

Review

Integrative Cancer Therapy with Special Focus on Add-On Homeopathy: The Experience at Lienz Hospital

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Abstract

The first part of this position paper focuses on the debate about the scientific status of homeopathy and presents some answers. The scientific debate however, does not represent the available scientific evidence, which actually supports our limited data. Thus, it seems important and we aim to present how homeopathy can be part of an integrated concept in cancer care and how this is approved by randomized controlled trials. We present some arguments which were helpful to us in the discussion with oncologists that do not practice homeopathy.

In the second part, we report briefly on our limited experience with an ongoing homeopathic oncologic multicenter trial and finally present in brief our integrated concept of treating oncologic patients. In this part, the challenges of integrating homeopathy into a conventional cancer treatment concept are highlighted. Our institution considers homeopathy one of several complementary measures which can be used in addition to modern evidence-based oncological treatment.



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Keywords

Cancer; complementary medicine; homeopathy

1. Introduction

When conventional medical practitioners search for the integration of complementary medicine in their clinical routine they will – in the case of homeopathy – be confronted with the following statements which call for suitable rebuttal:

- Homeopathy is an esoteric system – if it can be considered a system at all.
- If any curative effects occur, these may be regarded as a placebo effect; the “mysticism” of homeopathy and the intensive attention given to the patients enhances the placebo effect.
- There is no scientific data to confirm the effect of homeopathy.
- Homeopaths do not adhere to scientific rules or the rules of evidence-based medicine (EbM).
- Complementary therapies like homeopathy are dangerous because they prevent patients from seeking more effective therapy.

In the last few years, homeopathy has become the cynosure of significant criticism in various countries (especially England, Sweden, Japan, Australia, Germany, and Austria). On the other hand, its popularity among patients is unbroken, in fact even stronger [1]. There have been efforts in our country to establish homeopathy as a reimbursable service.

Edzard Ernst from Exeter, a former researcher in the field of complementary medicine, says the following about so-called alternative medicine (including homeopathy): “Alternative medicine can be fatal. Many methods are ineffective or dangerous. The therapists are a diabolical mixture of fundamentalism and profiteering.”

We feel that homeopathy is now undergoing a difficult time, especially in the emotionally charged field of oncology, which is currently marked by dynamic scientific activity. Under these circumstances, the integration of an alternative or complementary treatment procedure might be even more difficult.

2. Science in Homeopathy

A summary of evidence on homeopathy was recorded in writing by the Scientific Society of Homeopathy in May 2016 [2], and is generally accessible to one and all (www.wisshom.de).

The current state of the art has been presented, evaluated critically, and perspectives of future research have been listed. Positive [3] and negative [4] meta-analyses, which have been extended by an information paper of the Australian National Health and Medical Research Council [5](9), are discussed herein.

It may be concluded that the body of scientific data on homeopathy is far better than has been reported or assumed by its adversaries [3, 6-10].

The placebo theory of homeopathy is old and is corroborated especially by the fact that the excessive attention given by homeopaths to their patients (because of the detailed medical history taking including modalities and accompanying symptoms) triggers a very marked placebo effect. Thomas Nuhn has investigated the placebo effect of homeopathic and conventional studies

(summarized in 25 clusters of studies), and concluded that the placebo effect in homeopathic studies is by no means significantly greater than it is in conventional studies. It should be noted that only studies with a higher scientific grading (Jadad score of 3-5) were included in this analysis [11].

In this perspective, many critics can be regarded as “representatives of the pure doctrine,” who refer to the supposedly negative literature and frequently behave in an unscientific manner as persons subject to the “missing knowledge bias” or those arguing from ignorance.

However, this view is an attempt to divert attention from the existing significant deficiencies in fundamental research as well as clinical research in homeopathy. It will be essential to design and perform controlled studies founded on evidence-based medicine (EbM) with large patient numbers.

The currently ongoing multicenter study about homeopathy as add-on therapy in patients with stage IV non-small-cell lung cancer, being conducted at several centers including two hospitals in Vienna, one in Linz and the hospital in Lienz, is one example of such a study. In the following section, we discuss the feasibility of such studies in a regular clinical oncological setting.

3. How Does Homeopathy Work?

According to Hahnemann’s theory, homeopathic agents strengthen a person’s vital energy and enhance his/her immune defense. This is a philosophical model of explanation rather than a statement based on solid biochemical or molecular-biology-based data, and does not fit well into the prevailing mode of scientific thought. Nevertheless, we have some in vitro studies that prove the impact of homeopathy on proteins that regulate the cell cycle [12]. We do not know whether these conclusions are sufficient to integrate homeopathy into the current explanatory model about the function of curative agents. Whether quantum physics or conclusions about nanoparticles in medicinal substances will be helpful to understand homeopathy is also currently unknown.

The existing body of data must be expanded and confirmed by performing more intensive fundamental research in homeopathy. The fact that in vitro effects have been observed is a further argument against the above mentioned placebo theory.

The frequent counter-arguments voiced by homeopaths as their response to the postulated absence of studies or existing studies with methodological defects is that, in homeopathy, it is difficult to perform investigations with a conventional study design, such as a prospective randomized placebo-controlled setting. However, the fact that this argument is untenable has been proven by a number of successfully executed studies and currently ongoing investigations [3, 6-10].

Inconsistencies in the scientific field of EbM (evidence-based medicine) are also worthy of mention; these raise justified doubts about the validity of the so-called pure doctrine. In fact, 50% of negative studies have not been published yet (publication bias) [13]. Furthermore, varying degrees of data abuse is by no means a rare phenomenon [13, 14]. Studies supported by the pharmaceutical industry confirm the study hypothesis to a much greater extent than those funded by the public sector [15, 16].

In a series of articles published in the *Lancet*, it was stated in 2014 that 85% of biomedical research is not reproducible [17].

In clinical studies, risk reductions of 30%, although highly significant, may be of no clinical significance - especially when a treatment is associated with a high side effect potential and high costs. The p-value depends on the effect size, the selection of the statistical test, the variability of the endpoint, and the sample size. Therefore, statistical significance does not permit the investigator or reader to draw immediate conclusions about the relevance of the effect [18, 19].

4. Challenges in the Homeopathic Treatment of Cancer Patients

The following statements are based on the experience and therapy regimens of homeopaths working in the field, some of whom have treated and documented hundreds of patients carefully (especially Spinedi, Wurster, Paarek, Ramakrishnan, Bagot, and Frass).

Nevertheless, a standard regimen does not exist. Constitutional remedies are supplemented to an increasing extent by organotropic cancer agents, agents to combat side effects, and palliative agents. Quite often these agents are combined. This approach contradicts the rules of traditional homeopathy, but is being adopted to an increasing extent by nearly all renowned homeopaths who treat cancer patients.

Further challenges result from the fact that miasmatic symptoms tend to mask the symptoms of cancer. Even the side effects of conventional oncological treatment and blockades caused by conventional treatment result in a symptom mix composed of several layers which cannot be easily differentiated.

A uniform dose regimen also does not exist internationally. C potencies, D potencies, and original mother tinctures are accompanied by the use of Q potencies as well.

Potencies, doses, and the choice of beneficial combinations are left to the discretion and experience of the homeopath. The homeopath's frequent rejection or underestimation of the unmistakable advances made in conventional medicine is an additional problem. It results in conflict situations, which in turn aggravate the homeopath's confrontation with evidence-based medicine. Such confrontations are entirely unnecessary and do not, by any means, promote the cause of medicine.

Based on our limited experience we conclude that, ideally, so-called cancer medications should be consistent with constitutional agents (e.g. lycopodium and carnosin for non-small-cell lung cancer, pulsatilla and conium for breast cancer in women).

Furthermore, the strategies can be selected best in the absence of miasmatic blockades or relevant side effects of chemotherapy, radiotherapy or other targeted treatments (which is rarely the case).

We adhere to the following concept: First treat the side effects, then treat the tumor, and finally the constitution as long-term therapy; initially in rising Q potencies and later (maintenance therapy) in high-dosed C potencies.

5. Experiences Derived from an Ongoing Clinical Study

As mentioned earlier, a multicenter study on stage IV non-small-cell lung cancer has been in progress for about three years now. Mutations with a favorable prognostic effect (EMLA4-ALK/ROS1 translocation, EGFR mutation) have been excluded from the investigation.

Approximately 100 patients have been included in the study. Most of our patients received platin based chemotherapy often combined with pemetrexed. In our patient setting, only a few

patients received immunotherapy, all of whom as a second or third line therapy. Therefore our experience with this new generation of anticancer drugs is not big enough to report on that in more detail.

The most often used homeopathic remedies were Carcinosinum, Lycopodium, Lachesis, Natrium muriaticum and Phosphor. Most remedies were provided with increasing Q-potencies. All patients received Nux vomica C 30 as an antiemetic prophylaxis.

The execution of the study is very simple: the recruitment and randomization of patients are largely similar to those of conventional studies. The primary endpoint of the study is quality of life and the secondary endpoint, the prolongation of life.

The majority of the patients are happy to contribute in some way to their cancer treatment. While taking the study treatment, a handful of patients reported late or did not attend their scheduled visits to change their medication or register their quality of life (with the EORTC questionnaire, a study questionnaire, and the SF36 questionnaire).

Their adherence is somewhat poorer than that of patients who seek complementary cancer therapy on their own. However, it would be quite natural for patients being offered complementary therapy to react in a different way from those seeking such treatment on their own.

More details will be presented by the principal investigator elsewhere. The study has now been finished; data will be presented in the upcoming months.

It will be interesting to observe the type of data the study will generate and whether it will confirm the numerous case documentations of cancer patients being given additional homeopathic treatment. The data concerning improved quality of life registered in a large randomized oncological study including adjuvant homeopathic therapy, performed at one of the participating study centers, are definitely encouraging [10].

6. Integrated Concept of Complementary-Medicine-Based Structures

We believe that several methods of complementary medicine offer good chances of helping patients undergoing modern evidence-based cancer therapy.

This is based on mind-body medicine, which primarily includes aspects of psycho-oncology, physiotherapy, occupational therapy, exercise and diet. The major pillars, we believe, are homeopathy, mistletoe therapy, and certain orthomolecular treatments (especially the use of radical catchers such as selenium, beta-carotene, vitamin E, vitamin C – partly in high doses).

Additionally, phytotherapy (such as boswellia, ginger, cannabis, turmeric, phytoestrogens), vitamin D, omega-3 fatty acids, treatments for dyssymbiosis (probiotics), certain elements of TCM, especially acupuncture, Qi-Gong, and the five-element diet are used. Finally, medicinal mushrooms (reishi, shiitake, maitake) are also integrated into the therapy concept.

In every cancer case the patient's treatment should be aligned to his/her individual symptoms, needs, expectations, and financial resources.

Overpriced strategies based on scarce experience and data should be avoided. Given that only a small number of complementary therapies are reimbursed by our social insurance agencies, the large majority of treatments remain inaccessible to a significant number of patients. Thus, additive homeopathy rewards more attention and should be investigated further.

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Author Contributions

Peter Lechleitner performed data collection, analysis and interpretation of data, drafted and revised the paper

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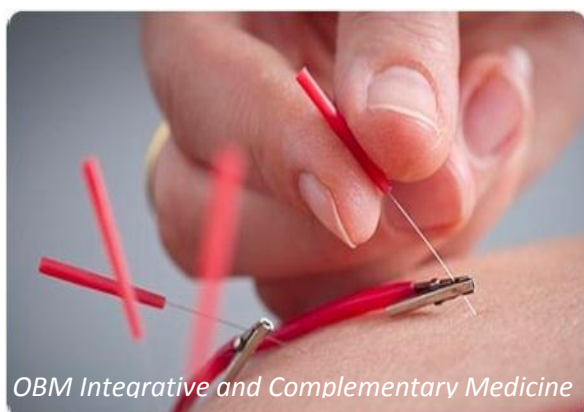
Competing Interests

None declared

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