Role of Homoeopathic Medicines for improving The Quality-Of-Life in Cancer patients under Palliative care: A Literature Review

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Introduction: Global Cancer Observatory (GLOBOCAN) estimated 19.3 million new cancer cases worldwide in 2020. India is ranked third, trailing behind China and the United States of America. [1] According to the World Health Organization, cancer is the second most common cause of death in developed nations, 2003 (WHO) report. [2] [3] Neoplasia is defined as "new growth", it's an aberrant mass of growth that continues to expand even after stimuli have been removed. [4] Between benign and malignant tumors, there exist overlaps. The seven characteristics of cancer, stated by Hanahan and Weinberg, are as follows:

1) Self-sufficiency in growth signals,

2) Insensitivity to anti-growth signals,

3) Evading apoptosis,

4) Limitless replicative potential, telomerase, and telomeres.

5) Persistent angiogenesis;

6) invasion and metastasis of tissue; and

7) instability of the genome.

The traditional concept of cancer predicted that a "normal cell" would change into a "atypical or dysplastic" cell and eventually become an invasive or malignant cell. [3] The findings of numerous research showed that traditional treatment based on surgery, radiotherapy, and chemotherapy is frequently accompanied by unfavourable side effects. Chemotherapy side effects include bone marrow suppression, xerostomia, hair loss and thinning, infertility, nail changes, nausea, vomiting, menopause syndrome, and cognitive dysfunction or impairment. Radiodermatitis, telangiectasia, brachial plexopathy, nausea, and exhaustion are some of the unfavourable effects of radiotherapy.[5]

After receiving the diagnosis, many people are in a desperate state and try several cancer therapies. [6] The treatment of cancer requires a multifaceted strategy from several medical systems. [7] Cancer is typically treated with standard anti-malignancies medications. Despite the fact that conventional non-surgical treatments can treat and prevent cancer, their side effects restrict their use. In such circumstances,

cancer patients seek alternative treatments like homoeopathy. Nearly 30% of patients at homoeopathic institutions in the UK were referred by oncologists directly. [8] Over the past ten years, more people have started using complementary and alternative medicine (CAM), including herbal, vitamin, and nutritional supplements. Many patients use different CAM procedures in an effort to improve the results of treatment provided with conventional therapies. [9]

However, there are indications that people with chronic conditions like cancer use complementary and alternative medicine (CAM) and homeopathy more frequently. Homoeopathy is one of the most often used complementary and alternative cancer therapies in Europe, as opposed to the United States. According to reports, 12–24% of cancer patients make use of it. Additive homeopathic treatment for cancer patients has been shown in studies to improve health-related quality of life and relieve unpleasant medication effects.[10] The word "homoeopathy" comes from the Greek words "omoios" (similar) and "pathos" (suffering). This term reflects the core principle of homeopathy: "like cures like." This principle states that disorders with symptoms that resemble the symptoms generated by the remedies are treated with homoeopathic remedies after they have been evaluated on healthy volunteers to assess their effectiveness. In this way, homoeopathy is thought to stimulate the body's capacity for self-healing.[11]

In seven of the 14 European nations, homeopathy is among the most widely used complementary and alternative medicine treatments for cancer patients. Homoeopathy has long been very well-liked in both India and South America, and it is becoming more popular there as well. It was developed by German physician Samuel Hahnemann in the 18th century and is based on the Law of Similars and Individualization. It also uses a particular method of remedy preparation called stepwise dilution and potentization.[12]

Cancer patient's quality of life is a dynamic, multifaceted notion that refers to all elements of their lives and their demands, constantly reviewing the processes that keep the real world and the ideal world in balance at any given moment. The quality of life is a subjective concept that is largely influenced by each person's needs, beliefs, attitudes, and values. It is also a concept that evolves with time. Each person's response to the sickness is unique, and it is an unpleasant experience. Mental responses to the illness and the patient's requirements depend on personality factors and how well the patient comprehends their new circumstances. With time, disease progression, and therapy, the patient's mental state changes, and a positive outlook is crucial to the healing process. [13] The quality of life (QoL) may be improved by homeopathy by reducing the side effects of chemotherapy and radiotherapy. A prospective observational study that showed homeopathy had a favorable impact on QoL (as measured by the European Organisation for Research and Treatment of Cancer-Quality of Life Questionnaire-30 items) further supports the effectiveness of homeopathy as a supportive care strategy.[14]

Definition:

One defining feature of cancer is the rapid creation of abnormal cells that grow beyond their usual boundaries, and which can then invade adjoining parts of the body and spread to other

organs; the latter process is referred to as metastasis. Widespread metastases are the primary cause of death from cancer. [15]

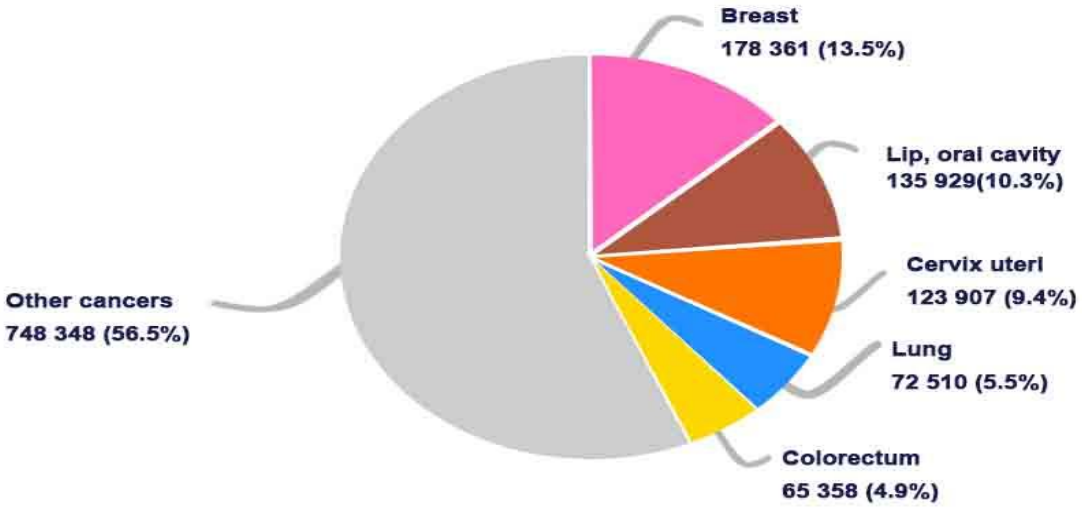
Epidemiology:

Cancer Statistics in India [16]

- Estimated number of people with cancer: around 2.7 million (2020)
- Every year, new cancer patients registered: 13.9 lakhs
- Cancer-related deaths: 8.5 lakhs

Cancers of oral cavity, stomach and lungs account for over 25% of cancer deaths in males and cancer of uterine cervix, breast and oral cavity account for 25% cancers in females. The top five cancers in men and women account for 47.2% of all cancers; these cancers can be prevented, screened for and/or detected early and treated at an early stage. This could significantly reduce the death rate from these cancers.

	MEN	**WOMEN**
1	LIP, ORAL CAVITY	BREAST
2	LUNG	CERVIX UTERI
3	STOMACH	OVARY
4	COLORECTAL	LIP, ORAL CAVITY
5	ESOPHAGUS	COLORECTAL



Causes [15]

In a multi-stage process that often goes from a pre-cancerous lesion to a malignant tumor, cancer develops when normal cells undergo a transition into tumor cells. These modifications are the outcome of interactions between a person's genetic factors and three different types of outside forces, such as:

- physical carcinogens, such as ultraviolet and ionizing radiation;
- chemical carcinogens, such as asbestos, components of tobacco smoke, alcohol, aflatoxin (a food contaminant), and arsenic (a drinking water contaminant); and
- biological carcinogens, such as infections from certain viruses, bacteria, or parasites.

Risk factors [15]**:**

Cancer and other noncommunicable illnesses are at risk from tobacco use, alcohol usage, poor diet, physical inactivity, and air pollution.

7.1 Environmental factors that predispose to cancer

Environmental aetiology	Processes	Diseases
Occupational exposure (see 'Radiation' below)	Dye and rubber manufacturing (aromatic amines) Asbestos mining, construction work, shipbuilding (asbestos) Vinyl chloride (PVC) manufacturing Petroleum industry (benzene)	Bladder cancer Lung cancer and mesothelioma Liver angiosarcoma Acute leukaemia
Chemicals	Cytotoxic chemotherapy (e.g. melphalan, cyclophosphamide)	Acute myeloid leukaemia
Cigarette smoking	Exposure to carcinogens from inhaled smoke	Lung, throat, oesophagus and bladder cancer
Viral infection	Epstein–Barr virus Human papillomavirus Hepatitis B and C viruses	Burkitt lymphoma and nasopharyngeal cancer Cervical cancer, anal cancer, oropharyngeal cancer Hepatocellular carcinoma
Bacterial infection	*Helicobacter pylori*	Gastric MALT lymphomas, gastric cancer
Parasitic infection	Liver fluke (*Opisthorchis sinensis*) Schistosoma haematobium	Cholangiocarcinoma Squamous cell bladder cancer
Dietary factors	Low-roughage/high-fat content diet High nitrosamine intake Aflatoxin from contamination of *Aspergillus flavus*	Colonic cancer Gastric cancer Hepatocellular cancer
Obesity	Reduced physical activity, increased insulin Increased oestrogen	Colon cancer Breast and endometrial cancer
Radiation	UV exposure Nuclear fallout following explosion (e.g. Hiroshima, Chernobyl) Diagnostic exposure (e.g. CT) Occupational exposure (e.g. beryllium and strontium mining) Therapeutic radiotherapy	Basal cell carcinoma Melanoma Non-melanocytic skin cancer Leukaemia Solid tumours, e.g. thyroid Cholangiocarcinoma following Thorotrast usage Lung cancer Medullary thyroid cancer Sarcoma
Inflammatory diseases	Ulcerative colitis	Colon cancer
Hormonal	Use of diethylstilbestrol Oestrogens	Vaginal cancer Endometrial cancer Breast cancer

(CT = computed tomography; MALT = mucosa-associated lymphoid tissue; UV = ultraviolet)

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Signs and symptoms:

7.9 Red flag symptoms of malignancy

Symptom	Typical site or possible tumour
Lump	Breast, lymph node (any site), testicle
Skin abnormality	Melanoma, basal cell carcinoma
Bleeding	Stomach, colon, lung, endometrium, bladder, kidney
Dysphagia, odynophagia	Oesophagus, bronchus, gastric, head and neck
Change in bowel habit	Colon, rectum, ovary
Cough, hoarseness, stridor	Lung, head and neck, thyroid
Bone pain or fracture	Bone (primary sarcoma, secondary metastasis from breast, prostate, bronchus, thyroid, kidney)
Abdominal swelling (ascites)	Ovary, stomach, pancreas
Unexplained weight loss, anorexia	Lung, gastrointestinal tract, CUP
Unexplained fatigue	Any

(CUP = cancer of unknown primary)

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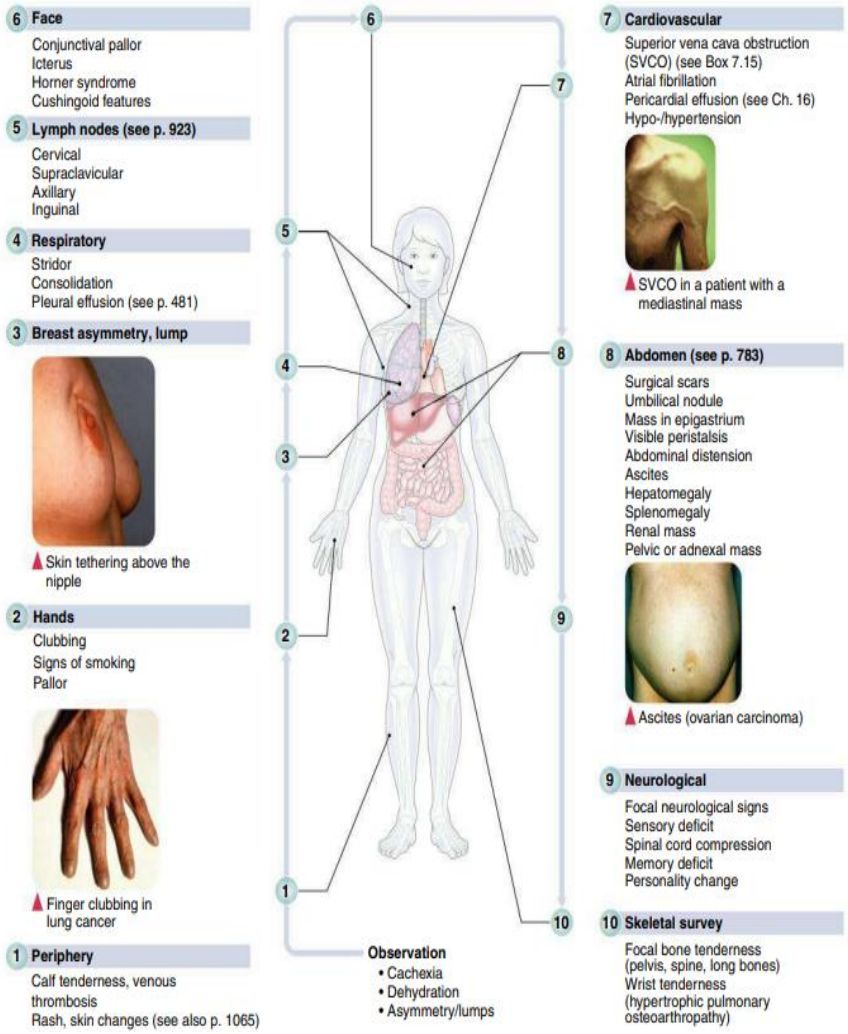
Clinical examination of the cancer patient



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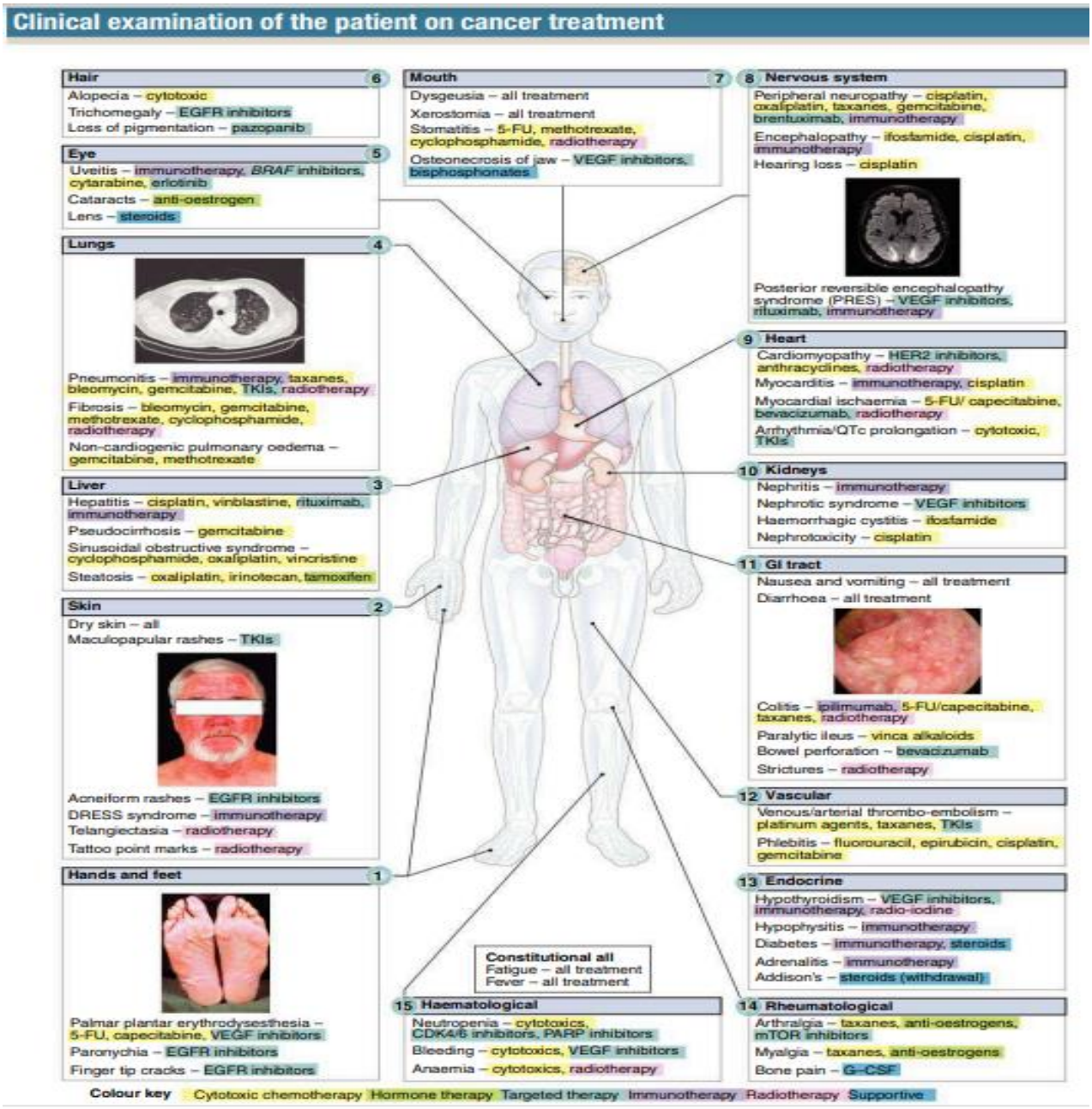

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Pathophysiology [18]

The fundamental abnormality resulting in the development of cancer is the continual unregulated proliferation of cancer cells. Rather than responding appropriately to the signals that control normal cell behaviour, cancer cells grow and divide in an uncontrolled manner, invading normal tissues and organs and eventually spreading throughout the body. The generalized loss of growth control exhibited by cancer

cells is the net result of accumulated abnormalities in multiple cell regulatory systems and is reflected in several aspects of cell behaviour that distinguish cancer cells from their normal counterparts.

Both benign and malignant tumors are classified according to the type of cell from which they arise. Most cancers fall into one of three main groups: carcinomas, sarcomas, and leukemias or lymphomas. Carcinomas, which include approximately 90% of human cancers, are malignancies of epithelial cells. Sarcomas, which are rare in humans, are solid tumors of connective tissues, such as muscle, bone, cartilage, and fibrous tissue. Leukemias and lymphomas, which account for approximately 8% of human malignancies, arise from the blood-forming cells and from cells of the immune system, respectively. Tumors are further classified according to tissue of origin (e.g., lung or breast carcinomas) and the type of cell involved. For example, fibrosarcomas arise from fibroblasts, and erythroid leukemias from precursors of erythrocytes (red blood cells).

Investigations [17]:

- The Extent of disease (staging):
  (early, localised/locally advanced/ metastatic disease)
  - Computed tomography
  - Ultrasound
  - Magnetic resonance imaging
  - Positron emission tomography
  - Biochemical markers
- The Type of cancer
  - Histopathology
  - Light microscopy
  - Immunohistochemistry
  - Molecular pathology
- The patient's fitness.
  (The Eastern Cooperative Oncology Group (ECOG) performance status (PS) scale)

Management approaches-

Conventional approach [17] -

Intent: Curative/Adjuvant/ Neo-adjuvant/ palliative

- Surgical treatment
- Radiotherapy
- Systemic Anti-cancer therapy
    - Cytotoxic Chemotherapy
    - Hormone therapy
    - Targeted therapy
    - Immunotherapy

Homoeopathic approach –

Aphorism § 171 to 186 – Organon of Medicine (Sixth edition)

LOCAL DISEASES- In non-venereal chronic disease, those, therefore, that arise from psora, we often require, in order to effect a cure, to give several antipsoric remedies in succession, every successive one being homoeopathically chosen in consonance with the group of symptoms remaining after completion of the action of the previous remedy.

Once the patient's individuality is established, homoeopathic materia medica is used to select medicine that is comparable to the patient as a whole. Homoeopathy can also be utilized to provide supportive or palliative care. Homoeopathy is utilized as a palliative and supportive strategy to develop general health and relieve pain and suffering caused by other orthodox treatments, such as in incurable cases, cases with advanced pathology, or those receiving chemotherapy - radiotherapy. Palliative medicinal treatment should be used in inoperable situations such as carcinoma of the liver, advanced cancer of the head of the pancreas, lungs, oesophagus, and so on. [19]

- Baryta iodatum Q- acts on the lymphatic system, increases leucocytosis. Indurated glands, especially tonsils and breasts, tumefaction of cervical glands and stunted growth. Tumours. [19] [20]
- Calendula officinalis Q external: its lotion is beneficial in cancerous ulcers.[19] [21]
- Carduus marianus is for rectal cancer. [19] [20]
- Hekla lava is a bone cancerous remedy. [19] [20]

- Hydrastis canadensis- it is indicated in cancer and precancerous states, before ulceration when pain is the principal symptom, scirrhous tumours. Developing in glandular tissue, tumours of breast ulcers and cancerous formations on skin, cancer of soft palate, cancer of last part of the intestine. It is also indicated when Arsenicum album fails in cancer with intense burning. [19] [20]

Tissue remedies in cancer and their indications. [19]

Conclusion: Although managing Cancer patients for improving quality of life may be challenge to treat, proper selection of remedy can lead to improve the quality of life. Further studies required to show the effectiveness of homoeopathic medicines in the same.

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