holistic nature of the organism and how impossible it is to isolate and treat just one part. They also illustrate how the complex whole of the organism consists of numerous interacting parts and systems all truly woven into a whole. More recent attempts include how to interrupt or halt the metabolic processes of the cancer cells and to try and switch off the 'oncogenes' that power their continuous cell division. Another line of attack is by stem cell transplants and by using hormones. The big problem with all these methods is when patients relapse and the cancer reappears or has spread to other locations within the body such as the liver and lymphatic system. No matter how many years after full recovery, this can still happen.

Such approaches stand in stark contrast to the homeopathic approach. Homeopathy can be used to successfully alleviate some of the side-effects of chemotherapy and radiotherapy [68-73], but mostly it is a stand-alone method in its own right. The classical homeopathic approach is to treat the whole person and this means taking account of all the symptoms of the person - both mental and physical - until a drug is found that matches the patient most closely in all its symptomatology. This remedy is then given to boost the innate healing power of the vital force and so to overcome all signs of disorder within the organism of which it is in charge. That is the classical Hahnemannian approach.

## **10. Banerji Protocols**

However, there are other non-classical approaches that treat the cancer more specifically itself rather than the whole person. These include using 'organ remedies' and low potency remedies that seem to have more affinity with the disease than with the patient totality. Examples of this method include using Calc phos, Lycopodium and Ruta graveolens given in low potency and re-

peated daily for many months. These are included in the so-called Banerji Protocols (see below). Then there are the equally unclassical methods of Cooper and Burnett who also used low potency remedies repeated frequently. This often included using unproven herbal drugs in tincture or very low potency. The Banerji Protocols have been used quite extensively in recent years and have recorded some significant successes [129, 130].

Some examples of their treatment schedules in Table 1 [129, 131-133]:

**Table 1** Examples of the Banerji Protocols.

<b>Cancer</b>	<b>Primary Remedies</b>	<b>Secondary</b>
Stomach	Arsen alb 3c before meals, Hydrastis Q x2 daily	Conium 3c x2 daily
Uterus/Cervix	Carbo an 200c x3 daily, Arnica 3c x3 daily	Kreos 200c x4 daily, Conium 3c x2 daily
Bone	Symphytum 200c & Calc phos 3x every 3 hours alternating with Carcinosis 30c alt nights	Ruta 200c & Calc phos 3x every 5 hours alternately
Colon	Hydrastis Q & Nitric ac 3c every 3 hours, then Conium 3c & Hydrastis 200c every 3 hours alternately	Carbo an 200c x 4 daily + Ferr phos 3x + Calc fluor 3x x 2 daily + Hamamelis Q after any bleeding
Throat	Nit ac 3c x4 daily then Hepar sulph 200c x4 daily also Hydrastis 200c x2 daily	Thuja 30c x2 daily & Kali mur 3x x4 daily poss Merc cyanatus 200c x3 daily for pain
Tongue/cheek	Nit ac 3c x4 daily then Nit ac 3c x4 daily + Cistus can 200c	Merc cyanatus 200c x1 daily + Kali mur 3x x4 daily
Breast	Phytolacca 200c x2 daily + Carcinosis 30c alt nights then ditto + Conium 3c x2 daily	Thuja 30c x2 daily -> Psorinum 1M alt mornings + Ant crud 200c + Arsen alb 200c x4 daily
Oesophagus	Condurango 30c x4 daily then Nit ac 3c x2 daily + Carbo an 200c x2 daily	Staph 30c x6 daily
Prostate	Thuja 30c x4 daily + Carcinosis 30c alt nights then Medo 200c x2 daily + Cantharis 200c x2 daily then Conium maculatum 1M x1 per week	Sabal serrulata Q x2 daily + Carcinosis 30c alt nights + possibly Geranium mac Q x3 daily or Hamamelis Q x4 daily for haematuria and possibly Chimaphila Q every 1-2 hrs for dysuria
Pancreas	Carduus Q & Conium 3c every 3 hrs alt Chel 6x x3 daily	Hydrastis Q and Chelidonium 6x every 3 hrs alternately
Liver	Hydrastis Q & Chelidonium 6x every 3 hrs alt Conium 3c x2 daily	Myrica Q & Hydrastis Q every 3 hrs alt with Carduus mar Q x2 daily
Rectum	Nit ac 3c x6 daily then Hydrastis 200c & Merc sol 200c every 3hrs alternately	Thuja 30c x2 day if stool involuntary Veratrum alb 200c every 3 hrs
Brain	Ruta 6c x2 daily + Calc phos 3x x2 daily + for seizures Arnica 3c & Cuprum met 6c	for confusion Helleborus 30c x2 daily; for cerebral oedema Lycopodium 30c x2 daily; for haemoptysis Ferrum phos 3x 5 tablets SOS; for pleural effusion Lyc 30c x3 daily

As can be seen some of the top Banerji remedies include the following: Hydrastis, Nitr ac, Conium mac, Carbo animalis, followed by Ruta, Hepar sulph, Thuja, Kali mur, Carduus, Carcinosis, Helleborus and Merc cyanatus.

## **11. Summing Up**

Homeopaths clearly have a choice about what ideas and influences they choose to follow and expose themselves to. These may include certain metaphysical ideas about the meaning of diseases like cancer [134-138], or they may prefer to treat patients with remedies in a purely pragmatic fashion, without looking much deeper into the issue than that.

With regard to treatment methods, again homeopaths can use anything “that works,” regardless of its relationship to classical ideas, or stick with the classical approach. Cure can be seen as merely the removal of symptoms. In the old school that is exactly the approach adopted. Dissatisfied with that approach Hahnemann wished to refine this definition somewhat. When Hahnemann said cure must involve the complete removal of symptoms he was keenly aware of the difficulties this definition might create. Perhaps fearing condemnation as an empiric [139-141], he added the phrase ‘by clear and comprehensible principles,’ so as to distinguish it from the removal of symptoms ‘any old how.’ This means he wished to see the removal of symptoms according to a definite process of cure that follows a set of clear principles, i.e. what we now call the classical path.

With this in mind, the Banerji protocol method employs mainstream remedies, but the problem is not so much with the remedies, but with how they are being employed. The classical approach instructs us to use one best-fit remedy at a time widely spaced giving the organism time to absorb the ‘healing energy’ of the remedy and use it to correct what is wrong. It is not seen as classical to simultaneously give a mix of remedies in high and in low potency or to repeat them very frequently.

However, the history of homeopathy is rich with a diversity of methods that people have employed in different times and places with excellent results accredited to them [142]. Even Hahnemann himself did not always follow his own rules [143, 144]. He modified them in the light of experience. Therefore, we should not rush too hastily to judgement over the Banerji protocols because in time they may be shown to be truly curative. Maybe the intensity and vigour of cancer—more than most other diseases—requires a similarly vigorous and intense stimulus for cure to occur using homeopathic remedies? Maybe the disease demands remedies be given even in high and low potency even very frequently? Maybe the healing energy of the remedies—in conventional ‘classical’ use—is far too weak to combat the powerful ‘disease force’ of cancer other than through such frequent repetition?

Perhaps in cancer the vital powers of a patient are so weak and diminished that the healing stimulus of remedies needs to be repeated very frequently? Time will surely answer such questions and settle the matter. Either way, the Banerji protocols have attracted a lot of attention and seem to have accrued some important successes [129-134]. On these grounds alone they therefore demand to be taken seriously.

On the face of it, the Banerji protocols do not conform to the definition of cure as used by Hahnemann. The main issue is that cure ‘by any means whatever’ runs against the clear principles of the classical approach. In other words, it follows no ‘clearly comprehensible principles’ at all—it

looks more like an allopathic use of remedies: just the removal of symptoms. Cure by using a mix of high and low potency remedies repeated very frequently and interchangeably and largely employed on a rote basis like a recipe for a named pathological condition—a nosological entity [47-49]—cannot be construed as a classical approach and thus it falls some way short of Hahnemann's full definition of cure. Such a therapeutic path or technique inevitably conflicts with established homeopathic theory, raises concerns within the profession and might be seen as a form of suppression rather than a true cure.

Theory and method should complement each other and work hand in hand. If that doesn't occur—if new methods seem to work but grate against established theory—then we are faced with problems that need to be reviewed and discussed by homeopaths at seminars and in the literature with a view towards moving homeopathic theory forwards and perhaps accommodating the new techniques. If and how that happens is not immediately apparent. But perhaps the principles that underpin homeopathic treatment of cancer have never been delineated before. In which case we could be witnessing the emergence of new principles from what was previously terra incognita, like the first footprints on wet sand. In which case homeopathy must withhold hasty judgement until the value of the technique has been more fully tested and evaluated.

### **Author Contributions**

Not applicable.

### **Competing Interests**

The author has declared that no competing interests exist.

### **References**

1. M M. de Villiers PA, G S. Kwon, Nanotechnology in Drug Delivery. USA: Springer; 2008, p519.
2. G V. Sizemore. Leading edge cancer research. Nova Science Publishers Inc; 2007, p.65.
3. Springhouse. End-of-life: a nurse's guide to compassionate care. 1st ed. Lippincott Williams & Wilkins; 2006, p.98.
4. R B. Herberman. Influence of the host on tumor development. Springer; 2012, p.162.
5. G. T. Pack, A. H. Islami. Tumors of the liver. Springer; 2012, p.83.
6. A J. Mastromarino. Biology and treatment of colorectal cancer metastasis: proceedings. Springer; 2013, p.160.
7. V T. DeVita, T S. Lawrence, S A. Rosenberg. Devita, hellman, and rosenberg's cancer: principles & practice of oncology. Volume 2. Lippincott Williams & Wilkins; 2012, p.1645.
8. W S Haubrich. Medical meanings: a glossary of word origins, American College of Physicians. 2003, pp.163-164.
9. D J Th Wagener. The history of oncology. Holland: Bohn Stafleu van Loghum; 2009.
10. M Conti. The selfish cell: an evolutionary defeat. Springer; 2008, p.14.
11. R Dunlison. Medical lexicon: a dictionary of medical science. Philadelphia: Lea and Blanchard; 1845, p.131.
12. G Manjo & I Joris. Cells, tissues, and disease: principles of general pathology. Oxford: OUP; 2004, p.738.

13. Merriam-Webster. The merriam-webster new book of word histories. Merriam-Webster, Inc; 1991, p.83.
14. R Perlman. Evolution and medicine. Oxford: OUP; 2013, p.65.
15. J R Busvine. Insects, hygiene and history. Athlone Press, Bloomsbury; 2015, p.42.
16. A F Chomel. Elements of general pathology. Boston: William D Ticknor & Co; 1858, p.11.
17. B Alder, E van Teijlingen, M Porter. Psychology and sociology applied to medicine E-Book. 2011, p.38.
18. Henry Harris. The birth of the cell. Yale University Press; 1999.
19. Frederick M. Barken. Out of practice: fighting for primary care medicine in america. Cornell Univ Press; 2011, pp.50-54.
20. Chris Pasero, Margo McCaffery. Pain assessment and pharmacologic management E-Book. p.366.
21. Elizabeth G. Armstrong. The health care dilemma: a comparison of health care systems in three european countries and the US. World Scientific; 2011, p.35, p.131.
22. Hans Baer. Complementary medicine in Australia and New Zealand: its popularisation. London: Routledge; 2017, p.134 & p.218.
23. Hans A Baer. Toward an integrative medicine: merging alternative therapies with biomedicine. Altamira Press; 2004, p.124, p.29.
24. Alan Bleakley. Thinking with metaphors in medicine: the state of the art. London: Routledge; 2017, p.101, p.218, p.233, p.73, p.56, p.8.
25. J J MacDonald. Primary health care: medicine in its place. London: Routledge; 2013, p.33, p.218, p.30.
26. E G Mishler. Social contexts of health, illness, and patient care. Cambridge: CUP; 1981, p.218, p.222.
27. Peter Distelzweig, Benjamin Goldberg, Evan R. Ragland. Early modern medicine and natural philosophy. Springer; 2016, pp.125-6, p.218, p.274, p.96.
28. S E Norell. Workbook of epidemiology. Oxford: OUP; 1995, p.99.
29. L Y Nordenfelt, B I B Lindahl. Health, disease, and causal explanations in medicine. Springer; 2012, pp.41-44, p.162, p.196, p.84, p.74, p.71.
30. Stan van Hooft. Caring about health. Ashgate publ; 2006, p.133.
31. H T Engelhardt Jr, S F Spicker. Evaluation and explanation in the biomedical sciences. Springer; 1974, 2012, pp.127-130, p.202.
32. M S Micozzi. Fundamentals of complementary and alternative medicine. Saunders; 2015, pp.5-6, pp.51-4, p.374.
33. B E Babich. Hermeneutic philosophy of science. Van Gogh's Eyes, and God; 2002, pp.11-13, p.18.
34. J Ridderikhoff. Methods in medicine: A Descriptive Study of Physicians' Behaviour. Kluwer Academic Publishers; 1989, p.137, p.166, p.19, p.25, p.6, p.1.
35. Harris L. Coulter. Homoeopathic medicine. American Foundation of Homoeopathy; 1972, pp. 8, 53, 57.
36. A L Caplan, H T Engelhardt, J J McCartney. Concepts of health and disease: interdisciplinary perspectives. John Wiley; 1981.
37. Jonathan Evatt. Peace, power, and presence: a guide to self-empowerment, inner peace. Inspired Earth Publishing House; 2008, pp.79-81.

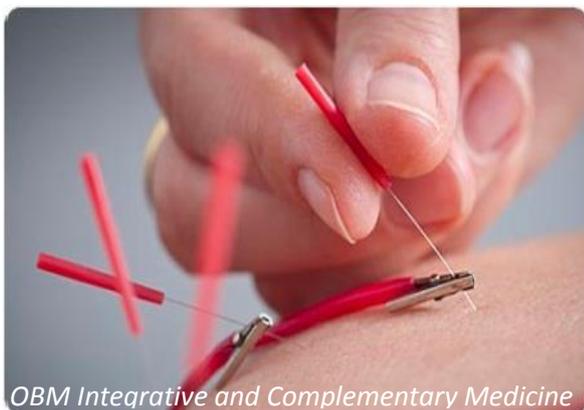
38. Iva Lloy. The energetics of health: a naturopathic assessment. Elsevier; 2009, pp.25-26.
39. Anna-Teresa Tymieniecka. Soul and body in husserlian phenomenology: man and nature. Springer; 1983, p.7, p.10, p.91.
40. M Henry. Philosophy and phenomenology of the body. Springer; 2008, p.190.
41. Johannes W Rohen. Functional morphology: the dynamic wholeness of the human organism. Adonis Press; 2008.
42. Marc S Micozzi. Fundamentals of complementary and alternative medicine. Saunders; 2010, p.10, p.313, pp.346-348.
43. T P Chatterjee. Fundamentals of homoeopathy and valuable hints for practice. World Homeopathic Links; 1982, pp.51-55, pp.20-21, p.28, p.7.
44. J B D Castro. Logic of repertories. India: B Jain; 2005, pp.1-5, p.xv, p.134, pp.138-9, pp.279-280.
45. R E Dudgeon. Lectures on the theory and practice of homoeopathy. London & Manchester: Henry Turner & Co; 1853, p.305.
46. Samuel Hahnemann. Contrast of the old and the new systems of medicine, reprinted in R E Dudgeon (Ed.), Hahnemann's lesser writings. London; 1852, pp.712-723; originally published in *Reine Arztnittellehre*, part iv, 2d edit. 1825.
47. Fred Gifford. Philosophy of medicine. Elsevier; 2011, p.365.
48. Timothy R. Miles. Fifty years in dyslexia research. John Wiley; 2006, pp.59-60.
49. Albert P. Galdi. Diagnosis and management of muscle disease. Springer Science & Business Media; 2012, p.90.
50. G Scambler. Modernity, medicine and health: medical sociology towards 2000. London: Routledge; 2005, p.199, p.211.
51. G L Engel. The clinical application of the biopsychosocial model. *Am J Psychiatry*, 1980; 137: 535-544.
52. M. Stacey. The sociology of health and healing. London: Routledge; 1988, p.159.
53. Rose Weitz. The sociology of health, illness, and health care, a critical approach. Thomson Wadsworth; 2007, p.348.
54. Howard Waitzkin. The politics of medical encounters: how patients and doctors deal with social problems. Yale University Press; 1993.
55. Dudgeon, 1853, p.304
56. Anna T Crouch & Clency Meurier. Health assessment, vital notes for nurses. Blackwell; 2005, p.58.
57. Patient power, *Nursing Times*, *Nursing Mirror*: NT, Volume 89, Issue, Macmillan Journals; 1993.
58. Charles E Rosenberg. Our present complaint: american medicine, then and now. Baltimore: Johns Hopkins Univ Press; 2007, p.140.
59. Dr Schw, Hahnemanns Krankenjournale Nr. 2 u. 3 by H Henne, *Buchbesprechungen* (Book review), *Allgemeine Homöopathische Zeitung* (1963), 208 (11): p.655.
60. G B Risse. Hahnemann's Krankjournal No. 4., 1968, (book review) In *Bull. Hist. Med.* 44, 1970, pp.285-288.
61. Dudgeon. 1853. p.308.
62. Dudgeon. 1853. p.307.
63. Dudgeon. 1853. p.311.

64. Peter Morrell. In what year did hahnemann return to medical practice? *Homeopathic Links*, vol 31, March; 2018, pp.78-82.
65. Dudgeon, op cit, 1852, pp.243-249.
66. R Roy. *Science of whole person healing: proceedings of the first interdisciplinary international conference*. iUniverse; 2003, p.288.
67. Steven Goldsmith. *The healing paradox: a revolutionary approach to treating and curing*. North Atlantic Books. 2013, pp.208-9, p.276, p.282, etc.
68. M. Staritz, G. Adler, W. Schmiegel, A. Knuth, H.-J. Schmoll. *Side-effects of cancer chemotherapy on the gastrointestinal tract*. Springer; 2004.
69. Marilyn J. Dodd. *Managing the side effects of chemotherapy and radiation therapy*. Prentice Hall; 1991.
70. Anthea Peries. *Chemotherapy: after side effects chart, cycle journal & medical appointments diary for chemo, oncology, cancer treatment & recovery*, CreateSpace Independent Publishing Platform; 2016.
71. Roland T. Skeel, Samir N. Khleif, *Skeel's Handbook of cancer therapy*. Lippincott Williams and Wilkins; 2016, p.30.
72. R W. Moss. *Questioning chemotherapy: a critique of the use of toxic drugs*. Equinox Press; 1995.
73. J McKay. *The chemotherapy survival guide: everything you need to know to get through treatment*. New Harbinger; 2009.
74. Philippe Huneman, Gérard Lambert, Marc Silberstein. *Classification, disease and evidence: new essays in the philosophy of medicine*. Springer; 2014.
75. L Y Nordenfelt, & B I B Lindahl. op cit, p.xix, pp.71-74.
76. E Agazzi. *The problem of reductionism in science: (colloquium of the swiss society of logic and philosophy of science, Zürich, May 18-19, 1990) (Episteme)*. Springer; 1991.
77. Christian Sachse. *Reductionism in the philosophy of science*. Ontos Verlag; 2007, p.7.
78. Marc H. V. Van Regenmortel, David L. Hull. *Promises and limits of reductionism in the biomedical sciences*. John Wiley; 2002.
79. Paul Hoyningen-Huene, Franz M. Wuketits. *Reductionism and systems theory in the life sciences: some problems*. Springer; 1989.
80. David K Owen, Bob Leckridge, Peter Fisher. *Principles and practice of homeopathy: the therapeutic and healing process*. London: Singing Dragon; 2015, p.29.
81. Rose Mahovsky. *Homeopathy a gift*. lulu.com; 2012, p.21.
82. Garth Boericke. *Homoeopathy*. India: B Jain; 2013, p.4.
83. S. Cunningham-Burley, K. Backett-Milburn. *Exploring the body (explorations in sociology)*. Palgrave Macmillan; 2001 p.20.
84. U Sharma. *The Homeopathic Body: "Reification" and the homeopathic "Gaze" Studies in Alternative Therapy*; 1995; p33-49.
85. Otto E Guttentag. *Trends toward homeopathy present and past*. *Bull Hist Med*; 1940. pp.1172-1193, p.1176-1177.
86. Guttentag. op cit. 1940. p.1177.
87. Otto E Guttentag. *The phrase, art and science of medicine*. *California & Western Medicine*. Feb 1939, pp.86-87, p.86.

88. Otto E Guttentag. Homeopathy in the light of modern pharmacology. *Clinical Pharmacology & Therapeutics*; Vol: 7, July 1966. pp.425–428.
89. Evidence Check 2: Homeopathy, fourth report of session 2009-10, by Great Britain: Parliament: House of Commons: Science and Technology Committee. HM Stationery Office; 2010 p.15.
90. *The Homoeopathic World*. Volume 43, 1908. p.204.
91. Dudgeon. 1853. p.316.
92. J T Kent. *New remedies, clinical cases, lesser writings, aphorisms and precepts*. New Delhi: B Jain; 1992.
93. Thomas Kruzel. *The homoeopathic emergency guide a quick reference handbook to effective homeopathic care*. B Jain; 2005.
94. Lyle W Morgan. *Homeopathic treatment of sports injuries*. Inner Traditions/Bear & Co; 1988, p.8.
95. Lyle W Morgan. *Homeopathic medicine: first aid and emergency care*. Inner Traditions/Bear & Co; 1989, p.15.
96. Alfred S Evans. *Causation and disease: a chronological journey*. Springer; 2012, p.186.
97. Barbara Maier, Warren A. Shibles. *The philosophy and practice of medicine and bioethics: a naturalistic & humanistic approach*. Springer; 2010, pp.50-64.
98. L Y Nordenfelt & B I B Lindahl. *op cit*, 2012, p.162, p.101.
99. James A. Marcum. *An introductory philosophy of medicine: humanizing modern medicine*. Springer; 2008.
100. D.H. Mellor. *The facts of causation*. Routledge; 1998, pp.81-104.
101. Fred Gifford. *Philosophy of medicine*. Elsevier; 2011, pp.150-168, p.4, pp.556-558, pp.531-534.
102. Keekok Lee. *The philosophical foundations of modern medicine*. Palgrave Macmillan; 2012, pp.162-177, p.206, p.103.
103. Samuel Hahnemann. *Organon of homeopathic medicine*. 5th ed. New York: William Radde; 1860, §2.
104. J B D Castro. *op cit*, p.1.
105. T F Allen. *Boenninghausen's Therapeutic pocket book: the principles and practicability*. India: B Jain; 2003, p.14.
106. S. M. Guernsey, S. M. Gunavante. *Perceiving crucial symptoms*. India: B Jain; 1999, p.27.
107. Hahnemann. *Organon*. §7, §15, §18, §22-27, §51, §70.
108. Jean-Lionel Bagot. *Cancer & homeopathy*. Germany: Narayana Verlag; 2014.
109. M Wood. *The earthwise herbal: a complete guide to new world medicinal plants*. North Atlantic Books; 2009, p.104.
110. Fraxinus. Wood; 2009, p.161.
111. M Wood. *The book of herbal wisdom: using plants as medicines*. N Atlantic Books; 2017, p.409.
112. *Carduus marianum*. Wood. 2017, p.446.
113. *Urtica*. Wood. 2017, p.479.
114. T Bartram. *Bartram's encyclopedia of herbal medicine*. Hachette UK; 2013.
115. John H Clarke. *The life & work of Dr. Burnett*. London: Homeopathic Publishing Co.; 1904.
116. P Morrell. *The hahnemann casebooks part 2: continuity and change*. *Similia* 30.1. June 2018, in press.

117. Dan Labriola. Complementary cancer therapies: combining traditional and alternative approaches for the best possible outcome. Prima Publ; 1999.
118. Virginia B. Morris, Sophie Forrester. A patient's guide to cancer care: fighting cancer body, mind & spirit. Lightbulb Press; 2003.
119. Abram Hoffer, Jack Challem. User's guide to natural therapies for cancer prevention and control: learn how diet and supplements can help prevent and treat cancer. Read How You Want; 2012.
120. Bill Henderson. Cancer-free: your guide to gentle, non-toxic healing. Booklocker.com, Inc; 2014.
121. Jennifer Barraclough. Integrated cancer care: holistic, complementary and creative approaches. Oxford University Press; 2001.
122. Danica Collins. The top 10 natural cancer cures no one is talking about. Think-Outside-the-Book Publishing; 2011.
123. Johanna Schipper, Frank Vanderlugt. Natural strategies for cancer patients. Create Space Independent Publishing Platform; 2013.
124. Jane Collopy and Melinda Hidlebaugh. Safe and effective natural therapies to support you through cancer. Balboa Press Au; 2015.
125. Joseph Brenner. Living without cancer - handbook of integrative methods for cancer treatment. Contento Now; 2012.
126. Johanna Brandt. The grape cure. Book Publishing Company; 2011.
127. Sylvie Beljanski. Winning the war on cancer: the epic journey towards a natural cure. Morgan James Publishing; 2018.
128. J T Kent. Repertory of the homeopathic materia medica. Lancaster, Pa.: Examiner Printing House; 1897.
129. Prasanta Banerji, Pratip Banerji. Homeopathy: treatment of cancer with the banerji protocols. a compendium of essays on alternative therapy, Dr. Arup Bhattacharya (Ed.), InTech. Available from:<http://www.intechopen.com/books/a-compendium-of-essays-on-alternativetherapy/homeopathy-treatment-of-cancer-with-the-banerji-protocols>, pp.133-140.
130. Alfred Längler, Patrick J. Mansky & Georg Seifert. Integrative pediatric oncology. Springer; 2013, pp.66-67.
131. Prasanta Banerji, Pratip Banerji. Homeopathy: treatment of cancer with the banerji protocols. India: Prasanta Banerji Homeopathic Research Foundation, c.2011.
132. P Banerji and P Banerji. The banerji protocol—a new horizon in medicine. The PBH Research Foundation; India, May 2007.
133. M Mueller. Is homeopathy an effective cancer treatment? *Am Homeopath*, 2012; 20: 14-28.
134. M Mueller. The evidence: scientific studies on homeopathic cancer treatment. *Am Homeopath* 2007; 15: 14-27.
135. Alanna Mitchell. Malignant metaphor: confronting cancer myths. ECW, 2015.
136. Misha Norland. Signatures miasms aids: spiritual aspects of homeopathy. Devon, UK: Yondercott Press; 2003.
137. Ralph Twentyman. The science and art of healing. Edinburgh: Floris Books; 1992.
138. Pier Mario Biava. Cancer and the search for lost meaning: the discovery of a revolutionary new cancer treatment. North Atlantic Books; 2009.

139. Thorwald Dethlefsen. *The healing power of illness; the meaning of symptoms and how to interpret them.* Element Books; 1990.
140. John Ash. *The new and complete dictionary of the English language, Volume 1.* London: R Baldwin; 1775.
141. *Cobbett's parliamentary history of england.* London: Bagshaw; 1815, Volume 24, p.985.
142. *The parliamentary history of england from the earliest period to the year 1803,* London: T C Hansard, 1817, p.1096.
143. Richard Grossinger. *Homeopathy: the great riddle.* North Atlantic Books; 1998, p.5.
144. R Handley. *In search of the later hahnemann.* UK: Beaconsfield; 1997, p.15.



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