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Case Report

Homeopathic Medicine and Palliative Cancer Care: A Case Report

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Abstract

Many Indian cancer patients who are incurable because of advance stage of the disease at the time of diagnosis try various complementary and alternative therapies for treatment and palliation. Little is known about the therapeutic efficacy, toxicity and therapeutic potentials of these alternative approaches. In this article I describe a 61 years old male patient who presented himself at our clinic with advanced inoperable gastric carcinoma. The option of chemotherapy was discussed with the patient and his care givers. In view of the nature of the disease and the little likelihood of response the patient did not consent for the same. The patient opted for an alternative homeopathic therapy to treat his cancer. The patient again visited our clinic after one year for checkup. On examination it was found that though there was no significant change in the gastric mass, but there was no evidence of ascites or lymphadenopathy. Liver, gall bladder, spleen, pancreas, both kidneys and adrenal appeared normal. There was a significant clinical improvement in the patient and he was able to lead a normal life. I followed the patient for the next one year and found that there was no remarkable deterioration in his clinical condition. I feel that it may be possible that the alternative homeopathic therapy somehow may be responsible for arresting the cancer progression.

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INTRODUCTION

Despite substantial progress of scientific clinical oncology, the fascination of alternative and especially complementary cancer medicine has not at all declined during past many years. A significant proportion of cancer patients worldwide use Complementary and Alternative Medicine [CAM] (Vicker and Cassileth, 2001). In developed countries patients are more likely to use complementary therapies to improve the quality of their lives in concert with more traditional care. Strengthening of the immune system is the main goal perhaps reflecting the idea that immune system play a major role in allowing tumor development and control of malignant cells (Morris *et al*., 2000). In developing countries the use of alternative cancer therapies are related to socioeconomics and cultural / social differences. In many instance the patients are compelled to try something alternative because of financial constraints, inaccessibility to mainstream cancer treatment and more importantly late stage incurable disease at diagnosis (Pal, 2002a). I report the follow-up an advanced stage gastric carcinoma patient who tried homeopathy to treat his inoperable cancer.

CASE REPORT

A 61 years old male, chronic alcoholic and chronic smoker presented with 2 years history of abdominal fullness and dyspeptic symptoms, waxing and waning in intensity, not progressive but aggravated by food intake. The patient had partial relief in symptoms with proton pump inhibitors. There was no history of vomiting, constipation, any GI tract bleeding or jaundice. He did not have any constitutional symptoms. He had mild pallor and pedal edema He did not have lymphadenopathy. Abdominal examination

showed ill defined mobile lump in epigastrium. His investigations revealed hemoglobin 8.4 g/dl; total leucocyte count 9300 cells/cmm; platelets 2 lakhs cells/cmm; ESR 12 per 1st hr; serum albumin 2.1 g%; total protein 5.2 g%; ALT 14 IU/L; AST 24 IU/L; serum alkaline phosphatase 77 IU/L; conjugated bilirubin 0.4 mg %. His esoghago-gastro-duodenoscopy revealed a 2 x 1.5 cm ulcerated friable growth in the deformed pylorus from which biopsy was taken. The CECT abdomen revealed circumferential asymmetric growth in antro-pyloric region with extension into duodenum, with no evidence of ascites, lymphadenopathy and liver metastasis (Figure 1). Histopathology examination of the growth showed moderate to poorly differentiated adenocarcinoma. With the diagnosis of locally advanced gastric carcinoma exploratory laprotomy was done, however, the patient was found to have moderate ascites and the growth had infiltrated into D1, hepatoduodenal ligament, mesocolon and pancreas. Stomach wall was dilated and thickened. However, there was no evidence of liver metastasis or dissemination. Gastrojejunostomy was done and a feeding nasojejunal tube was placed. Initial post operative recovery was satisfactory; nasojejunal tube was removed on post operative day 6. Blood transfusion 2 units was given due to low haemoglobin, on post operative day 8 patient developed jaundice which was found to be transfusion related and subsided spontaneously. The patient had hiccups and abdominal fullness on oral intake. Ryle's tube was placed which showed high output 1000 – 2000 ml/day, bilious in nature. Upper GI endoscopy did not revealed any evidence of mechanical obstruction to gastrojejunal stroma. Patient was again allowed oral intake which he tolerated. On postoperative day 13 patient had haematemesis (coffee ground) with 3 episode of melana, may be from tumoural bleeding, he was managed conservatively with blood transfusions. Gradually, the oral intake improved and the patient was discharged. The option of chemotherapy was discussed with the patient and his care givers. In view of the nature of the disease and the small likelihood of response the patient did not consented for the same, instead he wanted to try a homeopathic cancer therapy called 'Psorinum' advocated by Dr. Ashim Chatterjee. This alternative therapy is a combination of homeopathic mother tinctures with conventional life support care. This approach is very popular among terminal cancer patient in Kolkata (Pal, 2002a).

One year after this incidence the patient reported in our out patient clinic for follow-up. On examination it was found that though there was no significant change in the gastric mass, but there was no evidence of ascites or lymphadenopathy. Liver, gall bladder, spleen, pancreas, both kidneys and adrenal appeared normal. There was a significant clinical improvement in the patient and he was able to lead a normal life. He did not stop smoking, but restricted his alcohol intake. He responded well to homeopathic medicines and did not have any adverse side effect. I followed the patients for another one year; and found that there was no remarkable deterioration in his clinical conditions. However, along with the homeopathic therapy the patient also took liver stimulants and vitamins, but no chemotherapy or any other kind of alternative therapy.

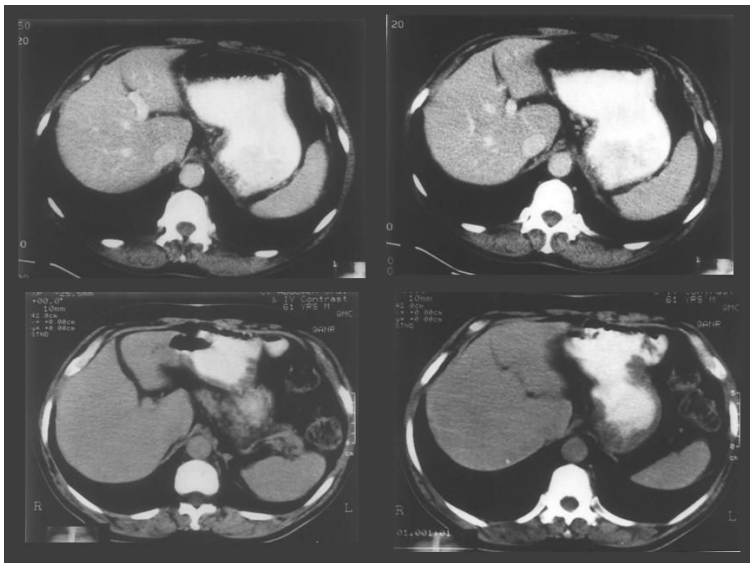

Figure 1: Abdominal CT Scan of the patients at presentation.

DISCUSSION

Cancer of the gastro-intestinal tract remains a major challenge to surgical, medical and radiation oncologists. Many of these tumors are not respectable at the time of presentation as a result palliative treatment is the only option. Of the million people who get cancer every year in India, the vast majority is incurable at the time of diagnosis (Jones, 1999). In hope to leave no stone unturned many terminal ill cancer patient turn to Alternative Cancer Therapy (ACT) for making last-ditch effort to fine cure. In this situation the patients become more susceptible to quackery, risk emotional distress, false hope, and wasted money. However, there are remarkable anecdotal reports of survival benefits in cancer patients treated with ACT which needs attention. The Psorinum therapy is one such alternative approach that has become quite popular among cancer patients due to its effectiveness in improving the quality of life, survival benefits and is associated with fewer side effects (Chatterjee *et al*., 2005). This therapy is based on *individual dosing* of homeopathic mother tinctures for each patient (Chatterjee *et al*., 2011). Complete regression of cancer with this alternative therapy has also been observed in many patients (Chatterjee and Biswas, 2012). I believe that the alternative homeopathic therapy may have been responsible for stabilizing the disease of the patient I described.

The increase popularity of CAM is now well documented. The use of CAM by the American public increased from 34% in 1990 to 42% in 1995 (Cassileth, 2002). In a survey by Morris *et al*., (2000), it was found that 75% of the breast cancer patients of USA used complementary modality to treat their cancer. CAM is immensely popular in Australia, Canada, China, and Europe especially in Germany (Pal, 2002b). The Users of CAM are young, of high social class, likely to be female, tend to be more health conscious and will spend out of pocket (Cassileth, 2002). However, it is difficult to accommodate the individualized orientation of CAM therapies to the standardization of clinical trials. Hence, evaluation of potential safe and efficacious nontoxic therapies is 'orphaned' as they are not patentable and cannot be integrated into main stream medicine. Evidence-based strategies to distinguish useful from useless interventions are now experimented.

Homeopathy had a prominent place in 19th century health care and has recently undergone a worldwide revival (Jones *et al*., 2003). Homeopathic medicines are very popular among patients with cancer in Europe (van der Weg and Streuli, 2003). On average 30% of referrals made to the Homeopathic Hospitals within the UK come directly from oncologists (Thompson and Reilly, 2002). The area of symptom management is one where homeopathy may offer a gentler holistic approach to alleviating symptom (Clover *et al*., 1995). There is also evidence from randomized controlled trials that homeopathy may be effective for the treatment of influenza, allergies, post operative ileus, and childhood diarrhea (Jones *et al*., 2003). Until homeopathy is better understood, it is important that physicians be open-minded about homeopathy's possible value and maintain communication with patients who use it.

Despite successful advances in the management of some cancer, half of all patients currently diagnosed with cancer will die of their disease within a few years (Higginson and Finlay, 2003). Cancer burden is also set to increase with the aging population and by 2020 this number is expected to increase to 20 million (Sansom and Mutuma, 2002). Perhaps disturbingly, 70% of people are thought to live in the developing world. We do not yet have an effective means for either primary or secondary prevention of most malignant visceral tumor types. Hence, most treatment approaches in adult cancer patients are 'palliative' directed to prevent and treat unnecessary suffering of these patients on their way to premature death (Senn, 2001). Until there is a dramatic improvement in cancer mortality using conventional treatment, CAM will continue to attract many cancer patients. With high propensity for late-stage diagnosis, and in situation when cure is no longer the realist objective, it is possible that CAM approaches like homeopathy may play an important role. Proper coordination between CAM provider and conventional clinicians are therefore required so that effective therapies are documented and can be offered to other patients. About 50% of the world's cancer burden is carried by developing countries that ironically have limited resources available to fight the disease. Evidence based CAM if integrated properly in to mainstream medicine may play an important role in palliative care in developing countries.

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REFERENCES

Cassileth, B.R. (2002). Complementary & alternative medicine. In: Kelsen, D. P., Daly, J. M., Levin, B., Kern, S.E. & Tepper, J.E. Gastrointestinal Oncology: Principles and practice (pp. 165-177). Philadelphia, Lippincott Williams and Wilkins.

Chatterjee, A., Biswas, J., Chaterjee, A. K., Bhattacharya, S., Mukhopadhyay, B. and Mandal, S. (2011). Psorinum therapy in treating stomach, gall bladder, pancreatic, and liver cancers: A prospective clinical study. Evidence *Based Complementary and Alternative Medicine,* 8, 1-7.

Chatterjee, A. and Biswas, J. A. (2012). Homeopathic approach to treat patients with advanced gallbladder, periampullary, and liver carcinomas: A report of 3 cases. *Journal of Alternative and Complementary Medicine,* 18(2), 180 – 186.

Chatterjee, A., Ganguly, S., Pal S. K., Chatterjee, A., Mukhopadyay, G. & Bhakta R. S. (2005). Attitudes of patients to alternative medicine for cancer treatment. *Asian Pacific Journal of Cancer Prevention,* 6, 125-129.

Clover, A., Last, P., Fisher, P., Wright, S. & Boyle, H. (1995). Complementary cancer therapy: a pilot study of patients, therapies and quality of life. *Complementary Therapies in Medicine*, 3, 129-133.

Higginson, I. J. and Finlay, I. G. (2003). Improving palliative care for cancer. *The Lancet Oncology*, 4, 73- 74.

Jones, S. B. (1999) Cancer in the developed world: a call to action. *BMJ*, 319 (7208), 505-509.

Jones, W. B., Kaptchuk, T. J. and Linde, K. (2003). A critical overview of homeopathy. *Annals of Internal Medicine*, 138(5), 393 -399.

Morris, K. T., Johnson, N., Homer, L. and Deb, W. (2000). A comparison of complementary therapy use between breast cancer patients and patients with other primary tumor sites. *The American Journal of Surgery*, 179(5), 407- 411.

Pal, S. K. (2002a) Use of alternative cancer medicine in India. *The Lancet Oncology*, 3, 394-395.

Pal, S. K. (2002b) Complementary and alternative medicine: An overview. *Current Science*, 82(5), 518 - 524.

Sansom, C. and Mutuma, G. (2002). Kenya faces cancer challenge, *The Lancet Oncology,* 3, 456-458.

Senn, H. J. (2001). Optimal comprehensive symptom control: an overall strategy. *European Journal of Cancer* , 37(Suppl 7), S261-S264.

Thompson, E. A. & Reilly, D. (2002). The homeopathic approach to symptom control in cancer patient: a prospective observational study. *Palliative Medicine,* 16(3), 227-233.

van der Weg, F. and Streuli, R. A. (2003). Use of alternative medicine by patients with cancer in a rural area of Switzerland. *Swiss Medical Weekly*, 133, 233-240.

Vicker, A.J. & Cassileth, B.R. (2001). Unconventional therapies for cancer and cancer-related symptoms. *The Lancet Oncology,* 2, 226-232.