

# **Homoeopathy in cancer**

Cancer comes under the category of chronic diseases. Definition of chronic disease is that 'it is a derangement of the vital force with an insidious onset and a gradual progress during which the vital force offers imperfect resistance so that the disease if not treated adequately, eventually ends with the death of the patient'.

The derangement occurs first at the general level and the eventual expression - the neoplasm may occur at the local level. The individual susceptibility will predispose the individual to the disease proper in general, while the weakness or the sensitivity of a particular part/viscus/system will lead to localization of disease in particular.

The derangement proceeds from functional to structural level.

## **Carcinogenesis**

This process can be best studied under the following headings:

- Predisposition
- Disposition
- Diathesis
- Disease

### **1. Predisposition/Fundamental cause:**

The fundamental cause of all chronic diseases is the miasm. Each individual is born with a miasmatic load which predisposes a symptom to a particular illness. In this case of course a malignancy. The miasmatic load can be determined by the study of the patient's family history or the past history which has been observed by several homoeopaths viz., Kent, Roberts, Charles Wheeler, Foubister, Kasad, Burdel, and Bushrod James.

Cancer patients usually have a strong family history of cancer or past history of tuberculosis or diabetes mellitus. Thus, cancer is usually developing on a soil fertilized by tuberculo-syphilitic miasm (however cancer encompasses all the miasms).

## **2. Disposition:**

The individual who is born, interacts with the environmental factors along with mental and physical attributes, this is termed as 'disposition'.

At this juncture I would like to describe the constitution of Carcinosisin.

Carcinosisin was introduced and proved by Dr. D. M. Foubister of U.K. The exact source of the original Carcinosisin is not known but it is believed to be from a carcinoma of the breast.

There is a strong family history of cancer, diabetes or tuberculosis as compared to an average family. There is a past history of multiple severe infections in childhood like whooping cough, pneumonia.

Appearance of the patient: Multiple moles, blue sclera, brownish pigmentation and café-au-lait complexion.

Craving or aversion to salt, milk, eggs, fat and fruits.

Tendency to sleep in knee-elbow position or on the back with the hands above the head.

Reaction to environmental factors, either aggravation or amelioration with sea air or at sea side.

### **At the level of mind:**

Sensitive to reprimands

Easily hurt

Sensitive to music

Loves dancing, has a marked sense of rhythm

Sympathetic

Obstinate

Fastidious

Loves travelling

Anticipatory anxiety about health or about developing cancer

A/F - fear, fright

Consolation aggravates

Foubister had stated that it was probably unsafe to give Carcinosisin as a constitutional remedy to patients suspected of cancer. He believed that the further away you are from the actual cancer as in childhood the more useful

Carcinosin is as a constitutional remedy. However, he later changed his opinion and recommended the use of Carcinosin in cases of cancer.

Dr. T. D. Ross has suggested the use of Carcinosin in cases of cancer which have a bad family history of certain illnesses as earlier mentioned.

Burnett cured some cases of breast tumors and hard cervical glands which reappeared after surgical excision with Scirrhinum, one of the varieties of Carcinosin.

Certain studies have postulated the term 'cancer psyche' or 'cancer biotype', where the mind influences the body and it is often found that the prolonged psychological stress precedes the onset of tumor.

Psychological stress affects the neuro-endocrinal axis as well as the reticulo-endothelial system, thereby weakening the host defense and thus promoting the onset of malignancy. The composite profile of cancer patients has been derived from psychoanalytical testing of people of various ages and diagnostic categories.

The cancer patient, usually has had a very traumatic childhood, the trauma usually involves the child-parent relationship, which leads to intense loneliness and a sense of being neglected, rejected, grief and despair. He overcompensates by constantly trying to please others and build their affection; frustration in this attempt only serves to worsen the already existing negative emotions.

He develops intense hostility and resentment towards the environment that is wronged in and also develops the feeling of self-hatred and self-depreciation. However, the outward picture presented is of a thoughtful, gentle, unclaiming and almost too good to be true person. He tries to maintain healthy relationships and tries to find happiness from external factors like spouse, children and job.

Problem now arises when there is loss of spouse, child, job, the old pattern reemerges and the individual succumbs to cancer and with the realization that he has cancer, his despair deepens; this further aggravates the disease condition and a vicious cycle begins.

Though all cancer patients do not confirm the above mentioned pattern, certain effects of psyche on the soma have been noted often.

**Following characteristics often found:**

The loss of major emotional relationship and inability to cope with it leading to despair and hopelessness.

Early childhood traumas especially lack of parental affection and attention.

Tendency to hold resentment and inability to express it along with inability to forgive.

Tendency to self-pity.

A poor self image.

Poor ability to develop and maintain long term, meaningful relationships resulting in marital discord, sexual maladjustment or disharmony at work.

Tendency to depression.

**The most common symptoms of Carcinosis which I have repeatedly confirmed in my practice are:**

Fear of unknown

Fear of death

Fear of dark

Fear of being alone

Anxiety trifles

Anxiety health about

Anticipation about future

Lack of confidence

Fear of getting cancer

Suicidal thoughts

Melancholia

Depression

Ailments from grief

Loss of loved ones

Weeping ameliorates

Suppressed weeping leading to physical symptoms

Sympathetic to others

Nursing ailments from

Resentment

Frustration

Fear of impending disease especially incurable disease

Conscientious  
Rigid personality  
Mild and gentle in nature  
Loathing in life  
History of fright or prolonged fear or unhappiness in childhood  
Fastidiousness  
Obstinacy  
Enjoys thunderstorm  
Enjoys music  
Enjoys dancing  
Tendency to insomnia  
Difficult concentration  
Dullness of mind  
Desire to travel  
After effects of vaccination  
Sleeps in knee-elbow position  
Sea air amel; sea air agg  
Craving for meat, especially fat of the meat  
Aversion to salt, milk, egg, fat, meat and fruits

Different types of Carcinosis that I have used in my practice is Carcinosis adenostoma (adeno carcinoma of the stomach), Carcinosis adenovesica (adeno carcinoma of the papillary bladder), Carcinosis intestinal Co. (Carcinosis bowel composite), Carcinosis scirrhinum mammal (carcinoma scirrhus breast), Carcinosis squamous pulmonary (carcinoma of squamous lung) and carcinosinum (earlier origin and usage).

According to certain research's, cancer prone persons are 'anal' personalities who have not progressed beyond an early phase of personality development.

A study of 30 cancer patients revealed that even before they had come down with cancer, these individuals stand to interpret Rorschach Test in a rather morbid manner revealing their inner turmoil.

We can thus conclude, the prolonged mental stress is one of the chief factors that contribute to development of cancer. The link between stress and illness is the immune system which gets under mind so that immune surveillance is impaired. These dispositions which cannot positively and

effectively deal with any stress are the dispositions that are prone to develop cancer.

### **3. Diathesis:**

'Diathesis' is a phase where an individual has a strong tendency to develop a particular disease (malignancy in this case), and during which a stressful environmental stimulus initiates the onset of disease. This stage cannot be directly known to the physician but it can be indirectly inferred by a study of the predisposition and the disposition. Identification at this level helps in two ways:

- a) Constitutional line of homoeopathic treatment can build up the host's defenses and awareness.
- b) Avoidance of probable environmental carcinogens can delay the onset of the disease.

### **4. Disease:**

#### **Preclinical phase**

This is the phase that extends from the inception of cancer to the time that it produces recognizable signs or symptoms. All cancer cells measure the same as a normal cell. A tumor takes a constant time to double its volume. The volume doubling time is designated as TD. The smallest tumor that is likely to be detected by physical/radiological examination will have a diameter of about one centimeter and may contain  $10^8$ - $10^9$  tumor cells.

If this tumor is derived from single malignantly transformed cell it will take 30 doublings to reach this stage. Thus, it takes several years after the onset of the cancer to bother an individual and come to the attention of the doctor. On the basis of modern cytokinetic studies this preclinical phase may last from 2-17 years.

The preclinical phase also gives ample opportunities to the primary tumor cells to metastasize and lodge elsewhere.

Thus, by the time a tumor is detected there may already be widespread metastasis or the metastasis may be detected before the detection of the primary tumor which may at times remain undetected till the death of the patient. This preclinical phase will be totally asymptomatic or certain

general symptoms may be thrown up by the deranged vital force (this depends upon the susceptibility of the individual). These general symptoms include lack of animation, lack of initiative, lassitude, insomnia, anorexia and digestive difficulties, dull look of the skin and dull expression.

Certain laboratory tests can help diagnose the preclinical phase like Capillary dynamic studies of the blood as propounded by Dr. Kaelin or Copper chloride crystallization method as propounded by Dr. Bessenich or Serum copper and iron levels, the copper level is known to rise and the iron level is known to fall during this phase or Mammography, Pap smear, Exfoliative cytologies and Tumor markers.

### **Clinical phase**

It is the phase where the disease expresses itself overtly through symptoms and signs. This phase is therefore the tip of the iceberg and it would be grossly wrong to consider it as an entire disease. The various presenting symptoms have already been mentioned earlier. The staging and grading of the disease has also been mentioned earlier. While dealing with the expressions of the disease, a very important factor to be considered is the dominant miasm.

**Dominating Miasm**-This dominant miasm is available through the pathological changes, their pace and their various expressions with which the patient presents, at that particular point of time.

**Sycotic miasm**- A gradually progressing mass without ulceration or fungation or haemorrhage, cauliflower like growths.

**Psoric-Syphilitic**-Rapidly progressing growth with ulceration profuse haemorrhage, profound weakness, high erratic fever, severe cachexia, glandular involvement and ulcers with undetermined edges.

**Syphilitic**- Rapidly progressive disturbing changes involving bones, with severe bone pains, ulcers with punched out edges, glandular involvement. Psoric-It is responsible for the asymptomatic phase of the disease.