

Editorial

Application of additive homeopathy in cancer patients

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Abstract:

Oncology patients often suffer from the side-effects of conventional therapy, such as chemotherapy, radiation and/or surgery. Additive complementary medicine, such as homeopathy might be beneficial in the support of these patients. Several case reports as well as some studies have suggested the beneficial effects of homeopathy in cancer patients. Furthermore, homeopathy may also be helpful in improving quality of life (QoL). Homeopathic remedies also offer the advantage that they can be combined with a variety of conventional medicines without interference. The ease of application makes homeopathy a perfect tool for those with severe side-effects due to conventional anticancer therapy. In addition, this approach may have a positive influence on the mood and psychology of patients. This article focuses on the background of homeopathic research in the field of cancer.



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Keywords

Cancer; homeopathy; additive homeopathy; conventional medicine; global health status; subjective well-being; quality of life; landmarks; survival

Complementary and Alternative Medicine (CAM) and especially add-on homeopathy is increasingly being used by a large proportion of cancer patients.[1, 2] The value of homeopathy is in the alleviation of the side-effects of chemotherapy, immunotherapy, radiation, and surgery; the cure or alleviation of secondary diseases; restoration of physiological functions; blockade release; and improvements in quality of life (QoL) and subjective well-being. QoL, subjective well-being, nausea and vomiting, pain, loss of appetite, dyspnea, fatigue, sleep disorders, constipation, and diarrhea are the most often reported reasons for the use of CAMs.[3] However, oncologists are often unfamiliar with the most commonly used CAM methods. [4] The quality of communication between healthcare professionals is a key issue determining health outcomes in cancer care. Spiegel et al. [4] investigated the importance attached to information exchange between hospital-based doctors and their general practitioners (GPs) by cancer patients in Austria and how the flow of information is perceived by these patients. In this cross-sectional study, cancer patients seeking help from a community-based organization in the voluntary sector (Viennese Cancer League) were surveyed using a 16-item questionnaire. Of the 272 respondents, 92.6% considered the exchange of information between the hospital-based specialists and their GP 'very important' or 'important'. A further 28.1% of the patients considered the flow of information to be 'very good' or 'fairly good', while 50.9% regarded the communication as 'rather poor' or 'poor'. Some 34.8% of patients thought that their cancer was first suspected by a hospital-based specialist, while 42.1% thought that it was first suspected by a doctor outside the hospital. Even when patients were counselled elsewhere, they placed high importance on the provision of appropriate information to their GP. In conclusion, cancer patients in Austria were found to attach high importance to the provision of appropriate information to their GP by hospitals and to perceive this exchange of information as insufficient, a finding that could well be prevalent in other European health systems.[4]

The same group investigated how patients perceived the disclosure of news about their cancer in terms of counseling by the physician and how they perceived the flow of information between hospital-based and family physicians.[5] A total of 272 cancer patients were polled using a 16-item questionnaire, with a 92.6% response rate. Among the respondents, 37.7% stated that the news of their cancer was presented to them 'very empathically' or 'empathically', while 62.3% stated that it was presented to them 'not so empathically' or 'not at all empathically'. When patients had been counseled by family physicians they were more likely to state that the news had been broken 'very empathically' or 'empathically' compared with the patients counseled by hospital-oncologists or self-employed specialists (81.8% vs. 41.2% vs. 41.2%; $P = 0.001$). Significantly more patients thought that they had been given adequate opportunity to ask the questions they considered important when counseled by a family physician (81.8%) as compared to counseling by a hospital-oncologist (43.5%; $P = 0.002$), or a self-employed specialist (44.3%; $P = 0.001$). Among the respondents, 56.8% preferred to discuss the suggested cancer therapies with an oncologist. Furthermore, 87.5% of patients considered the exchange of information between the hospital-

based specialists and their family physician 'very important' or 'important', although more than half of all patients stated that this exchange of information was 'rather poor' or 'poor'. The authors summarized that oncologists should involve family physicians in disclosing bad news to patients. [5] These findings indicate that there are considerable deficiencies regarding information-exchange in cancer care in Austria.

Henderson and Donatelle evaluated post-breast cancer treatment health behaviors with regard to the use of complementary and alternative therapies[6] by surveying participants on their use of 15 CAM therapies. To determine the relative importance of the hypothesized predictor variables, standard logistic regression was performed with CAM as the dependent variable. Two-thirds of women in this study received conventional treatment for breast cancer combined with one or more CAM therapies, which, they believed, could prevent cancer recurrence and/or improve their QoL. CAM use did not reflect negative attitudes towards conventional medical care, but rather a propensity for self-care in the optimization of their health and well-being.[6] The good cooperation with doctors of conventional medicine came as a surprise to us; however, it is made clear that cancer patients using CAM do not interrupt their conventional treatment.

Therefore, it made sense to evaluate the effectiveness of additive classical homeopathy in cancer patients.

The aim of our study 3 was to evaluate a possible influence of homeopathy on global health status and subjective well-being when used as an add-on to conventional cancer therapy. In this pragmatic open randomized controlled trial, 410 patients treated with standard anti-cancer therapy were randomized to receive or not to receive classical homeopathic add-on therapy. The study was performed at the Medical University of Vienna, Department of Medicine I, Clinical Division of Oncology (Austria). The main outcome measures were global health status and subjective well-being as assessed by the patients. At each of three visits (one baseline and two follow-up visits), patients completed two different questionnaires. In total, 373 patients responded to at least one of the three surveys. The improvement of global health status between their first and third visits was significantly stronger in the homeopathy group ($P = 0.005$) compared with that in the control group. Compared to the control group, there was also a significant improvement in subjective well-being in the homeopathic add-on therapy group ($P < 0.001$). Control patients showed a significant improvement only in subjective well-being between their first and third visits. Despite the limitation that it was an open study, these results suggest that the global health status and subjective well-being of cancer patients improve significantly when add-on classical homeopathic treatment is administered.

In a short communication, [7] Gleiss et al. presented a re-analysis of homeopathic patient data in comparison to control patient data from the same Outpatient's "Homeopathy in malignant diseases" Unit of the Medical University of Vienna. In this analysis, we took account of a probable immortal time bias. For patients suffering from advanced cancer and surviving the first 6 or 12 months after diagnosis, the results showed a significant advantage in survival time associated with the use homeopathy compared with that of the control patients ($P < 0.001$). Bearing in mind all limitations, the results of this retrospective study suggest that patients with advanced cancer might benefit from additional homeopathic treatment when administered up to a survival time of a maximum of 12 months after diagnosis.

Three major conclusions can be drawn from the results of these studies. First, a large number of cancer patients receive CAM (especially homeopathy); second, global health status and subjective well-being improved significantly in the pragmatic trial; and third, there are hints that homeopathy might also have a positive influence on survival, which might be due to the enhanced QoL.

Nevertheless, a number of obstacles remain to be surmounted to perform more homeopathic studies. Numerous prerequisites must be fulfilled prior to performing studies of conventional medicine in cancer patients and these are even more demanding for studies of CAM, including homeopathy, in this patient population. This is because such studies can only be undertaken in universities or academic centers. However, the practice of homeopathy is not usually accepted in universities. Therefore, personal, financial and spatial resources would be required to conduct a study. Finally, a cooperative climate between conventional and homeopathic doctors is needed; without this open-minded climate it is impossible to recruit patients.

In contrast to common belief among the scientific community, case reports are as important as studies due to the individualized and complex approach in CAM and especially, in homeopathy. Therefore, we present a number of case reports to highlight the positive effects of homeopathy.

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Competing Interests

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