

## Review Article

### Role of Homoeopathy in Cancer

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#### ABSTRACT:

Cancer is the second leading cause of death in the world after cardiovascular diseases. Cancer is not a new disease and has afflicted people throughout the world. The word cancer came from a Greek words karkinos to describe carcinoma tumors by a physician Hippocrates (460–370 B.C), but he was not the first to discover this disease. Orthodox, non-surgical approaches, including chemotherapy and radiotherapy, have variable results, but many adverse affects that limit their use. These are sometimes the direct cause of death. More patients are choosing alternative treatments, mainly the homeopathic. Homeopathy does not have highly effective remedies for cancer in its literature, and has been limited to palliating the adverse effects of chemo/radiotherapy. Some studies shows that apoptotic effects and modulation of gene expression of homoeopathic medicines in cancer while other studies nullify this mechanism. Further researches are needed to generate antitumour or antimetastatic potential of homeopathic medicines.

**Keywords:** Cancer, antitumour, antimetastatic, chemotherapy, radiotherapy.

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#### Introduction

Human cancers occur worldwide. According to the 2003 report of the World Health Organization, cancer is the 2nd largest cause of death in developed countries.<sup>1</sup> In 2008, 12.7 million new cancers and 7.6 million cancers were recorded; incidence and mortality rates varied with regions and levels of income around the world.<sup>2</sup> Differentiating features of malignant and benign lesion are well established; these include rapid growth, increased cell turn-over, invasive growth, metastases, vascular or lymphatic channel invasion for malignant lesions. There are many exceptions to these attributes of cancer. There are overlaps between benign and malignant lesions.<sup>3</sup> Hanahan and Weinberg listed the seven attributes of cancer; 1) Self sufficiency in growth signals, 2) Insensitivity to anti-growth signals, 3) Evading apoptosis, 4) Limitless replicative potential, telomerase and telomeres 5) Sustained angiogenesis, 6) Tissue invasion and metastasis, and 7) Genome instability.<sup>4,5</sup> The traditional model of cancers envisaged a “normal cell” transformed to “atypical or dysplastic” cell with progression into invasive

of malignant cell. This is the model that only assumes stochastic generation of cells capable of the behavior of metastasis and progression and cellular heterogeneity of cancers. The stochastic model is used to explain heterogeneity in cancers such as in prostate cancer. The stochastic model will have to assume that all genetic aberrations conferring advantages to the cancer cells “must be maintained in all subsequent cells as growth and proliferation continues and some maturation occurs”. As cancers can also undergo senescence, apoptosis, autophagy and necrosis, the stochastic model must account for these changes.<sup>6,7</sup> Homoeopathy is most commonly used complementary and alternative medicine (CAM) in paediatric oncology in Germany and patient satisfaction with homoeopathic treatment is very high.<sup>8</sup> An overview of systematic reviews of CAM for cancer pain concluded that Homoeopathy might have a reduction in adult cancer pain.<sup>9</sup> The present review of homeopathic approach in cancer care was carried out to find literature pertaining to the approach of Homeopathy in cancer using worldwide.

### **Carcinogen induced Apoptosis : A New Homoeopathic Approach in Cancer**

A male with undifferentiated lung cancer, a woman with leiomyosarcoma and a child with an astrocytoma were treated with a new homoeopathic approach of carcinogen induced apoptosis. Ultra low doses of carcinogens were administered for 2–3 months which shows complete remission of cancer and life expectancy is increased.<sup>10</sup>

### **Palliative Approach of Homoeopathy in Cancer**

Homoeopathy as a palliative and supportive approach, is used to develop general health and to relieve the pain and suffering resulting from other traditional treatment.<sup>10,11</sup> 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. *Lycopodium* 30c three times daily was prescribed for 4 days, *Ruta* MT 5 drops for rectal bleeding. Stoppage of stool from 4 to 6 days was seen during follow up. *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 these symptoms rectal bleeding, no appetite, oedema and thirst for warm water. Arsenic 30c was prescribed.<sup>12</sup>

### **Approach Of Homoeopathy In Different Types Of Carcinomas**

A homoeopathic medicine, *Chelidonium* in ultra low doses act as anti tumour and anti genotoxic against hepatocarcinoma.<sup>13</sup> *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.<sup>14</sup>

### **Homoeopathic approach after radiotherapy**

A study was conducted to investigate effectiveness of homoeopathic medicines 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 given to both groups. Cutaneous and subcutaneous oedema, erythema, hyperpigmentation and skin heat were primary results. Homoeopathic treatment showed a short term

benefits regarding decreasing hyperpigmentation and skin heat.<sup>15</sup>

### **Homoeopathic approach after chemotherapy**

A non randomised controlled clinical trial was done to test 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 having similar stages of cancer and same age groups. The efficacy was decided by the pain level that was measured according to the requirement of opiates. Requirement of opiates was significantly different in the intervention and control group favouring the treatment group.<sup>16</sup>

### **Homoeopathic approach after breast cancer**

A pilot study was done to find the effectiveness of Homoeopathy in breast cancer survivors having estrogen withdrawal clinical features. All the patients were divided randomly in two groups to receive either homoeopathic medicines or placebo. Individualised homoeopathic medicines were prescribed to homoeopathic treatment group and the medicines mostly includes were *Arnica*, *Belladonna*, *Carcinocin*, *Natrum muriaticum*, *Sepia* and *Sulphur*. The efficacy was assessed by activity score and hot flushes frequency and severity. No significant difference was observed between intervention and placebo group regarding both primary and secondary outcome measures at follow up.<sup>17</sup>

### **Effects of Homoeopathic Medicines on Cancer**

An *in vitro* study was done to study the effects of homoeopathic medicines in low doses and high potencies in normal and cancerous human lymphocytes. The methodology of study involved pretreatment of cells with either high potencies (pool 15–20c) or low concentrations (nM–µM) of cadmium. After 120 h of medication, cells were exposed to cadmium (8–80 µM). For lower potencies, NaCl 0.9% and for high potencies water 15–20c was used as control. Both lower and higher potencies of cadmium pretreatment significantly increased cell viability in primary lymphocytes after toxic doses of cadmium compared to cells that have pretreatment of control. Low doses pretreatment effect was also significant in cancerous lymphocytes; however, high potencies showed no effect in cancerous lymphocytes.<sup>18</sup>

### **Mechanism of Homoeopathic Medicines in Cancer**

An *in vitro* study was done to find the effect of homoeopathic medicines on gene expression that controls

apoptosis on breast and prostate cancer cells. *Asterias*, *Conium maculatum*, *Carcinosin*, *Sabalserrulata*, *Thuja occidentalis* and *Phytolacca* were tested; however, no medicine showed significant inhibitory or growth-promoting activity against breast or prostate cancer cells.<sup>19</sup> *Chelidonium* in ultra-low doses showed anti-genotoxic potential against the hepatocarcinoma that was induced by azo-dye in mice.<sup>13</sup>

### Conclusion

Homoeopathy can be a useful method in treatment of cancer. A number of studies shows that the homeopathic medicines help in the management of cancer pain and other symptoms related to cancer. Some studies show that apoptotic effects and modulation of gene expression of homeopathic medicines in cancer while other studies nullify this mechanism. Further researches are needed to generate antitumour or antimetastatic potential of homeopathic medicines.

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