

ORIGINAL RESEARCH

A Hospital Based Prospective Study Done on Palliative Care and Comprehensive Therapy in Terminally Ill Cancer Patients: An Review

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ABSTRACT

Background: Recently, homeopathy, the most popular system of therapy, is recognized as one of the components of complementary and alternative medicine (CAM) across the world. It is widely used as palliative and as supportive therapy in cancer patients. Limited studies were reported on patients using homeopathy after surgery, radiotherapy, and chemotherapy, generally for overcoming side effects. Therefore, homeopathic treatment is considered as an add-on to conventional therapy, with almost no interaction with the conventional drugs due to the small dose, and improves lives by providing symptomatic relief, increasing survival time and boosting patient immunity. The present review was conducted to highlight the homeopathic studies conducted on Palliative Care and Comprehensive Therapy in Terminally Ill Cancer Patients.

Keywords: Studies, Cancer, Homeopathy, Palliative

INTRODUCTION

Cancer is the second most frequent cause of death in developed countries according to a World Health Organization (WHO) report.¹ Even though non-surgical orthodox treatments can control or even cure cancer, many adverse effects limit their use.² Cancer patients therefore often turn towards complementary therapies, including homeopathy.² Homeopathy is “a therapeutic method of using preparations of substances whose effects when administered to healthy subjects correspond to the manifestation of the disorder in the individual patient”.³ The discipline was developed by Samuel Hahnemann (1755–1843) about 200 years ago.⁴ A recent European survey has shown that homeopathy is amongst the most commonly used complementary therapies for cancer in 7 out of 14 European countries.⁵ As a palliative or supportive treatment, homeopathy is used mainly to strengthen the body in its fight against cancer, to improve general well-being, and to alleviate pain resulting from disease or conventional treatments.^{2,3}

PALLIATIVE CARE AND COMPREHENSIVE THERAPY

Palliative care is a health care specialty that is both a philosophy of care and an organized, highly structured system for delivering care to persons with life-threatening or debilitating illness from diagnosis till death and then into bereavement care for the family. Palliative care improves health care quality in three domains: the relief of physical and emotional suffering; improvement and strengthening of the process of patient–physician communication and decision-making; and assurance of coordinated continuity of care across multiple healthcare settings—hospital, home, hospice, and long-term care. The WHO defined palliative care as “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual.”⁶

Cancer therapy is a holistic and comprehensive, long-term approach with close attention towards the overall health of the patient. This calls for an approach that understands the origin and factors associated with cancer and delivers a treatment plan that relieves all the aspects of pain associated with cancer. This modality is often called comprehensive oncology or cancer care. Comprehensive oncology is not an alternative to conventional therapy, usually understood as radiation, surgery and chemotherapy; but is all-encompassing.⁷ A hallmark of a comprehensive and multidisciplinary care — means that specialists from different medical disciplines collaborate to plan, evaluate and deliver cancer treatment.⁸

HOMEOPATHY AND CANCER

Homeopathy is controversial as no plausible mode of action has been identified for substances that are so highly diluted that they cannot be measured.⁹ Homeopathic remedies are believed to be most effective when they are selected to address a total set of symptoms and characteristics¹⁰ and in classical or individualized homeopathy, choice of remedies are based on the match of a patient’s particular symptoms with a remedy picture rather than conventional diagnosis.¹¹ Prescribing homeopathic substances is based on its proposed law of similar that suggests that “like cures like”.¹² In “classical homeopathy” single remedies are given to patients, whereas in “complex homeopathy” several homeopathic medicines are combined into one formula, where concentration tends to be below 24X and usually below 12X (the numbers indicate the dilution of the homeopathic remedy; that is, remedies are obtained by “decimal dilution”, one part substance to nine parts alcohol, and then labelled by the letter X or D).¹³ Cancer patients appear to have benefited from homeopathic interventions specifically for chemotherapy-induced stomatitis, radiodermatitis and general adverse events from radiotherapy. Breast cancer survivors, suffering from menopausal symptoms, experienced a general improvement on their quality of life.¹⁴

The enormous significance of palliative care in soft-tissue and skeletal tumors is that these essentially aggressive malignant tumors frequently recur despite multimodality treatment, even in the top sarcoma treatment facilities. Homeopathic medicines are recently being tried for the palliative treatment of bone tumors such as osteosarcoma and giant cell tumor of long bones and jaws. Examples of a few homeopathic drugs used for the most common and aggressive bone tumors, osteosarcoma are *Symphytum*, *Calcarea phosphorica*, and *Carcinosin*. These drugs have shown enormous healing of osteogenic tumors and thus are a great adjunct to conventional therapies used for osteosarcoma.

Traumatic tongue fibroma is a common reactive fibrous hyperplasia due to recurrent irritation or trauma. The conventional treatment includes a biopsy followed by surgery. However, a terminally ill patient who cannot undergo surgical intervention can be treated with homeopathy to provide comfortable palliative care. Homeopathic medications namely *Arnica*

Montana 200C, AcidNitric 1000C and Sulphur 200C are known to provide a complete remission of the lesion and hence is a good treatment option of end of life and palliative care.

STUDIES DONE ON PALLIATIVE CARE AND COMPREHENSIVE THERAPY IN TERMINALLY ILL CANCER PATIENTS

Kulkarni conducted an RCT in cancer patients to assess the effectiveness of homeopathy on the severity of radiotherapy-related side effects. Patients with different types of cancer were randomized into three parallel arms: placebo; cobaltum 30; and causticum 30 (types of dilution were not specified). These homeopathic remedies were selected because they mimic various symptoms of radiation reaction. All the patients were evaluated once a week according to an 18-point radiation reaction profile, and the average grading was calculated at the end of the study: 0–5 for minimal reaction; 6–10 for moderate but tolerable reaction; and >11 for severe degree of reaction. Reaction index was lower in both intervention groups compared to placebo (5 for homeopathic groups vs. 8.5 for placebo group). No significant differences in tumour reduction were observed in the study.¹⁵

Michael Frass et al did a prospective, randomized, placebo- controlled, double- blind, three-arm, multicenter, phase III study, evaluated the possible effects of additive homeopathic treatment compared with placebo in patients with stage IV NSCLC, with respect to QoL in the two randomized groups and survival time in all three groups. Treated patients visited the outpatients' centers every 9 weeks: 150 patients with stage IV NSCLC were included in the study; 98 received either individualized homeopathic remedies ($n = 51$) or placebo ($n = 47$) in a double- blinded fashion; and 52 control patients without any homeopathic treatment were observed for survival only. The constituents of the different homeopathic remedies were mainly of plant, mineral, or animal origin. The remedies were manufactured by stepwise dilution and succession, thereby preparing stable Good Manufacturing Practice grade formulations. Results showed that the QoL as well as functional and symptom scales showed significant improvement in the homeopathy group when compared with placebo after 9 and 18 weeks of homeopathic treatment ($p < .001$). Median survival time was significantly longer in the homeopathy group (435 days) versus placebo (257 days; $p = .010$) as well as versus control (228 days; $p < .001$). Survival rate in the homeopathy group differed significantly from placebo ($p = .020$) and from control ($p < .001$). The study concluded that QoL improved significantly in the homeopathy group compared with placebo. In addition, survival was significantly longer in the homeopathy group versus placebo and control. A higher QoL might have contributed to the prolonged survival. The study suggests that homeopathy positively influences not only QoL but also survival. Further studies including other tumor entities are warranted.¹⁶

Oberbaum tested the effectiveness of Traumeel S (TRS, New York, NY, U.S.A.) for chemotherapy-induced stomatitis after allogeneic or autologous stemcell transplantation. Patients ($n = 30$) were randomised to two groups: the Traumeel S oral rinse or a placebo rinse. Traumeel S contains arnica 2X, calendula 2X, millefolium 3X, chamomilla 3X, symphytum 6X, belladonna 2X ana 0.1 mL, aconitum 2X 0.06 mL, bellis perennis 2X 0.05 mL, hypericum 2X 0.03 mL, echinacea angustifolia 2X, echinacea purpurea 2X ana 0.025 mL, hamamelis 1X 0.01 mL, mercurius sol. 6X 0.05 g, and hepar sulfuris 6X 0.1 g (the "X" means decimal potency). Significant differences favouring the Traumeel S group were observed in terms of reduction in the severity or duration (or both) of stomatitis and in time to worsening of symptoms. Patients in that group showed a reduction in oral pain and discomfort, in dryness of mouth and tongue, in difficulty of swallowing, and in dysphagia.¹⁷

Rostock, M., et al conducted a prospective observational study with cancer patients in two differently treated cohorts: one cohort with patients under complementary homeopathic treatment (HG; $n = 259$), and one cohort with conventionally treated cancer patients (CG; $n =$

380). For a direct comparison, matched pairs with patients of the same tumour entity and comparable prognosis were to be formed.¹⁸ Main outcome parameter: change of quality of life (FACT-G, FACIT-Sp) after 3 months. Secondary outcome parameters: change of quality of life (FACT-G, FACIT-Sp) after a year, as well as impairment by fatigue (MFI) and by anxiety and depression (HADS). Results showed that HG: FACT-G, or FACIT-Sp, respectively improved statistically significantly in the first three months, from 75.6 (SD 14.6) to 81.1 (SD 16.9), or from 32.1 (SD 8.2) to 34.9 (SD 8.32), respectively. After 12 months, a further increase to 84.1 (SD 15.5) or 35.2 (SD 8.6) was found. Fatigue (MFI) decreased; anxiety and depression (HADS) did not change. CG: FACT-G remained constant in the first three months: 75.3 (SD 17.3) at t0, and 76.6 (SD 16.6) at t1. After 12 months, there was a slight increase to 78.9 (SD 18.1). FACIT-Sp scores improved significantly from t0 (31.0 - SD 8.9) to t1 (32.1 - SD 8.9) and declined again after a year (31.6 - SD 9.4). For fatigue, anxiety, and depression, no relevant changes were found. 120 patients of HG and 206 patients of CG met our criteria for matched-pairs selection. Due to large differences between the two patient populations, however, only 11 matched pairs could be formed. This is not sufficient for a comparative study. The study concluded that an improvement of quality of life as well as a tendency of fatigue symptoms decreased in cancer patients under complementary homeopathic treatment. It would take considerably larger samples to find matched pairs suitable for comparison in order to establish a definite causal relation between these effects and homeopathic treatment.

Balzarini investigated the effectiveness of homeopathic treatment for skin reactions during radiotherapy for breast cancer treatment. Patients were randomised into two groups receiving homeopathic remedies or placebo. Both groups also received a topical medication containing fluocortolone. Homeopathic treatment consisted of three granules of Belladonna 7cH (twice a day) and X-ray 15cH (once a day). The main outcomes measured in this study were: erythema; skin heat; cutaneous and subcutaneous oedema; and hyperpigmentation. Patients treated with homeopathy appeared to experience transient benefits. Less hyperpigmentation (P value at 5th week = 0.050) and decrease of skin heat (P value at 8th week = 0.011) were observed although these differences were no longer significant by the end of the 10-week follow up. Total severity score was positive in favour of homeopathic treatment during radiotherapy and recovery, but statistical significance for the difference was noticed only during recovery (P = 0.05). High frequency of oedema was observed in the intervention group, and statistical significance was reached at the 5th and 6th week (P = 0.025). Otherwise, adverse events were equally distributed between the two groups.¹⁹

CONCLUSION

Homeopathy is again gaining popularity among cancer patients. The observational data recorded from the studies suggests that homeopathy is effective against cancer. Randomized controlled trials are scarce. All of the existing RCTs are in the domain of palliative care and supportive care of cancer. This suggests that classical homeopathic care could complement conventional cancer care to the benefit of patients.

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