

Homeopathic Approach for Cancer Treatment: My Experience

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Dear Editor:

Chatterjee and Biswas¹ have presented three interesting cancer cases treated with homeopathic medicines. Their article has provided some concrete evidence that homeopathic medicines work for cancer. This homeopathic approach was first advocated by Dr. Ashim Chatterjee in Kolkata.² However, there are some important issues that require attention and discussion.

I became associated with this alternative cancer therapy in 1997 when my family accepted the help of Dr. Chatterjee for the treatment of my 70-year-old father-in-law (late Mr. Brojen Das, *King of Channel*), after the conventional cancer therapy failed to produce any desired response.³ There was a tremendous clinical improvement in Mr. Das after the start of the alternative treatment, which everyone believed may be due to this therapy.

Before coming to the conclusion that homeopathy actually works for cancer, Dr. Chatterjee did research for over 20–25 years with many important homeopathic mother tinctures viz. *Psorinum*, *Chelidonium majus*, *Carduus marianus*, *Hydrastic canadensis*, *Aconite*, *Belladonna*, *Thuja occidentalis*, etc.⁴ However, he obtained very good anti-cancer response when he combined snake venom–derived homeopathic medicines like *Crotalus horridus*, *Lachesis*, and *Naja* in his anti-cancer therapy. Dr. Chatterjee's idea of treating cancer was simple: use medicine that can strengthen liver and kidney function, reduce pain, and most importantly, stop malignant cells from growing and spreading. His idea really made sense; potential use of snake venom as medicine has been known to humans for centuries.⁵

I was associated with Dr. Chatterjee and this alternative therapy for almost three years.^{6,7} After my last major publication on *Psorinum* therapy,⁸ many homeopathic doctors reported that they tried this approach in numerous cancer patients but failed to get any response. Now, the recent publication of more success stories with this alternative therapy¹ may encourage more homeopaths from India and abroad to try this homeopathic approach for cancer treatment. I am sure that many will not obtain any desired results. This is an important issue that needs proper attention and understanding.

The homeopathic approach to treat cancer patients in Critical Cancer Management Research Centre & Clinic (CCMRCC) is very different and cannot usually be found in conventional homeopathic textbooks. The central theme of

homeopathy, “like cure like” in a very tiny dilution, is not followed. The specific ailment versus specific medicine concept is followed, instead of the concept of specific patient versus specific medicine. Moreover, the homeopaths in India have very little knowledge about conventional medicine and oncology, in particular. They generally don't understand the concept of teamwork and prefer to work independently. Very few are actually associated with conventional health-care systems. The cancer patients who generally seek the help of an alternative clinician are mostly in their advanced stages of malignancy. Management of such terminally ill patients is only possible in conventional set-ups/hospitals. So I wish to suggest that in future publications on *Psorinum* therapy, some warning should also be incorporated that this is a new experimental approach with homeopathy, and if any homeopaths wish to try this in patients, they should first contact CCMRCC to be properly informed and trained. I am also informed by Dr. Chatterjee that the homeopathic medicine *Psorinum* that is used in CCMRCC is prepared using a special technique and is somewhat different from the commercially available medicine.

Any hypothesis or idea requires replication of results by peers to be accepted globally. Since the prescriptions are not always based on similarity, replication of this method may be difficult. So it would be a good idea to establish protocols for the method that can be widely tested. I hope the authors¹ will agree that complete regression of cancer with this homeopathic approach is observed in very few patients. In most situations, there is partial response, mild response, or no response at all. So what to do in a situation where there is no response? A protocol should provide information on what should be done in each situation. Only then will it be possible to integrate this alternative approach into conventional care. Moreover, an official website should be developed where all such information is posted.

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