



Clinical Evidences from Homoeopathic Palliative Oncology – Highlighting the need for In-Vitro studies.

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Abstract

Cancers, the dreadful, mysterious fear evoking disease, since historical times have evaded the medical communities and researchers equally. 21st century saw advances in understanding cancer biology its genetic and epigenetic changes associated with. Different medical systems have their own philosophy and working model and protocols in management of cancer. Homoeopathy in its own domain, has clinically showed effectiveness in disease management, symptom control, pain relief and quality of life improvement in various stages of cancers. Homoeopathic medicines were prescribed as stand-alone or as add on to all the patients. Two different cases of metastatic cancers responded to the homoeopathic intervention with improvement in quality of life, symptom severity and reversal of the course of illness are presented as evidence in this paper. These evidences proved beyond doubt that homeopathy has a role in palliative oncology and to be included in the palliative care strategy, that it will be equally be beneficial to all the palliative patients due to its efficacy, affordability and acceptability.

Key words: Homoeopathy, Palliative Care, Cancer, Treatment, Regression of Cancers, Metastasis

Introduction

Palliative care was evolved from the hospice movement.^[1] As early as 1967, Dame Cicely transformed the way in which the society cares for the ill, the dying and the bereaved.^[2] In 1990, World Health Organisation recognised palliative care as a speciality dedicated exclusively to the relief of suffering and improving the Quality of Life of the patient with life limiting illness.^[3] This concept was relatively new in India, and was introduced only in the

mid 1980s. The Govt of India modified its National Cancer Programme of 1975 - to make pain relief one of the basic services to be delivered at the primary health care level.^[4] Kerala was the first state to take the initiative and implement a Palliative Care Policy (2008), and it was a major Government decision to include homoeopathy in the spectrum of Palliative Care.^[5]

The type of cases which seek homoeopathic aid can be categorised as

1. Neurodegenerative cases with disease progression.
2. Neuromuscular cases with disease progression.
3. Cases where treatment has been deferred due to non –response or non- compliance.
4. Paediatric palliative cases.
5. Cases with adverse drug reactions.
6. Cases with recurrences.
7. Geriatric cases.
8. Chronic cases at incurable stage.
9. Inoperable cancer cases
10. Cancer cases which require correction of physiological equilibrium.

Homeopathy is capable of bringing the immune system back to its original strength potential. The curability of any condition depends upon the ability of a homoeopathic medicine to restore the strength of the immune system. The body has an ability to react against stressors from the environment, which must be augmented rather than suppressed to overcome any pathological processes. The curative principle envisaged in the science of homoeopathy, explains that the reactions of the body are really ‘manifested attempts’ of the nature to establish homeostasis or internal equilibrium. A counter action has to be established through a similar environment created by the medicinal force.^[6]

The levels of health lie in the ability of the sick organism to express its disequilibrium through acute inflammations and with high fevers. The more compromised the level of health, the less will be the expressions through symptomatology. The disequilibrium goes through an evolutionary process of ill health which culminates in diseases or partial expressions of diseases where the organism fails to express symptoms in a holistic way. The ultimate physical pathology is cancer; is curable if it affects an organism in a higher level of health. The higher the level of health, the organism will be capable of expressing clear cut symptoms. The individual must be treated in all its attributes of health and not merely the pathology alone (Aphorism).^[7] The vagueness in the process of individualisation makes a person more incurable, from a homoeopathic perspective of healing.^[8]

The philosophy of palliation in homoeopathy begins when it is evident that the possibility of cure is difficult to achieve. In such a situation, the patient cannot be treated by individualisation or by depending exclusively on the pathological expressions. If the symptomatology is clearly expressed and capable of individualising, healing is possible according to the principles of homoeopathy which no other healing system could claim. In incurable conditions, the suitable homoeopathic remedies will relieve the symptoms and will palliate the patient.^[9]

Professor George Vithoulkas, has defined the levels of health, as an arbitrary scale of health status, based on a person's heredity, his immune status, his history of illness, and the ability of his body to respond with high fever due to infection. It is important for the homeopathic practitioner to understand that the prognosis of any pathological process is based on the level of health of the patient. Cancer may appear in any level of health, but the curability of cancers depends on the level of health a person.^[10] The concept of palliation in homoeopathy is unique and practiced cost effectively by physicians across the world for relieving the burden of suffering.

In this pilot study, I am presenting my experiences in palliative care during my tenure at District Homoeo Hospital, Thiruvananthapuram as the Resident Medical officer.

Objectives

1. To highlight the relevance of Homoeopathy in Palliative oncology.
2. To present clinical evidences on improvement of quality of life, symptom severity and reversal of the course of illness
3. To highlight the need for experimental evidences through in-vitro studies using homoeopathic medicines.

Methodology

The two cases reported were evaluated to find out the current status of the illness. Depending on the type and stage of the disease, drugs were selected based on the principles of classical homeopathy and which were introduced at selected intervals. The cases were treated according to the principles of classical Hahnemanian Homoeopathy and was individualised and treated according to the level of illness. The cases were categorized into cancer and non-cancer cases. The cases were also categorised as those taking homoeopathic treatment alone, those following the treatments of other systems of medicine like ayurveda and conventional allopathic medications, singly or conjointly. The cases were enrolled based on the type of cancers and detailed analysis was done, based on the symptomatology. The case evaluation includes relevant investigations to help in deriving treatment conclusions and clinical improvements.

Results

Cancer Case No. 1

Patient with the diagnosis of Cancer Endometrium pT3Bn1a with lung metastases, was seeking alternative treatment for her progressive dyspnoea and also presented with lower abdominal pain, severe backache leg pain, severe headache with gastric upset and sneezing. The patient's initial symptoms were presented as post-menopausal bleeding, with two episodes – March & April. MRI revealed ill-defined myometrial junction, and myometrial invasion – outer 1/3 with enlarged Right External Iliac LN. D& C was advised, staging Laparotomy – TAH with BSO, Omentectomy, B/L Pelvic Lymph Nodectomy, and Bladder Peritonectomy was done on 25 May, 2020. Immunohistochemistry confirmed High Grade Serous Carcinoma Endometrium. CT chest and thorax showed that there were lung nodules. 12 cycles of chemotherapy were planned, but it was deferred after three cycles, due to progressive weakness and breathlessness. She was asthmatic since age of 12, and was also suffering from allergic rhinitis and migraine headaches and currently on antihistamines with inhalers twice a day. She was evaluated and assessed and was started on homeopathic medication on 13-8-20. The homoeopathic medicine

Silicea terra^[11] 0/3, 7 doses were given based on her symptom totality following the homeopathic protocols of case taking and symptom evaluation. After two weeks there were perceptible changes and the same medicine was repeated. In the second follow up she showed improvement in dyspnoea. The headache which was very severe, was not recurred for the last two weeks. Headache was a constant and daily symptom and now the patient is completely free of headache. The dyspnoea had improved and hence the use of inhalers was reduced to once a day. In the third follow up, the inhaler was taken only one time in two weeks. The patient was not on any antihistamine for last two weeks, and the sneezing was also reduced. The same homeopathic Silicea terra^[11] 0/3 was repeated again for two weeks to be taken on alternate basis. In the next follow up after two weeks. the sneezing was reduced to only certain hours. Its aggravation noticed from 2am to 5am and there was a reduction in back pain and leg pain. She had reduced sleeping but normal appetite. After two weeks of follow up there was dyspnoea on and off but reduced sneezing. The patient used nebulization only when needed and the same medicine was repeated again. There was recurrence of dyspnoea but leg and knee joint pain had decreased. The change of remedy to an acute Rhus Toxicodendron^[12] 0/3- seven doses, alternatively was done considering the acute changes in symptom. CT Thorax done after a month, on 2/9/20 showed decrease in size of the subpleural pulmonary nodes. In another three months of time, the patient showed general and symptomatic improvement. The second CT chest done on 30/12/20 showed the nodes remained the same compared to previous CT. The remedy was changed to the individualised Silicea terra^[11] 0/3, but with repetition on daily basis. The patient was admitted at a local hospital for urinary tract infection on March fourth. But the patient could not complete the antibiotic course. weakness. So, remedy Acidum phosphoricum^[13] 200 was prescribed for the current symptomatology. The patient further had no complaints of urinary tract infection and the patient was relatively symptom free with no dyspnea, headache, sneezing or leg pain. The next follow up was on 23 March 2021 and patient had no wheezing but occasional hip joint pain was present. But general condition was better and no other specific symptoms. The remedy was again change to the constitutional, Silicea terra^[11] 0/6, seven doses, considering the intervening prescription of Acidum Phosphoricum^[13] 200. The patient complained of progressive knee joint pain, but patient's condition is stable and general weakness was symptomatically with improvement in general weakness. Considering the knee joint pain the same medicine was maintained but at a higher potency. There were no specific complaints. Silicea terra^[11] 0/6 was given on subsequent follow ups on seventh on April 7, May 10, July 7, and on July 23. The third CT On 9/4/21, showed there were no evidence of nodules in lung. There was no cough or dyspnoea and the patient was stable. The patient did not complain of any symptoms in between. The patient could not reach the hospital due to COVID restrictions, so she was put on home care and the patient continued the medication and presently the patient is still on homeopathic medication and is able to maintain a good quality of life and is participating in daily household work and activity.

DATE	INVESTIGATIONS DONE	FINDINGS
09-05-2020	MRI ABDOMEN AND PELVIS	Bulky uterus, ill-defined mass arising from the endometrial cavity extending to posterior myometrium with restriction to diffusion. Enlarged right external iliac lymph node with restriction to diffusion. FIGO Stage III C Endometrial Carcinoma.
20-05-2020	SURGERY DONE	TAH + VSO + LYMPHADENECTOMY + OMENTAL BIOPSY
25-05-2020	IMMUNO-HISTOCHEMISTRY	High Grade serous carcinoma endometrium - Pathological Staging - PT3BN1AMX
09-06-2020	CT THORAX	Multiple tiny sub pleural pulmonary nodules bilaterally predominantly seen adjacent to the fissures suspicious of metastasis.
02-09-2020	CT THORAX	There is decrease in size of the sub pleural pulmonary nodules seen adjacent to the fissures compared to previous CT.
30-12-2020	CT THORAX	Tiny sub pleural pulmonary nodules adjacent to the fissures remains almost the same compared to previous CT. There is no progression compared to previous CT.
09-04-2021	CT THORAX	No evidence of nodules at present.

Case 2 –

70 years old female, diagnosed with Carcinoma Rectum with metastatic recurrence in Left Lung and increased tumour marker was treated homoeopathically following her non response to radiation. She was presenting with altered bowel habits, bloody stool, abdominal distension and difficulty in walking. She was treated with the homoeopathic drug Natrum carbonicum,^[14] constitutionally and she is still on follow up with improvement in symptoms, improved quality of life and decrease in tumour marker and still continues to be well after one year of follow up. After three months the CEA value dropped from 12.3ng/ml to 2.2 ng/ml. In July 2022 CEA again dropped to 1.84 ng/ml and showed a slight increase to 2.05 ng/ml in December 2022. The CEA value dropped to 1.82 ng/ml in February 2023. All these findings are indicative of a clinical improvement with better treatment response.

DATE	Investigations / Procedures done	FINDINGS
6/1/2020	Colonoscopy	Mid rectal growth occluding lumen, Carcinoma rectum T3M2 Anterior resection with diversion ileostomy
13/01/2021	Ileostomy reversal	
21/12/2021	Blood	Elevated CEA – 12.3ng/ml
07/01/2022	CT Thorax	Metastatic recurrence – left lung
12/01/2022	Metastatectomy – left lung	
22/03/2022		Homoeopathic Treatment started
03/05/2022	Blood	Elevated CEA – 2.2ng/ml
12/07/2022	Blood	Elevated CEA – 1.84ng/ml
06/12/2022	Blood	Elevated CEA – 2.05ng/ml
15/02/2023	Blood	Elevated CEA – 1.82ng/ml

Discussion

The global burden of patients requiring palliative care is increasing alarmingly, in spite of the exponential advancements happening with the modern medical systems. Homoeopathic palliative care is a safe, effective and economic and at the same time capable of addressing the needs of the chronically suffering cancer patients. There are immense possibilities to be explored for the benefit of palliative cases with interventions of the other approved medical systems. It is evident that, the number of patients seeking homoeopathic medical care is increasing due to its efficacy, cost effectiveness and simplicity. Two different cases of cancers responded to the homoeopathic intervention with improvement in quality of life, symptom severity and reversal of the course of illness. An effective implementation of homoeopathic palliative oncology is the need of the hour. It is high time to prove the effectiveness of the homoeopathic medicines in cancers through in-vitro studies.

Conclusions

Homeopathic treatment has a potential role in the palliative cancer care. The clinical evidences proved beyond doubt that homeopathy is effective in palliative oncology and hence, has to be included in the palliative cancer care strategy and implemented throughout the country along with efforts to prove the efficacy of homoeopathic medicines through in-vitro studies.

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