

Homoeopathic Approach for the Treatment of Cancer

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Abstract: *Homoeopathy is among the commonly used alternative approaches in Cancer. It is being widely used as palliative and curative in patients suffering from cancer. Though studies on the use of Homoeopathy in cancer after surgery, radio therapy and chemotherapy have been reported, clinical trials on effects of Homoeopathy in cancer are rare. Some studies on the effect of dosage of Homoeopathic medicines and their mechanism of action in cancer have also been published. A few case reports published here and there also find a mention in different databases. This review aims to describe literature available on the approach of Homoeopathy in Cancer by searching various databases like Elsevier, Google Scholar, Pub Med, Scopus, Springer and Wiley online library, electronically. It was found that beneficial effect of Homoeopathic medicines is reported on some cancer cell lines via apoptosis and immune modulation. Homoeopathic treatment given as add on also improves the quality of life, survival time and presenting complaints. However, more evidence needs to be generated to demonstrate anti-tumor or antimetastatic potential in controlled clinical trials.*

Keywords: Alternative system of medicine, Cancer, Homoeopathy

1. Introduction

Homoeopathy is among the most famous alternative system of medicine. In Europe, Homoeopathy is used in cancer care extensively from 6% in cancer diagnosis and a study found that homeopathy was in the top five most commonly used complementary therapies in seven out of 14 European countries by patients with cancer [1, 2] and almost 24% in breast cancer females. [3, 4] Homoeopathy is most commonly used complementary and alternative medicine (CAM) in paediatric oncology in Germany and patient satisfaction with homoeopathic treatment is very high. [5] An overview of systematic reviews of CAM for cancer pain concluded that Homoeopathy might have a reduction in adult cancer pain. [6]

Homoeopathy is a complete system of medicine which is established in practice and theory. The basis of Homoeopathy is that:

- Similia similibus curentur (like cure like).
- Holistic treatment.
- Serially diluted medicines prepared by succussion and dilution.
- More a substance is diluted, more potent it becomes. [7]

According to the 2018 report of the World Health Organization, cancer is the 2nd largest cause of death nearly 10 million deaths in 2020 in developed countries. The most common cancers are breast, lung, colon, rectum and prostate cancers. [8] Conventional medicines are usually used to treat cancer. Side effects of non-surgical orthodox treatments limit their use despite they can treat and prevent cancer. In such cases, cancer patients turn towards alternative therapies including Homoeopathy. [9] In the UK, almost 30% patients in homoeopathic hospitals were referred directly by oncologists. However, a research program should need to setup for finding the efficacy of homoeopathic medicine against cancer.

Some homeopathic medicines have been proven clinically and experimentally; however, there is a wide range of medicine on which data has not found. [10] Erns^t [11] and later Frenkel [12, 13] and Unlu [14] described some data of homeopathy for cancer but not covered the whole topic. The present narrative review of homeopathic approach in cancer care was carried out to find researches reported in this field. The review comprises literature pertaining to the approach of Homeopathy in cancer using worldwide accepted scientific databases through electronic search (Elsevier, Google Scholar, PubMed, Scopus, Springer, and Wiley online library).

2. Approach of Homoeopathy in Different Types of Carcinomas

In an animal model study, the inhibitory effects of potentised preparations of *Hydrastis*, *Lycopodium*, *Ruta* and *Thuja* against sarcomas that were induced by 3-Methylcholanthrene in mice as well as hepatocellular carcinoma induced by N'-nitrosodiethylamine in rats was studied. Biochemical, morphological and histopathological evaluation revealed that the reduction of elevated marker enzymes and tumour size. Among the four used medicines, *Ruta 200c* was most effective in reducing tumour size and incidence of sarcomas. [15] A homoeopathic medicine, *Chelidonium* in ultra-low doses showed anti-tumour and anti-genotoxic potential against hepatocarcinoma that was induced by azo-dye mice. [16]

Condurango ethanolic extract and tincture showed antiproliferative action in lung cancer through apoptosis. [17] In another animal study. Anti tumor and anti metastatic effects of various homeopathic medicines were studied in mice against transplanted tumors. *Hydrastis* and *Ruta* significantly increased the lifetime of Dalton's Lymphoma Ascites and Ehrlich Ascites Carcinoma induced tumour-bearing mice. Moreover, these medicines showed marked

reduction of solid tumour volume on the 31st day after tumour inoculation. Most of the *Hydrastis IM*-treated animals were completely tumour free. *Hydrastis IM*, *Lycopodium IM* and *Thuja IM* exhibited antimetastatic effect in B16F-10 melanoma-bearing animals.

These medicines showed inhibition of lung tumour nodule formation and decreased levels of γ -GT in serum. [18] Undifferentiated lung cancer, a woman with leiomyosarcoma and a child with an astrocytoma, were treated with a new homeopathic approach of carcinogen-induced apoptosis. [9] A homeopathic medicine, *Sulphur*, showed anti-apoptotic effect in non-small cell lung carcinoma cells. [19] *Sabal serrulata* mother tincture showed the reduction of prostate tumour xenograft size significantly in an vivo trial. Moreover, *Sabal serrulata* decreased PC-3 cell proliferation and DU-145 cell proliferation. [20] Permixon, lipidosterolic extract of *Sabal serrulata*, is being used to treat symptoms of benign prostate hyperplasia (BPH). It treats BPH by activating the permeability of transition pore of mitochondria, NF-KB apoptotic pathway and inhibition of 5- α reductase inflammatory-related gene. Insufficient research hinders to prove that *Sabal serrulata* is the right medicine for prostate cancer. *Thuja* along with *Conium* and *Sabal serrulata* in combination can assure more effective treatment against BPH. [21] In another research study, 220 patients of metastatic pancreatic cancer were administered by *Viscum album* sub-cutaneous 3 times weekly. Those who took this therapy needed no more anticancerous therapy. In those patients, brain metastasis was not observed. The patient receiving *Viscum album* as anticancerous remedy showed increase in the survival rate by 4.8 month and patients who took no treatment the survival rate was 2.7 month. [22] P-dimethylaminoazobenzene-induced hepatocarcinogenesis mice model which induce cytological changes such as chromosomal aberration mitotic activity and also chemical changes and reduced aspartate transaminase, lipid peroxidation, reduced glutathione carcinogenic changes was used to determine the anticarcinogenicity of *Natrum sulph*. These changes were reduced by *Natrum sulphuricum*. *Natrum sulph 200* showed effective potential to reduce cancer as compared to *Natrum sulph 30*. [23] *Lycopodium clavatum 5C* and 15C administration have any anticancer effects on human cervical cancer cell line HeLa cells by causing cell death through apoptosis in cancer cells. It induced DNA fragmentation, the increases in the expressions of protein, mRNA of caspase 3 and Bax and the decreases in the expressions of Bcl2 and Apaf and in the release of cytochrome-c. [24]

Anecdotal evidence showed the effectiveness of following medicines in different types of carcinomas. [25]

- **Calcarea flour** for breast cancer with hard and stony lumps
- **Lapis albus** for scirrhus and uterus malignancies with burning where oozing of fluid is black and putrid
- **Silicea** can be used as adjuvant to reduce cancer pain and also sarcoma with yellow and offensive discharge
- **Hecla lava** is a bone cancerous remedy
- **Bryta carb** for scattered lipomas
- **Bryta iodium** can cure ovarian cancer and mammae cancer with tuberculosis tinge

- **Plumbum iodium** in mastitis and induration of breast
- **Bromine** is a remedy for mammae cancer
- **Phosphorus** is used for cancer with bleeding tendency
- **Iodium** can be used for uterus cancers
- **Cicuta virosa** for epithelial cancer
- **Kali sulph** for facial epithelial cancer
- **Cedron** can be used to reduce the lancinating pains of cancer

3. Carcinogen-induced Apoptosis, A New Homeopathic Approach in Cancer

A male with undifferentiated lung cancer, a woman with leiomyosarcoma and a child with an astrocytoma were treated with a new homeopathic approach of carcinogen-induced apoptosis. Ultra-low doses of *i* were administered for 2–3 months and showed complete remission of cancer and increased life extension. [9]

4. Palliative Approach of Homeopathy in Cancer

Homeopathy can be used as a supportive or palliative treatment. As a palliative and supportive approach, homeopathy is used to develop general health and to relieve the pain and suffering resulting from other orthodox treatment. [1, 9] A case of metastatic adenocarcinoma of the rectum, terminal squamous cell carcinoma of the cheek and carcinoma of the larynx received homeopathic medicines prescribed on constitutional grounds relieved the patient symptoms markedly. A male patient aged 64 years complains about bloody stool aggravated at night after eating and drinking. Distended abdomen with flatulence aggravated after eating and drinking and ameliorated after passing stool. Oedema of lower extremities since 2 years aggravated by sitting and standing. He has also history of inguinal hernia. Physical generals of patient were sweets desire, spicy food aversion and hurriedness. X-ray image showed 10cm neoplasm at anal margin. Moderate differentiated adenocarcinoma with metastasis to liver and lymph nodes was diagnosed. *Lycopodium 30c* three times daily was prescribed for 4 days, *Ruta-MT 5* drops for rectal bleeding. Rectal bleeding was better by flatulence, oedema and tenderness of iliac fossa. Stoppage of stool from 4 to 6 days was seen during follow-up. *Lycopodium 30c* was continued with un-medicated lactose three times a days about 1 month later, the patient come with the symptoms of recurrent rectal bleeding, oedema and flatulence. *Lycopodium 30c* 2 times a day for 2 weeks was prescribed. The patient states remain stable for about 1½ month.

Lycopodium was continued after every 3rd day. About 7 months later came with complaints of loose stool pain in the abdomen, left inguinal fossa with tenderness. *Lycopodium* in LM was prescribed. The case was followed up with *Thuja* and *Lycopodium* in 1 M potency. The patient came 5 months later with the symptoms of rectal bleeding, no appetite, oedema and thirst for warm water. *Arsenic 30c* was prescribed. [26] Various research studies have been conducted to find the efficacy of homeopathic medicines as a palliative therapy or to overcome adverse effects produced by other conventional treatments of cancer.

5. Homoeopathic approach after radiotherapy

A randomised controlled trial was conducted by Kulkarni to find the efficacy of Homoeopathy in decreasing the severity of radiotherapy-related adverse effects. Patients were grouped randomly divided into three groups. One group was given *Causticum 30*, a second group was given *Cobaltum 30* and the third group received *placebo*. These medicines were selected on the basis of their use in decreasing symptoms of radiation reaction. Tumour reduction was insignificantly decreased in medicine groups. [27] In another study, effectiveness of Homoeopathic medicines was investigated for radiotherapy induced skin reactions in breast cancer patients. Patients were randomly divided in to two different groups. One group received Homoeopathic treatment that consisted of *X-ray 15 cH* and *Belladonna 7cH* while the other group received *placebo*. A topical medication containing *fluocortolone* was also administered to both groups. Cutaneous and subcutaneous oedema, erythema, hyperpigmentation and skin heat were primary outcome measures. Homoeopathic treatment showed a transient benefit regarding decreasing hyperpigmentation and skin heat, however, results became insignificant at the end of follow-up. [28] A study with 254 participants proved topical *Calendula* as powerful prophylactic as compared to *trolamine* in radiotherapy-induced dermatitis. [29]

6. Homoeopathic approach after chemotherapy

A preliminary, non-randomised controlled clinical trial tested the efficacy of *Traumeel S* on stomatitis occurred due to chemotherapy. *Traumeel S* is a homoeopathic combination prepared by combining *Calendula 2X*, *Millefolium 3X*, *Belladonna 2X*, *Arnica 2X*, *Hepar sulfuris 6 × 0.1*, *Symphytum 6X*, *Mercurius 6 × 0.05 g*, *Echiria purpura 2 × 0.025 ml*,

Aconitum 2 × 0.06, *Chamomilla 3X*, *Bellis perennis 2 × 0.05 ml* and *Echinacea angustifolia 2X*. A total of 20 patients including children and teenagers received *Traumeel S* and were compared with seven controls (received no treatment for stomatitis) having similar stages of cancer and same age groups. The efficacy was determined by the pain level that was measured according to the requirement of opiates. Requirement of opiates and symptoms duration was significantly different in the intervention and control group favouring the treatment group. [30] Later, a larger randomised controlled trial (RCT) was carried out by same author to estimate the efficacy of *Traumeel S* in cancer patients for stomatitis occurred due to chemotherapy after allogeneic stem-cell transplantation. During the first 7 days of trial, subjective symptom scores of patients were recorded. Intervention group showed significant reduction of duration and/or severity of stomatitis compared to control group. [31]

7. Homoeopathic Management of Breast Fibroadenoma

A prospective, observational study was conducted to find the effectiveness of Homoeopathic medicines in breast fibroadenoma. Individualised Homoeopathic medicine were

prescribed for 64 female patients with breast fibroadenoma. As a result there was reduction in the size of lump and significant reduction of lesions in fibroadenoma of breast, where *Conium maculatum* and *Phytolacca decandra* were found to be the most useful remedies. [32]

A pilot study was carried out to find the effectiveness of Homoeopathy in breast cancer having estrogen withdrawal clinical features. In this double-blind RCT, patients having more than three hot flushes per day, no coexisting treatment for hot flushes, not having metastatic disease, no severe contemporary disease and not experiencing chemotherapy. All the patients were divided randomly in two groups to receive either homoeopathic medicines or placebo. Individualised homoeopathic medicines were prescribed to one group, the medicines mostly includes were *Arnica*, *Belladonna*, *Carcinocin*, *Natrum muriaticum*, *Sepia* and *Sulphur* and another group with placebo. The efficacy was assessed by activity score (Primary outcome measures) and hot flushes frequency and severity (secondary outcome measures). No significant difference was observed between Homoeopathic medicines and placebo group regarding both primary and secondary outcome measures at follow-up. [33]

8. Different Studies Reporting Homeopathic Approach in Cancer

In cross-sectional cohort study, two patient cohorts were compared; the characteristics of patients who were treated in a homoeopathic cancer care clinic and in a conventional oncology care clinic were compared. Their characteristics were different particularly the course of treatment after cancer diagnosis. Patients visiting homoeopathic cancer care clinic were mostly treated with either, chemotherapy, radiotherapy or the persons who refused to treat with conventional medicine. Moreover, mostly patients are young and employed so they have to earn their income during their cancer treatment. Hence, it is not justifiable to relate general plans when investigating conventional treatment with Homoeopathy. [34] Retrospective data regarding survival time of cancer patients who take homoeopathic treatment as complementary to conventional anticancer treatment showed extended survival time. The patients who had serious prognosis of disease receiving at least three Homoeopathic consultations along with conventional cancer treatment were included in study and data regarding survival time and demographic characteristics of patients were collected in the University of Vienna. [35] However, a letter to editor said regarding the above study that the results biased and misleading because it is compulsory to apply a statistical model capable to handle the immortality time in control and active groups. Kaplan–Meier plots from literature should be used to establish control data. [36] Homoeopathic patient data were reanalysed by authors and comparison was done with control patient data from the same place. A probable immortal time bias has also been analysed in this re-analysis.

Results of re-analysis showed statistically significant advantage of using Homoeopathy compared to control regarding survival time. [37] A prospective observational study showed better life quality and decrease of fatigue in cancer patients who were treated with homoeopathic treatment compared to conventionally treated cancer

patients. For comparison, both differently treated cohorts had comparable prognosis and same tumour entity. Adjunct classical homeopathic treatment improved subjective well-being and the global health status of cancer patients significantly in a pragmatic randomised controlled trial. [38]

A 5-year-old boy, suffering from bilateral strabismus, was computed tomography-scanned, which diagnosed a brain stem tumour. He was treated with combined conventional chemotherapy Temozolamide, Arsenic album 6X, Nitrated guanidine. Size of tumour was reduced from 6 × 4 cm to 2x 2cm [39]

9. Conclusion

Homeopathy can be a useful approach in cancer. Various studies reported the effects of homeopathic medicines in the management of cancer pain and other symptoms related to cancer. In the clinical area, research studies of Homeopathy in cancer are lacking and only described extended survival time in cancer patient or as an adjuvant with conventional treatment or removed side effects of conventional treatment. More evidence needs to be generated to demonstrate antitumour or antimetastatic potential in a controlled clinical trial.

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