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Selva Jaffin PJ
PG Scholar, Department of Repertory, Sarada Krishna Homoeopathic Medical College (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University), Chennai, Tamil Nadu, India

Sathish Kumar V
Professor, PG and Ph.D Guide, Department of Repertory, Sarada Krishna Homoeopathic Medical College (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University), Chennai, Tamil Nadu, India

Rathi T
Assistant Professor, Department of Repertory, Sarada Krishna Homoeopathic Medical College (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University), Chennai, Tamil Nadu, India

Wasia Sulthana B
PG Scholar, Department of Repertory, Sarada Krishna Homoeopathic Medical College (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University), Chennai, Tamil Nadu, India

Corresponding Author:
Selva Jaffin PJ
PG Scholar, Department of Repertory, Sarada Krishna Homoeopathic Medical College (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University), Chennai, Tamil Nadu, India

Integrative homeopathic approach in the management of hepatocellular carcinoma: A case study

Selva Jaffin PJ, Sathish Kumar V, Rathi T and Wasia Sulthana B

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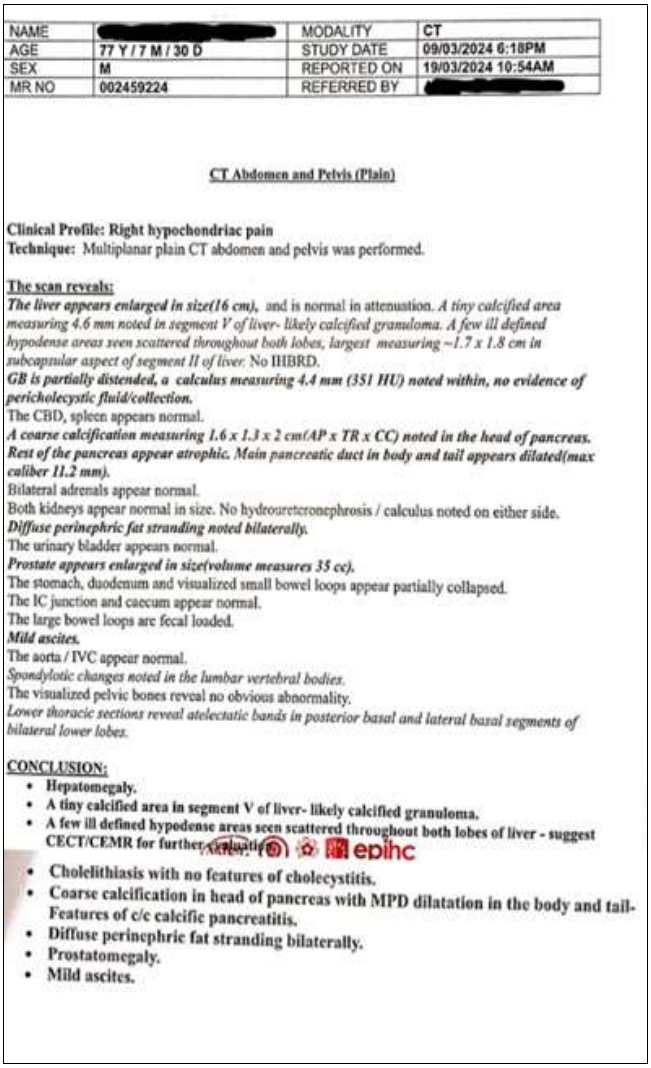
Abstract
Hepatocellular carcinoma (HCC) is a significant global health challenge, often requiring a multifaceted approach to treatment. In this case study, we explore the impact of homeopathy on a 77-year-old male with HCC and multiple comorbidities. The patient was treated based on his unique symptomatology and personal disposition. Following the homeopathic principles of individualized care, the patient experienced a 90 to 95 percent improvement in his symptoms, suggesting a substantial enhancement in his quality of life. This case contributes to the anecdotal evidence supporting the use of homeopathy in oncology, particularly for symptom management and quality of life improvement. It highlights the potential benefits of integrating homeopathy with conventional cancer care and underscores the need for further research into its efficacy and role in comprehensive cancer management with Malandrinum 1M and Phosphorus 200C.

Keywords: Case study, hepatocellular carcinoma, homeopathy, integrated treatment, Malandrinum, phosphorus

Introduction
Hepatocellular carcinoma (HCC) is the most common primary liver tumour, and the sixth most frequent cause of cancer worldwide. A significant risk factor for HCC, cirrhosis is found in 75–90% of patients with the illness [1]. The primary global risk factor for HCC is chronic hepatitis B infection, which increases the risk of the disease 100 times [2]. When there is no cirrhosis, the annual risk of HCC is 0.4%, but when there is, it ranges from 2% to 6%. Commonly, liver function deteriorates in those with underlying cirrhosis, with worsening ascites and/or jaundice or variceal haemorrhage. Other characteristic symptoms can include weight loss, anorexia and abdominal pain. This often-rapid deterioration can, however, be the event that leads to previously occult cirrhosis becoming clinically apparent, meaning that absence of an established diagnosis of cirrhosis does not preclude a diagnosis of HCC complicating cirrhosis. Examination may reveal hepatomegaly or a right hypochondrial mass. Tumour vascularity can lead to an abdominal bruit, and hepatic rupture with intra-abdominal bleeding may occur.
Homoeopathy is one of the most well-known alternative medical systems. In Europe, homoeopathy plays a major role in cancer treatment, accounting for around 24% of female breast cancer cases and 6% of cancer diagnoses overall. According to the 2003 report of the World Health Organization, cancer is the 2nd largest cause of death in developed countries [3]. 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.

Material and Methodology
A 77-year-old male patient presented to the 2A unit OPD of Sarada Krishna Homoeopathic Medical Hospital, Kulasekharam, Tamil Nadu, on 27/04/2024. His complaints included sharp pain over the right hypochondrium, nausea, sleeplessness, weakness, and difficulty walking. The symptoms had worsened recently. The patient's mental state revealed perfectionism, fastidiousness, and emotional reserve. Physical examination showed poor appetite, decreased thirst, disturbed sleep, and tenderness over the right hypochondrium. Multiple warts were observed on his face and eyelids. Despite weakness, he was chilly. Further evaluation is needed to address his complex symptomatology. The following reports are attached in Fig: 1-3.



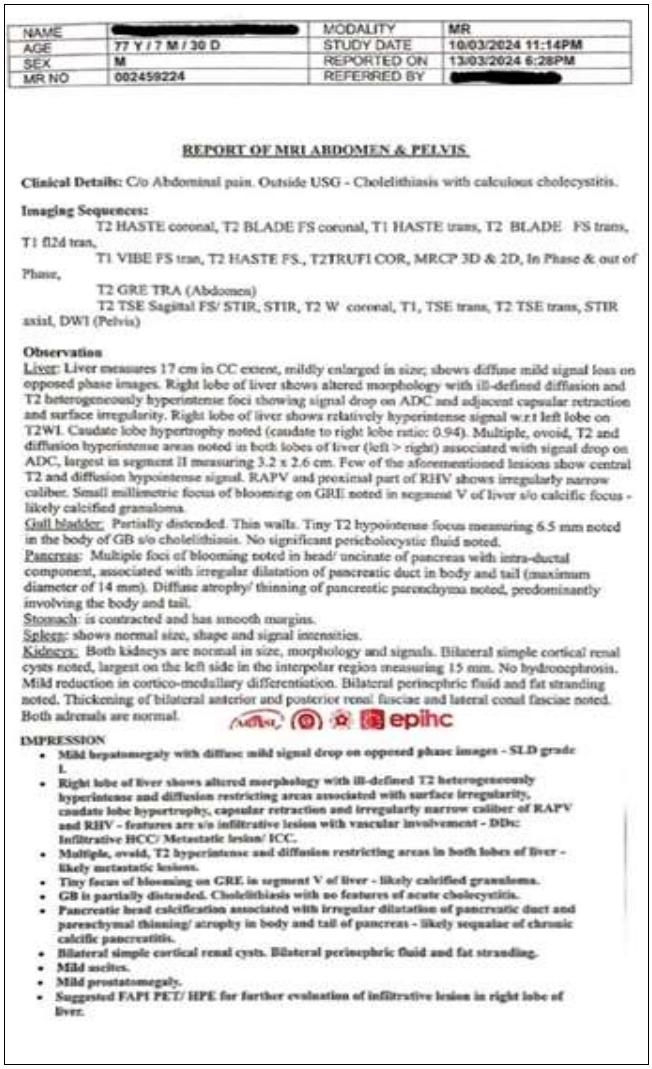
NAME	[redacted]	MODALITY	CT
AGE	77 Y / 7 M / 30 D	STUDY DATE	09/03/2024 6:18PM
SEX	M	REPORTED ON	19/03/2024 10:54AM
MR NO	002459224	REFERRED BY	[redacted]

CT Abdomen and Pelvis (Plain)

Clinical Profile: Right hypochondriac pain
Technique: Multiplanar plain CT abdomen and pelvis was performed.

The scan reveals:
The liver appears enlarged in size(16 cm), and is normal in attenuation. *A tiny calcified area measuring 4.6 mm noted in segment V of liver- likely calcified granuloma. A few ill defined hypodense areas seen scattered throughout both lobes, largest measuring ~1.7 x 1.8 cm in subcapsular aspect of segment II of liver.* No IHBRD.
GB is partially distended, a calculus measuring 4.4 mm (351 HU) noted within, no evidence of pericholecystic fluid/collection.
The CBD, spleen appears normal.
A coarse calcification measuring 1.6 x 1.3 x 2 cm(AP x TR x CC) noted in the head of pancreas. Rest of the pancreas appear atrophic. Main pancreatic duct in body and tail appears dilated(max caliber 11.2 mm).
Bilateral adrenals appear normal.
Both kidneys appear normal in size. No hydroureteronephrosis / calculus noted on either side.
Diffuse perinephric fat stranding noted bilaterally.
The urinary bladder appears normal.
Prostate appears enlarged in size(volume measures 35 cc).
The stomach, duodenum and visualized small bowel loops appear partially collapsed.
The IC junction and caecum appear normal.
The large bowel loops are fecal loaded.
Mild ascites.
The aorta / IVC appear normal.
Spondylotic changes noted in the lumbar vertebral bodies.
The visualized pelvic bones reveal no obvious abnormality.
Lower thoracic sections reveal atelectatic bands in posterior basal and lateral basal segments of bilateral lower lobes.

CONCLUSION:
- **Hepatomegaly.**
- **A tiny calcified area in segment V of liver- likely calcified granuloma.**
- **A few ill defined hypodense areas seen scattered throughout both lobes of liver - suggest CECT/CEMR for further evaluation.**
- **Cholelithiasis with no features of cholecystitis.**
- **Coarse calcification in head of pancreas with MPD dilatation in the body and tail- Features of c/c calcific pancreatitis.**
- **Diffuse perinephric fat stranding bilaterally.**
- **Prostatomegaly.**
- **Mild ascites.**



NAME	[redacted]	MODALITY	MR
AGE	77 Y / 7 M / 30 D	STUDY DATE	10/03/2024 11:14PM
SEX	M	REPORTED ON	13/03/2024 6:28PM
MR NO	002459224	REFERRED BY	[redacted]

REPORT OF MRI ABDOMEN & PELVIS

Clinical Details: C/o Abdominal pain. Outside USG - Cholelithiasis with calculous cholecystitis.

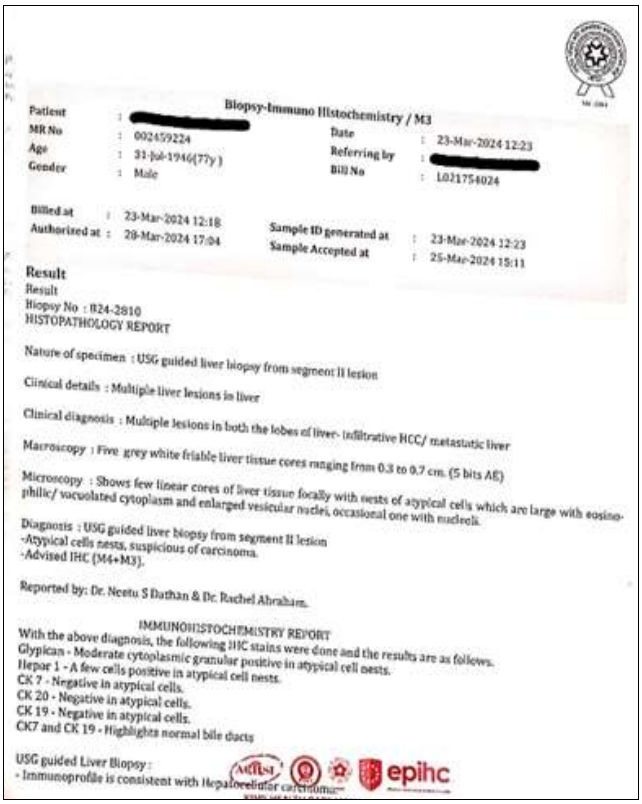
Imaging Sequences:
T2 HASTE coronal, T2 BLADE FS coronal, T1 HASTE trans, T2 BLADE FS trans, T1 fl2d tran,
T1 VIBE FS tran, T2 HASTE FS., T2TRUFI COR, MRCP 3D & 2D, In Phase & out of Phase,
T2 GRE TRA (Abdomen)
T2 TSE Sagittal FS/ STIR, STIR, T2 W coronal, T1, TSE trans, T2 TSE trans, STIR axial, DWI (Pelvis)

Observation
Liver: Liver measures 17 cm in CC extent, mildly enlarged in size; shows diffuse mild signal loss on opposed phase images. Right lobe of liver shows altered morphology with ill-defined diffusion and T2 heterogeneously hyperintense foci showing signal drop on ADC and adjacent capsular retraction and surface irregularity. Right lobe of liver shows relatively hyperintense signal w.r.t left lobe on T2WI. Caudate lobe hypertrophy noted (caudate to right lobe ratio: 0.94). Multiple, ovoid, T2 and diffusion hyperintense areas noted in both lobes of liver (left > right) associated with signal drop on ADC, largest in segment II measuring 3.2 x 2.6 cm. Few of the aforementioned lesions show central T2 and diffusion hypointense signal. RAPV and proximal part of RHV shows irregularly narrow caliber. Small millimetric focus of blooming on GRE noted in segment V of liver s/o calcific focus - likely calcified granuloma.
Gall bladder: Partially distended. Thin walls. Tiny T2 hypointense focus measuring 6.5 mm noted in the body of GB s/o cholelithiasis. No significant pericholecystic fluid noted.
Pancreas: Multiple foci of blooming noted in head/ uncinate of pancreas with intra-ductal component, associated with irregular dilatation of pancreatic duct in body and tail (maximum diameter of 14 mm). Diffuse atrophy/ thinning of pancreatic parenchyma noted, predominantly involving the body and tail.
Stomach: is contracted and has smooth margins.
Spleen: shows normal size, shape and signal intensities.
Kidneys: Both kidneys are normal in size, morphology and signals. Bilateral simple cortical renal cysts noted, largest on the left side in the interpolar region measuring 15 mm. No hydronephrosis. Mild reduction in cortico-medullary differentiation. Bilateral perinephric fluid and fat stranding noted. Thickening of bilateral anterior and posterior renal fasciae and lateral conal fasciae noted. Both adrenals are normal.

IMPRESSION
- **Mild hepatomegaly with diffuse mild signal drop on opposed phase images - SLD grade I.**
- **Right lobe of liver shows altered morphology with ill-defined T2 heterogeneously hyperintense and diffusion restricting areas associated with surface irregularity, caudate lobe hypertrophy, capsular retraction and irregularly narrow caliber of RAPV and RHV - features are s/o infiltrative lesion with vascular involvement - DDs: Infiltrative HCC/ Metastatic lesion/ ICC.**
- **Multiple, ovoid, T2 hyperintense and diffusion restricting areas in both lobes of liver - likely metastatic lesions.**
- **Tiny focus of blooming on GRE in segment V of liver - likely calcified granuloma.**
- **GB is partially distended. Cholelithiasis with no features of acute cholecystitis.**
- **Pancreatic head calcification associated with irregular dilatation of pancreatic duct and parenchymal thinning/ atrophy in body and tail of pancreas - likely sequalae of chronic calcific pancreatitis.**
- **Bilateral simple cortical renal cysts. Bilateral perinephric fluid and fat stranding.**
- **Mild ascites.**
- **Mild prostatomegaly.**
- **Suggested FAPI PET/ HPE for further evaluation of infiltrative lesion in right lobe of liver.**

Fig 1: CT report

Fig 2: MRI report



Biopsy-Immuno Histochemistry / M3

Patient : [redacted]
MR No : 002459224
Age : 31-Jul-1946(77y)
Gender : Male
Date : 23-Mar-2024 12:23
Referring by : [redacted]
Bill No : L021754024

Billed at : 23-Mar-2024 12:18
Authorised at : 28-Mar-2024 17:04
Sample ID generated at : 23-Mar-2024 12:23
Sample Accepted at : 25-Mar-2024 15:11

Result
Result
Biopsy No : B24-2810
HISTOPATHOLOGY REPORT

Nature of specimen : USG guided liver biopsy from segment II lesion

Clinical details : Multiple liver lesions in liver

Clinical diagnosis : Multiple lesions in both the lobes of liver- infiltrative HCC/ metastatic liver

Macroscopy : Five grey white friable liver tissue cores ranging from 0.3 to 0.7 cm. (5 bits AE)

Microscopy : Shows few linear cores of liver tissue focally with nests of atypical cells which are large with eosinophilic/ vacuolated cytoplasm and enlarged vesicular nuclei, occasional one with nucleoli.

Diagnosis : USG guided liver biopsy from segment II lesion
-Atypical cells nests, suspicious of carcinoma.
-Advised IHC (M4+M3).

Reported by: Dr. Neetu S Bathan & Dr. Rachel Abraham.

IMMUNOHISTOCHEMISTRY REPORT
With the above diagnosis, the following IHC stains were done and the results are as follows.
Glypican - Moderate cytoplasmic granular positive in atypical cell nests.
Hepar 1 - A few cells positive in atypical cell nests.
CK 7 - Negative in atypical cells.
CK 20 - Negative in atypical cells.
CK 19 - Negative in atypical cells.
CK7 and CK 19 - Highlights normal bile ducts

USG guided Liver Biopsy :
- Immunoprofile is consistent with Hepatocellular carcinoma.

Fig 3: Liver biopsy

Treatment history

The patient is currently on several allopathic medications. These include CARDIVAS 12.5 mg (twice daily), DIAMICRON MR 30 mg (once daily), TENEZA M (once daily), ISOLAZINE (twice daily), NODOSIS DS (three times daily), ECOSPIRIN AV 75 mg (once daily), CILACAR 10 mg (once daily), and JBTOR 10 mg (once daily)

Diagnosis and assessment

Infiltrating hepatocellular carcinoma with mets, chronic calcific pancreatitis, cholelithiasis, type 2 diabetes mellitus, hypertension, chronic kidney disease, coronary artery disease.

Assessment baseline at subsequent follow-ups visit was done with clinical score to assess the severity of hepatocellular carcinoma and its co morbidities (Table 1).

Intervention

The totality of symptoms was erected and subjected to Repertorisation with SYNERGY HOMEOPATHIC SOFTWARE (SHS) [4] [Figure 4]. Based on the totality of symptoms the medicines are selected.

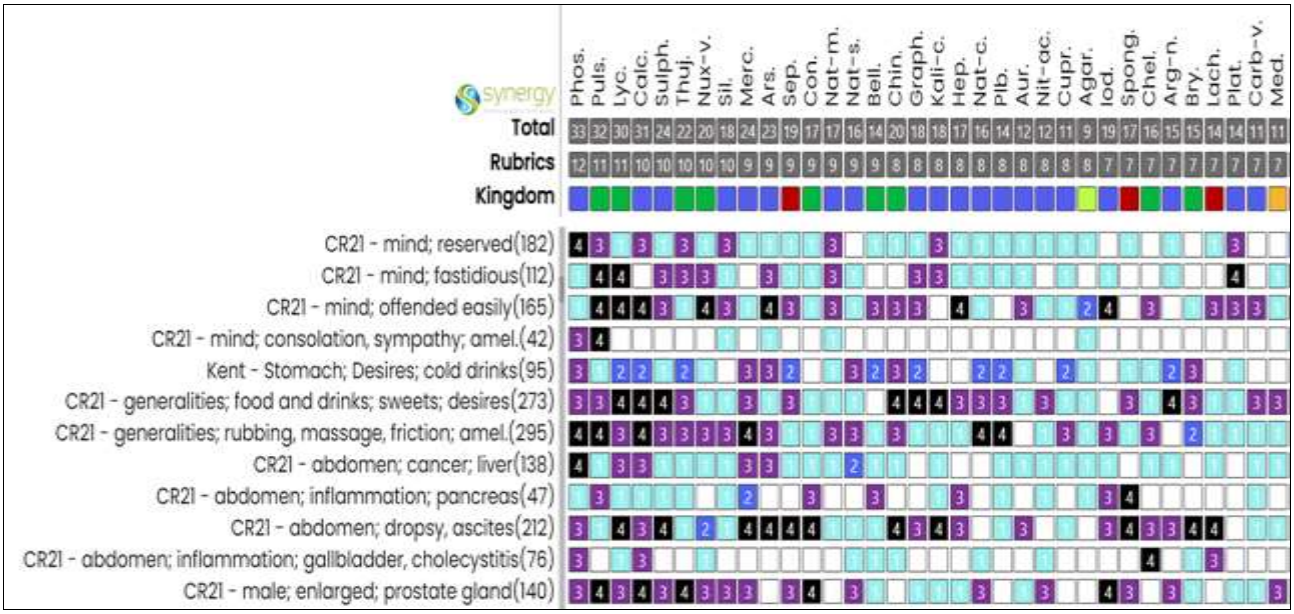


Fig. 4: Reportorial totality

Treatment

Selection of remedy and potency

The Remedy selected was MALANDRINUM 1M/ ID/ STAT followed by PHOSPHORUS 200C/1D/OD.

Justification

Justification for Phosphorus: Allen's Keynotes - Indicated for a chilly patient, tall stature, fair skin, sensitive nature, nervousness, weakness, and over sensitiveness. The patient is restless, fidgety, and cannot remain still, showing great weakness and prostration with nervous debility and trembling [5].

Boericke's Materia medica: Produces a picture of destructive metabolism. Causes yellow atrophy of the liver and sub-acute hepatitis. Tall, slender persons, narrow chested, with thin, transparent skin, weakened by loss of animal fluids, with great nervous debility, emaciation, amative tendencies, seem to be under the special influence of Phosphorus. Pancreatic disease. Liver congested. Fatty degeneration. Heart dilated [6].

The Soul of Remedies by Rajan Sankaran: The main feeling of Phosphorus is of being unloved and uncared for, to which the patient reacts by being affectionate, friendly, and sympathetic in the hope that this love and care will be reciprocated. They are very emotional, very loving, affectionate, sympathetic, caring. At the same time, they can be very easily excited, very anxious, fearful, clairvoyant, and restless. Industrious [7].

Bernoville's cancer: Phosphorus can act successfully before the tumoral phase, especially in hepatic and pancreatic cancer, with a selective action on higher tissues.

Justification for Malandrinum: Boericke's Materia medica: Efficacious in clearing of the remnants of cancerous deposits. (Cooper). It is often considered in cases where there is a need to address residual cancerous growths.

Results

The patient visited the outpatient department (OPD) on 27/04/24. Initially, a single dose of MALANDRINUM 1M was administered immediately (STAT), followed by a daily dose (OD) of PHOSPHORUS 200C. After one week, there was a slight improvement in both the objective and subjective symptoms of the patient. Subsequent follow-ups indicated a 90 to 95 percent enhancement in their symptoms.

Table 1: Clinical score to assess the severity of hepatocellular carcinoma and its co morbidities

Clinical Sign Being Scored	Improvement	Assigned Score	
		BEFORE	AFTER
Pain in right hypochondrium	NONE – 0	3	1
	MILD - 1		
	MODERATE – 2		
	SEVERE – 3		
Nausea and vomiting	NONE – 0	3	0
	MILD – 1		
	MODERATE- 2		
	SEVERE - 3		
Weakness of whole body	NONE -0	3	1
	MILD - 1		
	MODERATE – 2		
	SEVERE – 3		
Unable to stand and walk	NONE – 0	3	0
	MILD - 1		
	MODERATE – 2		
	SEVERE – 3		
Swelling of both ankle joint	NONE – 0	2	0
	MILD - 1		
	MODERATE – 2		
	SEVERE – 3		
Appetite: diminished	NONE – 0	3	0
	MILD - 1		
	MODERATE – 2		
	SEVERE – 3		
Thirst: thirstless	NONE – 0	3	0
	MILD - 1		
	MODERATE – 2		
	SEVERE – 3		
Urine: frequent urination	NONE – 0	3	2
	MILD - 1		
	MODERATE – 2		
	SEVERE – 3		
Sleep: sleepless due to pain	NONE – 0	3	1
	MILD - 1		
	MODERATE – 2		
	SEVERE – 3		
	TOTAL	27	5

No improvement: < 27
Mild improvemt: < 20
Moderate improvement: <13
Severe improvement: < 6

Table 2: Follow up

Date	Symptom	Prescription
27/04/2024	Pain on the right hypochondrium persist Nausea and vomiting persist Weakness of whole body persist Unable to stand and walk persist Swelling of both ankle joint persists Appetite: Diminished Thirst: Decreased Urine: Frequent urination Sleep: Sleepless due to pain	Rx 1. MALANDRINUM 1M / 1 DOSE (STAT) 2. PHOSPHORUS 200/ 1 DOSE / OD 3. B. DISC (3gr) 1 x BD 4. B. DISC (1gr) 1 x BD
803/05/24	Pain on the right hypochondrium still persist Nausea and vomiting are 80% better Weakness of whole body is 80% better Unable to stand and walk persist Swelling of both ankle joint persists Appetite: Better Thirst: Better Urine: Frequent urination Sleep: Better	Rx 1. MALANDRINUM 1M / 1 DOSE (STAT) 2. PHOSPHORUS 200/ 1 DOSE / OD 3. B. DISC (3gr) 1 x BD 4. B. DISC (1gr) 1 x BD
07/05/24	Pain on the right hypochondrium is 70% better Nausea and vomiting are relieved Weakness of whole body is 80% better Started walking with support Swelling of both ankle joint relieved Urine: Frequent urination	Rx 1. PHOSPHORUS 200/ 1 DOSE / OD 2. B. DISC (3gr) 1 x BD 3. B. DISC (1gr) 1 x BD
11/05/24	Pain on the right hypochondrium completely better Nausea and vomiting completely relieved Weakness of whole body is better Standing and walking without support Swelling of both ankle joint is 50% better Urine: Frequent urination slightly better	Rx 1. PHOSPHORUS 200/ 1 DOSE / OD 2. B. DISC (3gr) 1 x BD 3. B. DISC (1gr) 1 x BD

Discussion

In the case presented, the use of homeopathic remedies such as Malandrinum and Phosphorus has shown a significant improvement in the patient's symptoms. The patient has shown considerable improvement, with a change of approximately 5 points out of 27. This indicates a severe improvement. This aligns with the holistic approach of homeopathy, which focuses on individualized treatment based on the patient's specific symptoms and overall constitution. This is based on the understanding that symptoms are expressions of the body's attempt to heal itself and that substances capable of causing disease symptoms can, when prepared in homeopathic doses, aid the body in overcoming similar symptoms.

Homeopathy is considered an integrated treatment option for various conditions, including cancer. It is often sought after for its potential to improve quality of life and manage symptoms without the side effects commonly associated with conventional treatments. In the context of hepatocellular carcinoma (HCC), homeopathic remedies have been reported to show anti-tumour and anti-genotoxic potential in some studies [8].

An integrative approach that combines homeopathy with conventional cancer treatments may provide a more comprehensive care strategy. Homeopathy can be used to alleviate side effects of conventional treatments, improve the patient's general well-being, and potentially enhance the overall effectiveness of the treatment plan[8]. For example, homeopathic remedies have been used to manage symptoms such as nausea and pain, which are common in cancer patients undergoing chemotherapy or radiation therapy.

Quality of Life – Improving the quality of life for cancer patients is a primary concern in any treatment modality. Homeopathic treatment has been associated with improvements in quality of life, reduction in fatigue, and better psychological well-being in cancer patients [8]. These improvements are particularly important for patients with advanced cancer, where the focus may shift from curative treatment to palliative care, aiming to provide relief from symptoms and stress of the illness. Studies have indicated that homeopathic treatment can lead to improvements in quality of life, reduction in symptom burden, and even potentially extend survival in cancer patients. Patients undergoing homeopathic treatment have reported feeling better overall, with reductions in fatigue and improvements in psychological well-being [9].

Conclusion

The case of the 77-year-old male patient with multiple comorbidities, including HCC, illustrates the potential benefits of homeopathy as an integrated treatment. The reported 90 to 95 percent enhancement in symptoms suggests that homeopathy may play a role in managing the complex symptomatology of cancer patients. While more rigorous clinical trials are needed to conclusively establish the efficacy of homeopathy in cancer care, existing literature, and case studies like this one provide a basis for considering homeopathy as part of a comprehensive treatment plan aimed at improving patient outcomes and quality of life. The patient has shown considerable improvement of around 5 marks out of 27, indicating severe improvement.

Acknowledgment

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Conflict of Interest
Not available

Financial Support
Not available

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