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Introduction

The medical management of cancer patients throughout the world has improved in the last ten years and taken on a whole new dimension for the benefit of patients. It significantly humanises the treatment and puts the relationship between doctor and patient on a more equal footing.

First French Cancer Plan

It makes it possible to access all information, which might help the sick person understand their treatment and their illness, *“so that patients who so wish can be involved in their fight against the disease”*. A real revolution has begun. The patient is really the central concern of the system of care, which has to ***“provide patient support to the whole person, beyond technical protocols, through the development of complementary and palliative care”*** [Cancer Plan 2003-2007]. We have been particularly interested in these two notions of wholeness and complementary care, since they are part of homeopathic care as practised for over two centuries...

Supportive care*

Meanwhile, the concept of “supportive care” originally devised in the United States at the turn of the century, arrived in Europe and has gradually been accepted in the oncology community. Supportive care can be defined as ***“all necessary care and support to patients alongside specific treatments, when they exist, throughout a serious illness”*** [Krakowski et al. 2004].

To summarise and simplify, “supportive care” involves all the care the patient may need to treat the side effects caused both by the development of the disease and by treatments with curative intent that will be prescribed within a holistic approach to the patient with a view to enhancing his quality of life [Dauchy S. 2005].

A homeopath in oncology!

While I was studying oncology at the Alexis Vautrin Centre for cancer treatment in Nancy, France and then at the Institut Gustave Roussy in Villejuif near Paris, I soon realised the role homeopathy could play in supportive care and the benefit it could bring patients if integrated within Cancer Centres.

But where and how, that was the question! Everything would have to be organised from scratch. The stakes were high but the results went beyond my expectations. It all happened fairly quickly. In 2006, shortly after I graduated, Professor Jean-Philippe Brettes invited me to join the **senology department at the University Hospitals of Strasbourg, France** in order to run the first homeopathic supportive care clinic.

A tremendous group dynamic

At the same time, Jean-Philippe Wagner, a radio oncologist and an ardent proponent of integrative medicine, invited me to join the dynamic team at Strasbourg Liberal Oncology Clinic at Sainte-Anne's hospital. My presence at the point of treatment enabled me to better understand patients' needs and to respond quickly in case of side effects. Discussions and constant conversations with other caregivers led to a truly holistic approach in patient care and developed my understanding of their practical needs during treatment. Still under the leadership of JP Wagner, we created the association "**Cathy's smile**" to develop supportive care and make it accessible to all. Gradually, a synergy took place in Strasbourg. A real "school" of supportive care was created around a group of professionals who met regularly within the local cancer network.

A homeopath in palliative care

In 2010, I joined the **palliative care team of All Saints hospital** at the instigation of Véronique Vignon, an innovative and enthusiastic figure in palliative care in Strasbourg. The practice of homeopathy in this department was non-existent as very few studies existed on the subject. It had to be created from nothing. We were surprised at the positive response of health care workers and at the demand of patients for homeopathy. In palliative care, *even* more than elsewhere, the whole patient is taken into account in his every dimension: physical, mental, spiritual, social, artistic... Homeopathy logically had a role to play.

An ongoing experiment

With nearly four thousand homeopathy consultations per year in supportive care, my experience rapidly grew, the therapeutic indications were verified and the choice of medicines improved which led to better

outcomes. From the beginning, homeopathy seemed to perfectly meet the expectations of patients and of my colleagues. It complements the other skills in a process of care and support of the person, without the risk of side effects or interaction with other treatments.

In the light of this experience, I will suggest throughout this book that you discover the possibilities and specific therapeutic indications for homeopathy in cancer.

I will also discuss the various homeopathic treatments required at diagnosis, surgery, chemotherapy, targeted therapy, radiotherapy, hormonal therapy and post-treatment stages. I will then consider the management of pain, fatigue and palliative care. There is also a ground-breaking section dealing with hetero-isotherapy of chemotherapies.

I chose to use the term “medicine” rather than the more traditional term “remedy” because in France since 1965 homeopathic products are recognised by the French pharmacopoeia as medicine and manufactured in the same conditions.

In order to simplify matters in this practical guide, I shall use the most commonly available potency formulations (remedy dosage forms): the pill form (take 3 pills at a time), the granule form (take about 8 at a time), the tablet form (take one at a time) or the oral liquid form (take 10 drops at a time). What matters is not so much the presentation as the medicine itself but to keep them in your mouth for at least 30 seconds and allow them to dissolve under your tongue. In the same way if you don't easily find a 12C dilution you can use a 30C instead.

For more information, see the last chapter “How to use homeopathy”.



WARNING

Homeopathy is not a cure for cancer!

On no account should homeopathic medicines be taken instead of the anti-cancer treatments prescribed by oncologists.

However, homeopathy can support and improve the general well-being of patients during cancer treatment while at the same time reducing its side effects.

There is no parallel or alternative medicine in oncology. Homeopathy in cancer care is always a complementary treatment.

If a symptom persists in spite of a homeopathic remedy, do consult your doctor.

The therapeutic indications given in this book should NEVER replace consulting a doctor when needed, or following the treatment he might prescribe.



Neurological Disorders (Nervous Disorders)

Peripheral Neuropathy* (Tingling of the Extremities)

Some chemotherapies are neurotoxic, and we must make every effort to try to prevent neurological damage before it gets established permanently. Oxaliplatin (Eloxatin®) causes peripheral sensory neuropathy that begins within hours after the infusion in 100% of patients, characterized by tingling with or without cramps and triggered by the slightest contact with the cold. In 90% of cases it disappears in the year following discontinuation of the drug. Other platinum salts (cisplatin and carboplatin), taxanes: paclitaxel and docetaxel (Taxol® and Taxotere®), vincristine and a monoclonal antibody: erlotinib (Velcade®), can also be responsible for peripheral neuropathies.

Avoid anything that can compress the affected areas (compression stockings, shoes which are too tight, massages...) because pressure on nerves makes the pain worse. Vitamin B1 and B6, magnesium and L-carnitine may prevent some symptoms and are sometimes prescribed by the oncologist. Gabapentin (Neurontin®) and pregabalin (Lyrica®) reduces pain, but can cause side effects. Homeopathic treatment will be especially active at the onset of symptoms, hence the importance of starting it from the first sessions of chemotherapy.

As a preventive measure

NERVUS MEDIANUS: organotherapy remarkably effective **in protecting nervous tissue.** In 7X, 10 drops two to three times a day, starting the day of chemotherapy treatment and for another three to five days, until tingling disappears.

OXALICUM ACIDUM: prevents peripheral neuropathy **due to oxaliplatin**. In 6C, three pills a day starting the day after chemotherapy for 3 to 5 days.

CUPRUM METALLICUM: for **spasmodic jaw and neck pain** aggravated by cold, giving the impression of being unable to chew or swallow. In 30C, 3 pills once or twice per day.

**Typical prescription:
prevention of neuropathies from Day 1 to Day 5
after each neurotoxic chemotherapy**

	morning	noon	evening
NERVUS MEDIANUS 7X	10 drops	10 drops	10 drops

When there is tingling

ARSENICUM ALBUM: indicated in **progressive ascending paralysis of the hands and feet**, preceded by numbness and tingling. The extremities are cold and deep tendon reflexes are diminished and abolished. Muscles are weakened and cramps are common especially at night in bed. All symptoms are aggravated by cold. In 12C, one to two times per day, or ten pills twice a week in 30C.

RHUS TOXICODENDRON: tingling of the extremities aggravated by cold. **Numbness of fingers when grabbing something.** Even fresh air is felt as painful. In 6C, 3 pills, two to three times per day.

PETROLEUM: sharp pains in the fingertips, **accompanied by cracks, worse in winter** and in cold condition. In 6C, 3 pills, two to three times per day.

SECALE CORNUTUM: numbness and tingling of the extremities **aggravated by heat.** Loss of feeling in fingers and toes, which feel as if they were wooden. In 6C, 3 pills, two to three times per day.

ZINCUM METALLICUM: uncontrollable movement of the lower limbs, due to a **feeling of restlessness in the legs.** When lying down the restless leg syndrome prevents the patient from sleeping. He needs to stretch his muscles. Tremors, jumps, contractures and muscle spasms. Tingling and a feeling of insects creeping under the skin. In 6C or 12C, 3 pills, twice a day.

Typical prescription: tingling of the extremities

Tingling	morning	noon	evening	at bedtime
NERVUS 7X	10 drops		10 drops	
ARSENICUM ALBUM, 12 C		3 pills		
ZINCUM METALLICUM 12C				3 pills

When there is pain

HYPERICUM PERFORATUM: acute, stabbing, tearing, unbearable pain of the nerve endings. The pain following a traumatised nerve pathway. The pain travels from the extremities to the base of the limbs and follows the nerve pathways. In 30C, 3 pills, 2 to 3 times per day.

ACONITUM NAPELLUS: neuralgia of recent onset, by exposure to dry cold. Paraesthesia, tingling, then a feeling of numbness after the crisis. Aggravations: in the evening and around midnight. In 12C, 2 to 3 times per day.

MEZEREUM: burning neuralgia made worse by cold and damp. In 12C, 3 pills, 3 times a day.

RANUNCULUS BULBOSUS: burning neuralgic pains aggravated by the slightest touch. In 12C, 3 pills, 3 times a day.

Typical prescription: when there is nerve pain

Nerve pain	morning	noon	evening	at bedtime
NERVUS 7X	10 drops		10 drops	
HYPERICUM 30C		3 pills		3 pills

To stimulate the healing of nerves

SELENIUM 6C, CHROMIUM 3C, ZINCUM METALLICUM 6C, CALCAREA CARBONICA 6C and **NERVUS 7X**. Two pills of each tube, morning and evening, for several weeks. Fabio de Almeida Bolognani, a homeopathic physician from Rio de Janeiro and a specialist in the treatment of neurological diseases, proposes using a combination of these 5 drugs to promote regrowth of the myelin sheath* and reduce tingling once the lesions are established. **It takes several months of treatment to achieve healing once neuropathy is established.**

THALLIUM SULPHURICUM: this is an **excellent medicine to recover from chemotherapy treatments**, which helps those who suffer from peripheral neuropathy, stimulates hair growth and improves the general condition of the patient. In 6C, 3 pills, twice a day.

Dizziness

It has multiple causes in oncology: anaemia, tiredness, blood pressure problems, neurological trouble of the inner ear caused by chemotherapy (cisplatin). If it persists, consult an E.N.T specialist or talk to your oncologist who may prescribe a scan. In the meantime, you can use:

COCCULUS: **dizziness with or without nausea**, fatigue. In 12C, 3 pills several times a day when suffering from an attack of dizziness.

BRYONIA: vertigo **at the slightest movement**. In 6C, 3 pills several times a day during the attack.

CHENOPODIUM: dizziness associated with hearing loss and tinnitus (ringing in the ears). These symptoms similar to **Menieres syndrome**, are sometimes encountered after chemotherapy with cisplatin. Speak to your oncologist. In 6C or 12C, 3 pills, two to three times a day.

CEREBELLUM: organotherapy medicine to provide support of the cerebellum function. **When there is a problem of balance**, in 8X, 10 drops once to 3 times a day.

Typical prescription for dizziness

Dizziness	morning	noon	evening	at bed-time
BRYONIA 6C	3 pills		3 pills	
COCCULUS 12C		3 pills		3 pills

Vagal Episodes

Lipthymy also called fainting is very embarrassing for people who are prone to it. It occurs at the sight of blood, when experiencing strong emotions, when feeling weak or nauseous.

TABACUM: the face is very **pale, covered in cold sweats**; there is a drop in blood pressure, clouded vision with shiny grey stars, low pulse rate. The patient feels cold and yet he wants to take his outer clothes off and looks for somewhere cool. He should be asked to lie down in the fresh air or near an open window, to loosen his clothes and to close his eyes. In 6C, 3 pills as soon as possible!

Memory Disorders

Chemotherapy disrupts recent memory. This is very distressing for patients, but fortunately is reversible. One to two years after the end of treatment all cerebral faculties are back [Inagaki M. 2007]. A regular intake of foods rich in omega 3 essential oils (rapeseed oil, nuts or camelina) is recommended together with physical activity. If the discomfort is too great, you can take:

CEREBRUM: organotherapy medicine which **can effectively support the memory** during chemotherapy and brain radiotherapy, as a preventive or as a curative measure. In 8X, 10 drops twice daily.

SULPHUR: especially for poor memory **for proper names and particularly people's names**. In 30C, 3 pills at bedtime every other day.

BARYTA CARBONICA: slow mental and motor processes. **Significant loss of recent memory**. Disorientation in time and space with anxiety. In 30C, 3 pills at bedtime every other day.

Typical prescription: memory loss

Memory	morning	evening	at bedtime on even days	at bedtime on odd days
CEREBRUM 8X	10 drops	10 drops		
BARYTA CARBONICA 30C				3 pills
SULPHUR 30C			3 pills	

Sleep Disorders

Patients often complain of sleep disruption during chemotherapy for various reasons (anxiety, liver problems, fatigue, heavy night sweats...). Until the cause can be treated, you can try to take, in the evening, before bedtime:

For difficulties in getting to sleep

AMBRA GRISEA: insomnia after nervous excitement, **sleep disappears as soon as you put your head on the pillow**. In 6C, 3 pills at bedtime.

COFFEA CRUDA: difficulties in falling asleep, **with an unstoppable rush of thoughts**. Excitement after hearing some good news. The patient finds any sensory stimulus (noise, light, motion, touch) very annoying. Very useful when the time for the first sleep period has passed. In 6C, 3 pills at bedtime.

ACONITUM NAPELLUS: insomnia with **anxiety**. Sleep is also called the “little death”! This is indeed what causes anxiety in patients who respond well to **ACONITUM**, especially before midnight. In 6C, 3 pills at bedtime.

For insomnia in the middle of the night

ARSENICUM ALBUM: the patient, very weak, emaciated and feeling the cold, wakes up anxiously **at around 1am**. Anxious agitation in bed for fear of death. He feels he is condemned, but finds reassurance in following his treatment assiduously. In 12C, 3 pills at bedtime.

KALIUM CARBONICUM: the patient also wakes up **anxiously around 2-3 am**. He is tired, with low back pain, anaemia and this characteristic oedema of the corner of the eyelids. Worried by his health problems, he thinks only of himself and his illness. Breathing difficulties at three in the morning, forcing him to sit down, hands on knees to breathe better. In 12C, 3 pills at bedtime.

NUX VOMICA: waking **at 3-4 am** thinking of his professional problems, with thirst and a coated tongue. Going back to sleep is difficult and usually occurs just when the alarm clock sounds! He feels he is more tired getting up than he was when he went to bed. Frequent sneezing on waking. In 12C or 30C, 3 pills at bedtime.

SULPHUR: looking for cool places and **leaves his feet out of the bed clothes because he is always too hot**. He is woken up by nocturnal hot flushes. In 30C, 3 pills at bedtime.

Complex:

AVENA SATIVA 1X/ **CALCAREA CARBONICA** 8X/ **PHOSPHORUS** 25X/ **SULPHUR** 25X/ **VALERIANA** 3X ana 50ml (Weleda), 10 drops at bedtime and in the night if necessary.

Central Neurological Disorders (brain metastases)

Faced with the sudden onset of new neurological symptoms, whether of mood disorders, balance, vision, speech, smell, taste, sensitivity or motor disorders, you always need to think that it might be a **possible manifestation of a cerebral metastasis**. You must speak to your physician. If the clinical examination confirms the suspicion of cerebral disorders, a CT or MRI scan will be performed as a matter of urgency. If positive, steroid treatment will be started to relieve cerebral oedema and targeted radiotherapy might be required. With these treatments, you can also take:

NATRUM SULPHURICUM: highly effective in **reducing oedema** surrounding brain tumours. In 30C, ten pills, straight away.

APIS MELLIFICA: it is the other medication for **peri-metastatic cerebral oedema**. Fast-acting but of short duration, it must be taken frequently. In increasing potencies from 6C to 30C, 3 pills, three to eight times per day.

CORTISONE: to be taken in all cases to decrease the side effects of steroids. In 12C, 3 pills, twice daily.

Typical prescription: brain metastasis supportive care

Brain metastases	morning	noon	evening	at bed-time	straight away
APIS 12C	3 pills	3 pills		3 pills	
CORTISONE 12C			3 pills		
NATRUM SULPHURICUM 30C					10 pills