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Homoeopathy and cancer pain management: A journey from general overview to specific case analysis

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Abstract

This article presents a case study investigating the use of Homoeopathic treatment alongside conventional pain relief methods for cancer. The patient's primary diagnosis was Gemistocytic Astrocytoma - Gr 2 - Medduloblastoma - Insular Glioma, which led to significant physical and psychological symptoms. Conventional treatments failed to provide substantial relief, leading to the use of Comocleada Dentata, after which the patient's pain severity subsided considerably. Despite these promising signs, the personalized nature of Homoeopathic remedies is highlighted, stressing the need for further research. The study underlines Homoeopathy's potential role as an adjunct to conventional treatments in cancer pain management, emphasizing the importance of broader, robust studies to establish efficacy".

Keywords: Cancer pain, homoeopathy, comocleada dentata, pain management

Introduction

"Understanding the dynamics and potential of Homoeopathic treatments in managing cancer pain is crucial for the expansion of integrative medicine. Despite recent advances in pain management techniques, severe pain in cancer patients is often under-treated^[1-3]. This gap in treatment effectiveness has prompted researchers to explore alternative and complementary therapies, like Homoeopathy. This paper aims to evaluate the efficacy of Homoeopathic treatments in alleviating cancer pain through a comprehensive review of the literature, including case studies on the use and effectiveness of Homoeopathic remedies^[4-6].

Literature review: A literature review reveals the growing interest towards Homoeopathy in managing cancer-related pain. Conventional western medicine, despite advancements, often falls short in offering complete relief to cancer patients, with many experiencing severe pain^[1-3]. These gaps in relieving discomfort and the associated side effects of strong pain medications have led several researchers to investigate Homoeopathy's potential. Notably, some recent studies indicate the potential effectiveness of Homoeopathy for cancer pain management^[7]. They reinforce the case for using Homoeopathic treatments which prove to be helpful in managing symptoms^[4, 5]. Moreover, research by Clarke, J.H., notes that complementary use of Homoeopathy has shown potential not just in the physical, but also psychological symptoms associated with cancer, including the feeling of isolation, highlighting the mind-body approach integral to Homoeopathy^[6]. At the same time, it's imperative to account for the highly individualistic nature of Homoeopathy. Efficacy can significantly vary due to the customization of solutions according to symptoms and overall patient condition^[8]. While these findings promote hopeful prospects for Homoeopathy, they also underline the necessity for comprehensive research and rigorous trials to authenticate Homoeopathy's role in managing cancer pain. The current literature available lacks the depth and extent of research essential for wide-spread clinical application and acceptance. More extended studies, randomized control trials, and comprehensive evaluations covering both qualitative and quantitative measures, are called for in future research.

Cancer Pain pathway the pain receptors send signals via peripheral nerves to the brain, resulting in pain perception. Cancer pain, however, can be more complex and difficult to manage due to direct tumor growth pressure, chemical substances from the cancer affecting tissue, metastasis, and side effects from treatments. This persistent, multifaceted pain often requires multiple treatments^[3].

Homoeopathy, a complementary medicine system that has endured for several centuries, embodies the principle of "similia similibus curentur" or "like cures like." This system has found applications in managing multiple pain types, including that caused by cancer. The strength of Homoeopathy in managing cancer pain lies in its capacity to offer personalized care and treat symptoms from a holistic perspective. The selection of Homoeopathic medicines for handling cancer pain hinges heavily on the patient's unique symptomatic profile. Following an in-depth consultation evaluating both physical symptoms, emotional and psychological states. Homoeopathic intervention in cancer pain management aims to do more than merely alleviate physical discomfort. It also endeavors to enhance the patient's overall well-being. This approach signals a shift from traditional pain management strategies that mainly focus on reducing pain intensity. It's important to note that while certain patients have reported positive experiences from Homoeopathic pain treatment, its effectiveness in managing cancer pain continues to be a topic of on going research. Homoeopathy is increasingly seen as part of the palliative care tool kit to alleviate pain in cancer patients. Because Homoeopathy embodies a holistic approach to symptom management, it may facilitate a more personalized care plan for patients. The use of Homoeopathy for cancer pain has attracted growing interest due to the increasing trend of complementary and alternative medicine (CAM) from the latter part of the 20th century into the 21st century. Side effects from conventional medicine have often prompted cancer patients to explore alternative therapies aiming to attain symptomatic reprieve, boost overall health, and potentially enhance the efficacy of standard treatments. Numerous stalwarts in Homoeopathy, including F. Bernoville, A.H Grimmer, J.H Clarke, R.T Cooper, Elis G. Jones, Farook J. Master, and P.S. Kamthan, have documented their work and experiences in managing cancer with Homoeopathy. Over 100 drugs with an affinity for managing cancer pain are cited in Homoeopathic literature [9].

Remedies Covered Under Cancer pain Rubric: Clinical; Cancerous affections; painful (100): acon., act-sp., alco., 3 alumn., 3 anthr., 3 apis, 3 ars-i., 3 ars., 4 aster., 3 bell., berb-a., bism., brom., 2 bry., bufo, bufo-s., cadm-s., 3 calc-acet., calc-ar., calc-f., calc-i., calc-o-t., 2 calc-ox., calc., 3 carb-an., carc., cedr., cham., 2 chel., 3 chim.,cic.,cinnam., 3 cit-ac., 3 cit-l., 3 clem., cod., coloc., 3 con., crot-h., 3 croto-t., 2 cund., 2 echi., eucal., 3 euph-he., 3 euph., ferr-i., fl-ac., gali., graph., 2 hep., 4 hydr., hydr., iod., iodof., kali-bi., kali-c., 3 kali-cy., kali-m., kreos., 3 lach., lact., lap-a., laur., lob-d., lob-e., lup., lupin., 2 lyc.,lycpr., mag-p., maland., merc-i-f., merc., 3 morph-s., 4 morph., murx.,naja, 2 nit-ac., ol-an., op., ox-ac., ph-ac., 3 phos., phyt.,psoral., rad-br., rhus-t., ruta, scirr., 3 sec., sep., 2 sil.,3 spig., staph., stel., 3 sulph., syph., 3 tarent-c., 3 tarent., ther. [10].

Brief summary of a Gemistocytic Astrocytoma - Gr 2 - Meddloblastoma - Insular Glioma case

This section introduces the case, explains the rationale for using Homoeopathy, and describes the patient's initial condition. This is the case of a 46-year-old female who first started experiencing right-sided facial numbness in January 2022, which subsequently led to an epileptic attack. Upon hospitalization and CT brain plain and contrast diagnosed brain tumor. After six months of allopathic medication, she

developed weakness and mobility issues, with further scans revealing an increase in the condition brain tumors. In December 2022, she underwent surgery, and histopathology reports from biopsy and multiple MRIs confirmed the diagnosis of Gemistocytic Astrocytoma - Gr 2 - Meddloblastoma - Insular Glioma. Initially, the symptoms were alleviated following 30 cycles of radiotherapy. However, the patient began to experience severe left-sided headaches, right hemiparesis, and facial numbness on the right side. Speech difficulties and involuntary urination at night developed after surgery. Despite taking conventional medications for pain, she experienced no relief. The insupportable pain led her to episodes of anger, loud shouting, and involuntary teeth clenching. Prior to the onset of the disease, she was active and regularly organized functions (basic nature of the patient); the loss of this active lifestyle led to a deep sense of sadness and a desire for sympathy. Her physical and mental state had drastically deteriorated from previously being healthy and active, to experiencing significant distress, becoming sad whenever anyone visited. She felt socially isolated and restricted, unable to attend functions or occasions which she once could, leading to feelings of inactivity and isolation (feeling isolated – leprous miasm as per rajan sankaran). Based on available qualitative totality as per Homoeopathic principles the Remedy Selection: Notably, the dominant miasm in this case is the leprous miasm. Surprisingly, Comoclada Dentata was the only drug found to cover both cancer and leprous miasm. It belongs to the Anacardiacea family, corresponding well with the patient's symptoms of anger and irritability. Comoclada Dentata 0/3 in water doses every 4th hourly was prescribed. There was a significant reduction in her pain and pain assessed by Visual Analog Scale (VAS) pain rating from 9 at the time of prescription to 6 after one day, and further VAS pain rating score reduced to 3 by the second day after the prescription. The case is still under close follow up.

Conclusion

The presented case study offers promising insights into the potential use of Individualized Homoeopathic remedies like Comoclada Dentata, in managing cancer pain and associated psychological distress. It demonstrated a significant drop in pain severity after the introduction of the Homoeopathic treatment. This introduces an encouraging possibility for Homoeopathy as part of palliative cancer care, offering an alternative or supplemental route to conventional medical treatments. The evidence, however, is limited to this single case and must be treated with caution. The inherently personalized nature of Homoeopathy treatments implies that outcomes could vary greatly among different individuals. This study alone doesn't provide sufficient evidence to suggest Homoeopathy as a definitive, effective solution to cancer pain. Hence, while this case provides optimism for Homoeopathy role in managing cancer pain, a comprehensive evaluation, incorporating both quantitative and qualitative measures, is crucial for assessing its true potential. This outcome necessitates need further rigorous research, randomized controlled trials, and studies with larger sample sizes to fully understand Homoeopathy's efficacy and role in pain management for cancer patients.

Conflict of Interest

Not available

Financial Support

Not available

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