International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2025; 9(1): 563-566
Received: 14-11-2024
Accepted: 19-12-2024

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Evaluating the impact of homeopathy as an adjuvant therapy on overall survival in colorectal cancer: A retrospective analysis

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DOI: https://doi.org/10.33545/26164485.2025.v9.i1.H.1404

Abstract
Background: Colorectal cancer remains a major global health concern, with survival outcomes dependent on various treatment modalities. While conventional therapies such as surgery, chemotherapy, and radiation are standard, complementary approaches, including homoeopathy, have gained attention. This retrospective study evaluates the impact of homoeopathy as an adjuvant therapy on overall survival in Colorectal cancer patients.
Methods: Conducted at a government cancer center, this study retrospectively analyzed 52 Colorectal cancer patients who received homoeopathy either as a stand-alone treatment or as an adjuvant to conventional therapy. Overall survival was assessed using the Kaplan-Meier survival curve. The primary outcome was the five-year Overall Survival rate.
Results: The analysis revealed that 15.3% of the patients survived beyond five years. Kaplan-Meier survival analysis for the entire cohort (n = 52) demonstrated a mean overall survival of 28.058 months (95% CI: 20.907–35.208) and a median survival of 16.00 months (95% CI: 7.166–24.834
Conclusion: This study suggests a potential role for homoeopathy in influencing Colorectal cancer survival outcomes. While a subset of patients experienced extended survival, further large-scale, controlled studies are necessary to establish the efficacy and mechanism of homoeopathy as an adjuvant therapy in Colorectal cancer management.

Keywords: Colorectal cancer, homoeopathy, adjuvant therapy, overall survival, kaplan-meier analysis

Introduction

About 10% of all cancer cases are colorectal cancer, making it the second most common cause of cancer related deaths globally and the third most common disease overall. Mostly affect above age of 50 [1]. Since the odds of systemic recurrence are essentially similar, rectal cancer staging and therapy have changed throughout the years, leading to a significant decrease in loco regional recurrences but no appreciable increase in survival [2]. The 5-year overall survival rate for Colorectal Cancer (CRC) is approximately 65%. After curative resection, approximately 50% of CRC patients develop Distant Metastases (DM), with liver metastases being the most common kind. Rectal Cancers (RC) account for 29% of all colorectal malignancies. Total Mesorectal Excision (TME) combined with pre- or Postoperative Radiation (RT) or Chemo Radiotherapy (CRT) is successful when the loco regional recurrence (LR) rate in patients with RC is decreased to less than 10% or even 5% in specific clinical sites. Approximately 3% of RC patients have LR and DM after TME. This illness usually has deadly outcomes and can cause severe, incapacitating symptoms [3]. Surveillance, Epidemiology, and End Results (SEER) database to offer survival rates for various cancers. Cancers are divided into localized, regional, and distant phases.

Localized: There is no sign that cancer has spread beyond the colon or rectum.

Regional: The cancer has spread beyond the colon or rectum to nearby tissues or lymph nodes.

Distant: The cancer has spread to other parts of the body, including the liver, lungs, and distant lymph nodes [4].

Approximately 35% of colorectal cancers are diagnosed before they spread beyond the site of origin. Approximately 36% of colon cancers are detected after they have spread to nearby lymph nodes, whereas 23% are discovered after they have spread to distant tissues or organs [5]. In a group of study that got first-line chemotherapy and another group that received second-line chemotherapy the median Progression-Free Survival (PFS) and Overall Survival (OS) for the study cohort were 7.13 and 18.5 months, respectively. The cohort's overall survival rate after two, three, and five years was 45, 37, and 23%, respectively. Patients who received numerous lines of chemotherapy had a median overall survival time of 23.4 months (95% CI: 14-47 months) [6]. Metastatic CRC has a terrible prognosis, Stage 4 colon cancer is the term used when the cancer spreads, or metastasizes, to other tissues and organs. Patients with stage 4 colon cancer have a five-year survival rate of roughly 13% [5].

As new chemotherapeutic treatments and targeted therapies enter clinical trials, and multimodal oncology treatment continues to mature, new hope emerges for extending Overall Survival (OS) in patients with advanced metastatic CRC. This study observe the overall survival of rectal cancer patients which include both metastatic and non-metastatic case of rectal cancer and overall survival of the patients with homoeopathic treatment.

Objectives

a) To evaluate Overall Survival (OS) in rectal cancer with homoeopathic treatment.
b) To evaluate the effectiveness of homoeopathic treatment in colorectal cancer patients, either as standalone or as adjuvant therapy.

Materials and Methods

This retrospective analysis conducted at government homoeopathic cancer hospital at Wandoor, Kerala.

Patient population

145 cases of histological confirmed rectal cancer, 52 cases selected based on following criteria.

- Histological confirmation of cases.
- Imaging studies conducted before and after treatment.
- Minimum follow up of 6 months

Data collection

Demographics, clinical history, biochemical parameters, imaging results, and survival rates were all collected and analyzed using the Kaplan-Meier survival curves. Using a one-sample t-test, observed survival outcomes were statistically compared to survival benchmarks in the literature [7].

Results

Baseline characteristics

- Gender distribution:40.02% females and 59.06% males, (Table2)
- Age Distribution: Mean age of 63.6 with std. deviation of 13.95, (Table 3)

Survival outcomes (Kaplan-Meier analysis)

Kaplan-Meier survival analysis for the entire cohort (n = 52) demonstrated a mean overall survival of 28.058 months (95% CI: 20.907–35.208) and a median survival of 16.00 months (95% CI: 7.166–24.834), (Table 5).

Standalone therapy: Mean survival= 22.091 and Median survival 12.00.

Adjuvant therapy: Mean survival=29.659 and Median survival 18.00.

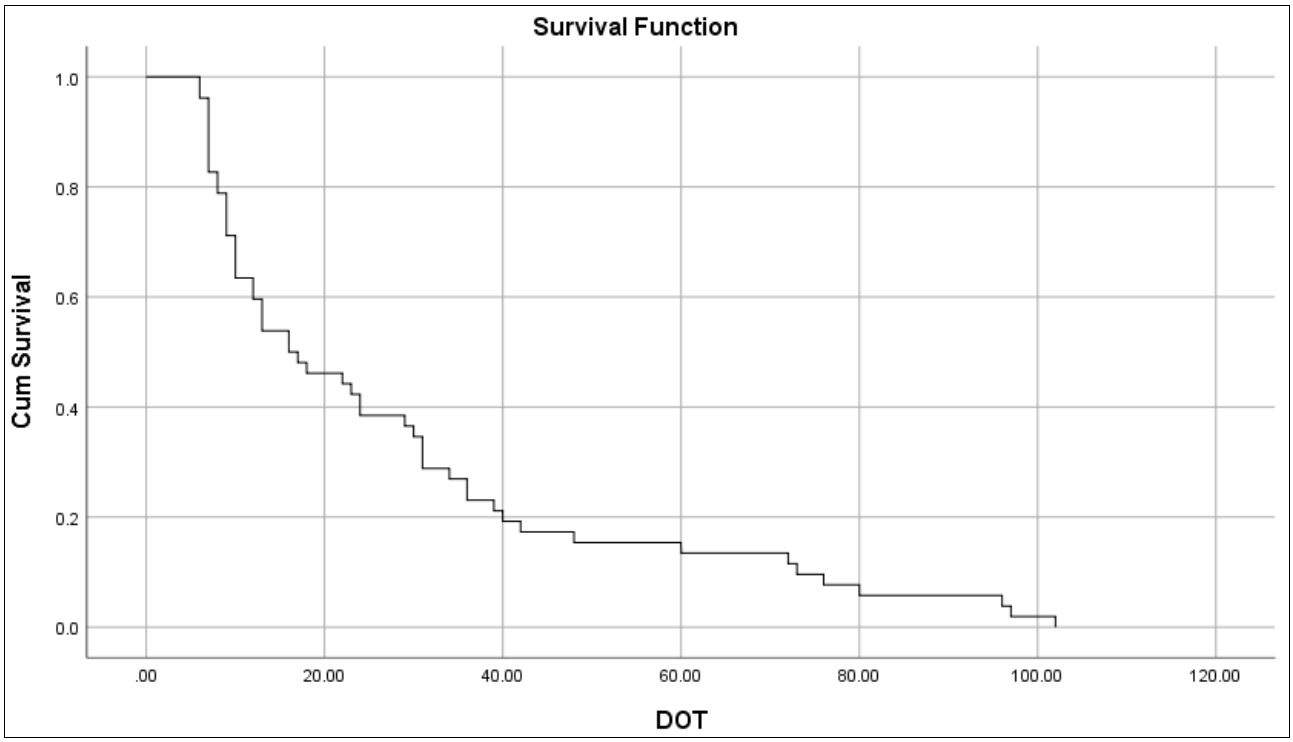

Fig 1: Survival analysis

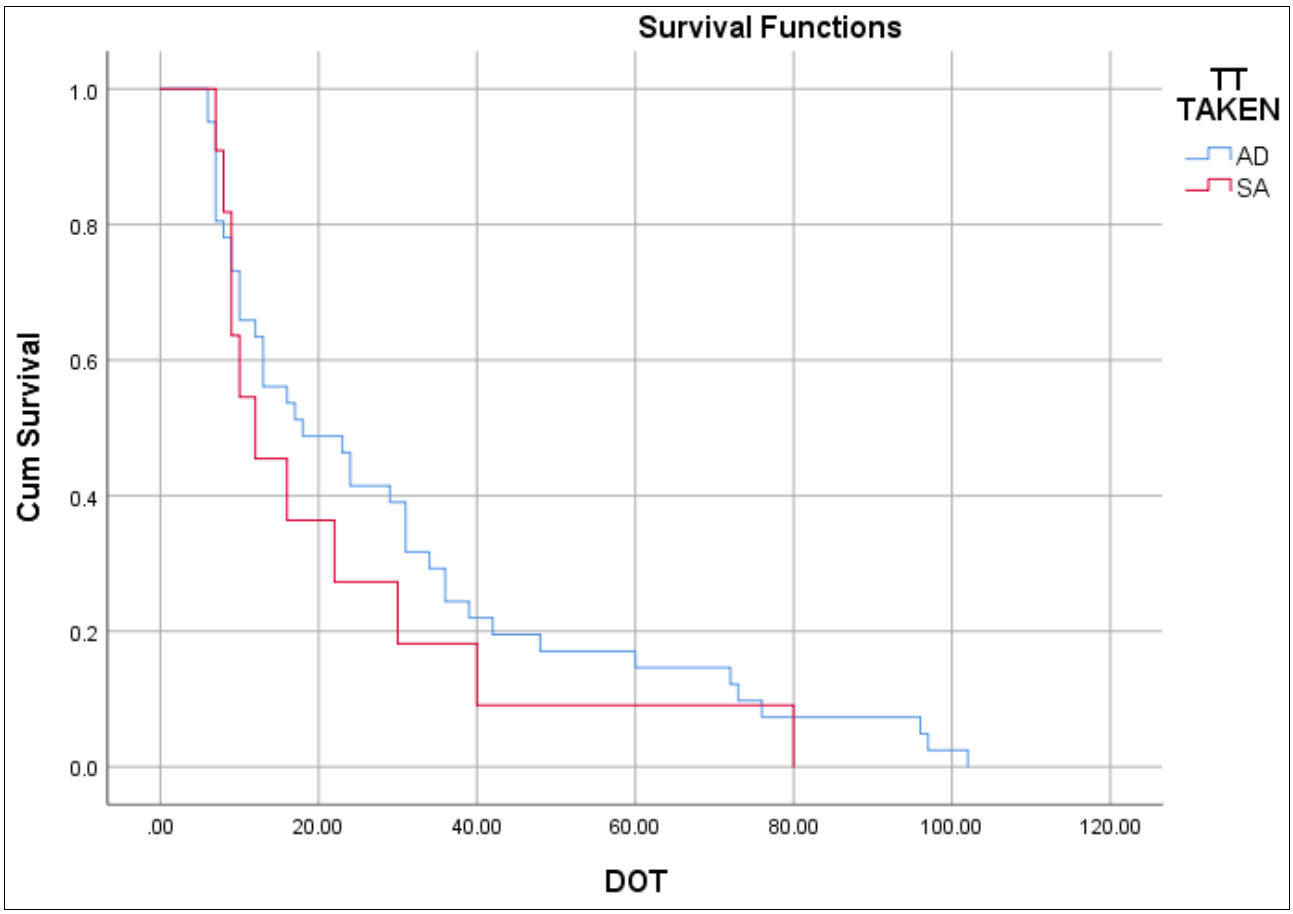

Fig 2: Survival analysis (based on treatment

Table 1: Distribution according to sex and mode of treatment

Survival in months	Male	Female	SA	ADJ	Total
6-12	11	9	6	14	19
13-24	8	4	2	10	12
25-36	6	2	1	7	8
37-48	3	1	1	3	4
>49	2	6	1	7	8

Table 2: Percentage of gender distribution

Gender			
		Frequency	Percent
	Female	21	40.4
	Male	31	59.6
	Total	52	100.0

Table 3: Age distribution

Age					
	N	Minimum	Maximum	Mean	Std. Deviation
Age	52	31.00	92.00	63.6923	13.95446

Table 4: Case summaries

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TT taken	N	Mean	Median	Minimum	Maximum	Std. Deviation	Variance
AD	41	29.6585	18.0000	6.00	102.00	27.38942	750.180
SA	11	22.0909	12.0000	7.00	80.00	21.88815	479.091
Total	52	28.0577	16.5000	6.00	102.00	26.30695	692.055

Survival analysis

Table 5: Means and medians for survival time

Mean			Median		
Estimate	95% confidence interval		Estimate	95% confidence interval	
	Lower bound	Upper bound		Lower bound	Upper bound
28.058	20.907	35.208	16.000	7.166	24.834

Survival analysis (Based on treatment)

Table 6: Means and medians for survival time

TT taken	Mean			Median		
	Estimate	95% confidence interval		Estimate	95% confidence interval	
		Lower bound	Upper bound		Lower bound	Upper bound
AD	29.659	21.275	38.042	18.000	6.499	29.501
SA	22.091	9.156	35.026	12.000	4.447	19.553
Overall	28.058	20.907	35.208	16.000	7.166	24.834

Discussion

The study co-hort was 52 patients who are registered at Government homoeopathic cancer hospital Wandoor, Kerala in between 2017 and 2022, which finds the presence of relatively male patients (59.6%) having more involvement in rectal cancer than female patients (40.4%) (Table 2), also mean age of rectal cancer is 63.69 with standard deviation of 13.95 according to the data (Table 3). Study depicts that mean and median survival of 28.05 and 16.00 respectively in overall patients (Table 5), out of which ADJUVANT THERAPY accounts 29.659 mean and 18 median survival time and STAND ALONE therapy have 22.095 mean and 12.00 median survival time for 102 months follow up time (Table 4).

In this study 32.69% patients having distant metastasis, with 25.823 mean and 18.00 median survival time, 41% survived more than 2 years, 23.5% survived more than 3 years, 11.7% survived more than 5 years.

Out of 52 patients 15.3% survived more than 5 years with prevention of further progression. Overall, this study depicts that homoeopathy can increase overall survival of rectal cancer patients, especially metastatic rectal cancer, since the Metastatic CRC has a terrible prognosis, with only 12% of patients living five years, also homoeopathy helps to prevent further metastasis.

Conclusion

This retrospective study of 52 cases of cancer treated with homeopathy demonstrates promising results in improving overall survival rates. Our findings suggest that homeopathic treatment, either as a standalone or adjuvant therapy, may be a valuable adjunct to conventional cancer care especially in metastatic colo rectal cancer, which shows 15.3% of 5 years survival. While our study provides encouraging results, further research is necessary to fully explore the potential benefits of homeopathic treatment in cancer care.

Acknowledgements

The authors would like to thank the Government Homeopathic Cancer Centre, Wandoor, for providing the necessary resources and patient data for this study. No financial support was received for the work, and the authors recognize the invaluable personal assistance from colleagues in completing this research.

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How to Cite This Article
Krishnan VK, Sumayya AK. Evaluating the impact of homeopathy as an adjuvant therapy on overall survival in colorectal cancer: A retrospective analysis. International Journal of Homoeopathic Sciences. 2025; 9(1): 563-566.