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## A clinical study on the utility of homoeopathic medicines in 50 millesimal potency in the management of cancer pain

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### Abstract

Cancer pain remains one of the most debilitating symptoms affecting patients' physical, emotional, and social wellbeing. This study evaluates the effectiveness of individualized homoeopathic medicines in 50 millesimal (LM) potencies for managing cancer-related pain. Twenty-five patients were assessed using the Numerical Pain Rating Scale over three months. Significant reductions in pain scores were observed, particularly during the second and third months, with 92% of patients showing marked improvement. LM potencies demonstrated rapid, gentle action with minimal aggravation. Findings suggest that individualized homoeopathic treatment may enhance pain relief and quality of life in cancer patients, warranting further controlled research.

**Keywords:** Cancer pain, homoeopathy, LM potency, numerical pain rating scale, pain management

### Introduction

Neoplasm is a mass of tissue formed as a result of abnormal, excessive, uncoordinated, autonomous and purposeless proliferation of cells even after cessation of stimulus for growth which caused it. The branch of science dealing with the study of neoplasms or tumours is called oncology<sup>[1]</sup>. Cancer is a broad collection of illnesses that can begin in practically any organ or tissue of the body, cross their normal boundaries to infect nearby body parts and or spread to other organs. The latter phase, known as metastasizing, is a significant contributor to cancer-related mortality.

With an estimated 9.6 million fatalities annually, or one in every six deaths, cancer is the second greatest cause of mortality in the world. The physical, psychological, and financial loss that cancer takes on people, families, communities, and health systems throughout the world keeps rising. Numerous low- and middle-income nations' health systems are ill-equipped to handle this load, and many cancer patients worldwide lack access to prompt, effective diagnosis and treatment<sup>[2]</sup>.

World health organisation (WHO)'s cancer agency International Agency for Research on Cancer (IARC) released the latest estimates of the global burden of cancer based on the best sources of data available in 2022. In 2022, approximately 20 million new cancer cases were reported, with an estimated 9.7 million fatalities. About 1 in 5 people develop cancer in their life time, i.e. approximately 1 in 9 man & 1 in 12 women die from disease. Three major cancer types in 2022 is lung, breast & colorectal cancer<sup>[3]</sup>.

Pain is the most feared and debilitating symptom in cancer patients, which impair the quality of life, leading to wishes for hastened death. Pain is a distressing sensory and emotional experience linked to either actual or potential tissue damage. That is, it is a somatopsychic phenomenon<sup>[4]</sup>. It is a pointer to disease which bring the patient to the physician. Different type of cancers has different pain depends upon the etiological, pathological, physiological, anatomical and temporal patterns. Cancer pain is difficult to manage in patients with incidental or episodic pain, neuropathic pain, substances abuse, and with impaired cognitive or communicative skills<sup>[5]</sup>.

It is an enervating symptom, restraining patients' physical and psychological states as well as social well-being. It is reported that 67% of cancer patients find their pain upsetting, and the uncontrolled pain is now well recognised as a key promoter of the legalisation of physician-assisted suicide<sup>[6]</sup>.

The pain course is influenced by the disease's past, how it responded to anti-neoplastic therapy, and the sometimes-severe side effects of these treatments. It is an acute pain that changes with remissions, recurrences, exacerbations, and times of stability. As a result, it is chronic. The underlying pathophysiology will alter with time, changing the features of pain as well. These factors make cancer pain a distinct clinical entity and clearly demonstrate the necessity for ongoing observation and evaluation [7].

The prevalence of acute and chronic cancer pain and the profound psychological and physical burdens engendered by this symptom oblige all treating physician to be skilled in pain management [8].

Being a comprehensive medical system, Homoeopathy emphasises the need of "accounting the patient as a whole." The single most crucial factor in taking a homoeopathic case is the patient's "individuality." Case management and Homoeopathic case taking "encourage good living." Because they are "dynamic" in nature, Homoeopathic medications have the ability to affect the vitality of the person and effect changes that are unimaginable with conventional medical treatments. As a result of its "non-invasive" nature and the fact that they often contain very little amounts of chemicals, these medications do not alter the balance of life. Homoeopathy treats a variety of illnesses that have the potential to contribute to carcinogenesis on a daily basis. If not adequately managed from the start, several of these illnesses may even progress to cancer. Unfortunately, all that can be done with traditional medicine is to sedate the patient with high opiate dosages. We must also take into account how painful cancer therapy is on an individual level.

In contrast, Homoeopathy offers drugs that are excellent at reducing pain. Additionally, numerous cancer-related discomforts can be eliminated by Homoeopathic remedies. the common cold, anorexia, nausea, vomiting, weakness, fever, etc. This is especially true for cancer patients receiving traditional treatment. When receiving homoeopathic medications with chemotherapy or radiation therapy, several patients experienced relatively symptom-free periods of treatment.

LM potency is an outcome of Hahnemann's most mature brain with exceeding experience, mentioned in 6th edition of Organon completed in 1842 [9]. It represented a major advance in Homoeopathy. Aggravations are minimized and can be regulated more easily. LMs are quicker and deeper in action. If there is an aggravation with LM potencies, it will normally disappear a few hours to two days at the most after the remedy is stopped. In apparently hopeless cases, LM potencies may not only palliate, but even sometimes cure them [10].

Only a few studies have been conducted in Homoeopathy in the management of pain in cancer pain and the efficacy of 50 millesimal potency in the management has yet to be studied. Hence the present study is a humble attempt to explore the effectiveness of 50 millesimal potencies in the management of cancer pain.

Cancer patients with pain attending the cancer care unit of government homoeopathic medical, Thiruvananthapuram are studied with numerical pain rating scale.

## Aim & Objectives

### Aim

To assess the utility of homoeopathic medicine in 50

millesimal potency in the management of pain in cancer.

### Objectives

- To measure the severity of pain in cancer patients
- To determine the difference in pain score in cancer patients before and after taking homoeopathic medicines in 50 millesimal potencies

### Study Design

Quasi experimental design

### Study Setting

Cases from both in-patient and out-patient section of Cancer Care Unit of Government Homoeopathic Medical College Hospital, Thiruvananthapuram.

### Study Duration

A period of one year

### Sampling

#### Sample size

A sample of 25 cases satisfying the inclusion and exclusion criteria

### Inclusion Criteria

- Cancer patients with pain score above 4 (moderate pain)
- Patients of all ages and both sexes

### Exclusion Criteria

- Terminally ill patients
- Patients with medical emergencies

### Sampling Procedure

The study was a quasi-experimental design, and after the beginning of the study, a sample of 25 cases satisfying the inclusion and exclusion criteria was taken from the cases attending the OPD and IPD of the Cancer Care Unit of Government Homoeopathic Medical College, Thiruvananthapuram. Convenient sampling was used.

### Methods of Data Collection and Outcome Measurement

1. After the approval from the institutional ethics committee, written informed consent was obtained from the participants prior to enrolment into the study, and each patient was briefed regarding the study.
2. The study was conducted in the outpatient and inpatient sections of the Cancer Care Unit of Government Homoeopathic Medical College Hospital, Thiruvananthapuram.
3. Diagnosed cancer cases were subjected to case taking and were recorded.
4. After symptom analysis and evaluation, appropriate Homoeopathic medicine was selected and administered to the patient. Potency, dose selection, repetition, and change of remedy when required were done according to Homoeopathic principles.
5. Twenty-five cases that had completed the follow-up period were allocated for the study.
6. The period of study was one year.
7. Outcome of treatment was assessed by considering the improvement of patients in terms of the Numerical Pain Rating Scale. Each terminology on the Numerical Pain Rating Scale was explained to the patient before

assessment, and they were asked to classify the intensity of pain they experienced daily.

8. Each patient was followed up for a minimum of 3 months, and their results were assessed at the end of the 1st, 2nd, and 3rd months after homoeopathic treatment had started by evaluating the Numerical Pain Rating Scale.
9. In case of emergencies, the cases were referred.
10. Final evaluation of the data was done by means of appropriate statistical methods.

## Outcome Measurement

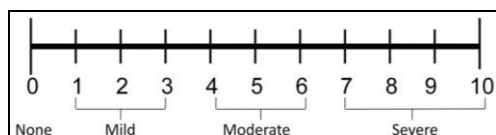
### Research Tools

The basic information about the participants were collected as per the case record format of the Government Homoeopathic Medical College Hospital, Iranimuttom, Thiruvananthapuram.

- The personal data schedule included the patient's name, age, sex, religion, family history, associated complaints, habits such as smoking and alcoholism, etc.
- A detailed clinical examination was conducted.
- Assessment criteria were applied.

### Assessment Criteria

#### Numerical Pain Rating Scale



**Table 1:** Grading of pain in numerical pain rating scale

Grade	Intensity of pain
0	No pain
1-3	Mild pain
4-6	Moderate pain
7-10	Severe pain
10	Worst pain imaginable

### Scoring Procedure

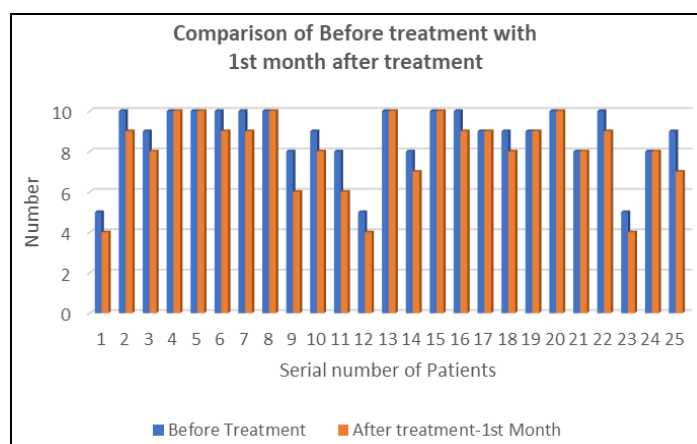
The patient was instructed to provide three separate pain assessments, reflecting their current pain level, the least intense pain, and the most severe pain they had experienced in the preceding 24 hours. These ratings were recorded using a numerical scale ranging from 0, indicating no pain to 10, representing the worst pain imaginable. The average of these three ratings was then calculated to determine the patient's overall pain level for that 24-hour period.

### Plan of Analysis

The final analysis of the study was carried out using appropriate statistical methods, and confirmation was performed through tests of significance. Since pre-treatment and post-treatment scores were available and the values were not normally distributed, the Wilcoxon Signed Rank Test was used in the study.

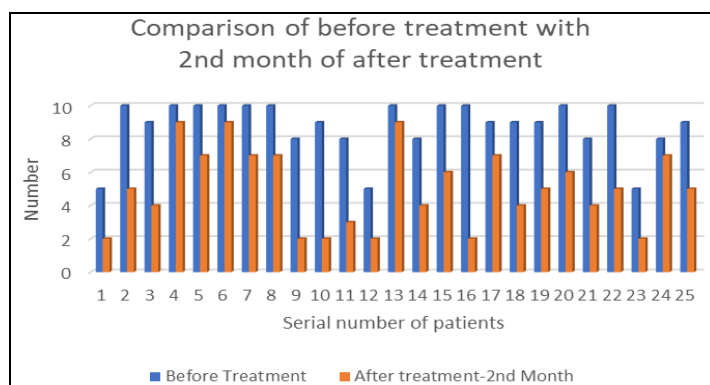
### Statistical Analysis and Inference

1. Comparison of pain scores before treatment with 1<sup>st</sup> month after treatment

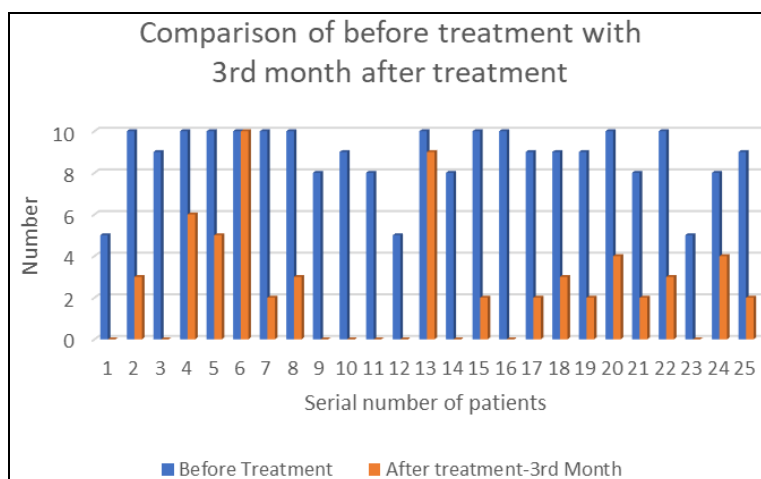


**Fig 1:** Graphical representation of comparison of pain score before and after 1<sup>st</sup> month of treatment

2. Comparison of pain scores before treatment with 2<sup>nd</sup> month after treatment

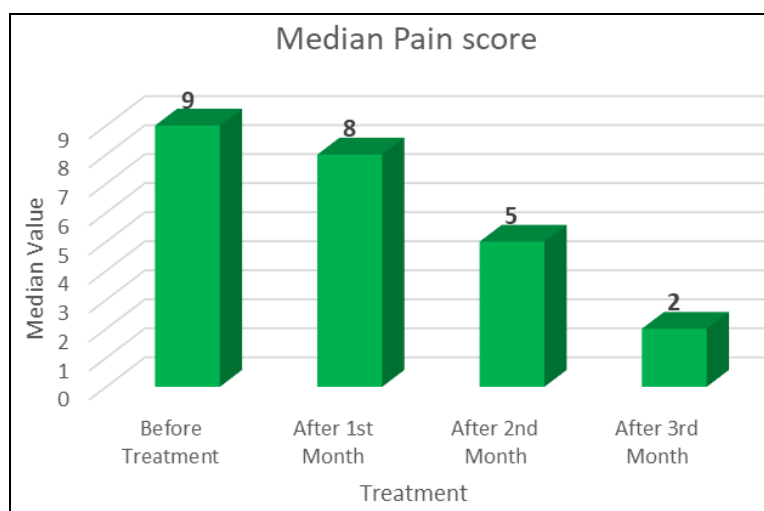


**Fig 2:** Graphical representation of comparison of pain score before and after 2<sup>nd</sup> month of treatment

3. Comparison of pain scores before treatment with 3<sup>rd</sup> month after treatment

**Fig 3:** Graphical representation of comparison of pain score before and after 3<sup>rd</sup> month of treatment

## 4. Comparison of median score before treatment, 1st month, 2nd month and 3rd month



**Fig 4:** Median pain score

### Result

In the homeopathic treatment for comparing the pain score before treatment and after 1st month treatment, out of 25 subjects 15 subjects had an observed pain score that was less after the 1st month treatment as compared to before treatment. Ten subjects had ties and no subject had pain score for the 1st month that was greater than after treatment. The observed difference in pain score was statistically significant on Wilcoxon Signed Rank test ( $z = -3.626$ ,  $p = 0.000$ ). Since the P-value was less than the specified significance level of 0.05, the test results were highly statistically significant and had strong evidence against the null hypothesis. Hence the null hypothesis was rejected and it was concluded that there was significant change in the pain score of patients after the 1st month administration of homeopathic medicine.

In the homeopathic treatment for comparing the pain score before treatment and after 2nd month treatment, out of 25 subjects all 25 subjects had an observed pain score that was less after the 2nd month treatment as compared to before treatment. No subjects had ties and no subject had pain score for the 2nd month that was greater than after treatment. The observed difference in pain score was

statistically significant on Wilcoxon Signed Rank test ( $z = -4.392$ ,  $p = 0.000$ ). Since the P-value was less than the specified significance level of 0.05, the test results were highly statistically significant and had strong evidence against the null hypothesis. Hence the null hypothesis was rejected and it was concluded that there was significant change in the pain score of patients after the 2nd month administration of homeopathic medicine.

In the homeopathic treatment for comparing the pain score before treatment and after 3rd month treatment, out of 25 subjects 24 subjects had an observed pain score that was less after the 3rd month treatment as compared to before treatment. One subject showed a tie, and none of the subjects had a 3rd-month pain score that exceeded the score recorded before treatment. The observed difference in pain score was statistically significant on Wilcoxon Signed Rank test ( $z = -4.301$ ,  $p = 0.000$ ). Since the P-value was less than the specified significance level of 0.05, the test results were highly statistically significant and had strong evidence against the null hypothesis. Hence the null hypothesis was rejected and it was concluded that there was significant change in the pain score of patients after the 3rd month administration of homeopathic medicine.

## Major Findings of the study

**Age Distribution:** out of 25 cases, 4 patients aged <50 years, 5 between 50-60 years, 6 between 60-70 years, 9 between 70-80 years, and 1 patient was >80 years were included in the study

**Gender:** 16 females (64%) and 9 males (36%).

In this study of 25 patients, 3 patients suffering from CA Breast(12%), 1 from CA Cervix(4%), 1 from CA Endometrium(4%), 4 from CA Lung(16%), 1 from CA Oesophagus(4%), 1 patient with CA Ovary with lung metastasis (4%), 1 with CA Papillary Thyroid (4%), 1 CA Rectum(4%), 1 CA Tongue(4%), 1 Endometrial Neuroendocrine Carcinoma(4%), 2 Hepatocellular carcinoma Multiple Myeloma(8%), 1 Primary Peritoneal carcinoma(4%), 1 Right ovarian cystic Neoplasm(4%), 1 squamous cell carcinoma buccal mucosa(4%) & 3 Squamous cell carcinoma tongue (12%) were taken for the study.

**Family History of Cancer:** 17 patients (68%) had a positive family history, while 8 patients (32%) had none.

**Metastasis:** 20 patients (80%) showed no metastasis, while 5 (20%) developed metastasis during treatment.

**Miasmatic Analysis:** 10 patients (40%) had psoric predominance, 4 (16%) were sycotic, and 11 (44%) had a syphilitic miasm.

**Prognosis:** 23 patients (92%) demonstrated a marked prognosis, while 2 (8%) showed poor prognosis. Out of 25 patients, 9 patients got complete relief from pain, in 10 patients pain reduced to mild intensity, in 4 cases pain falls from severe intensity to moderate during 1<sup>st</sup> 3 months of treatment.

Significant changes are evident in the 2<sup>nd</sup> month & 3<sup>rd</sup> month of treatment than the 1<sup>st</sup> month.

During the study it was observed that the patients who had no history of any other conservative mode of treatment (40%) responded well to homoeopathic management than those who are under conservative treatment (32%) and who had a history of conservative management (28%).

In this study of 25 patients 18 patients (72%) had no bad habits leading to disease. 3 with Smoking & Alcoholism, 1 with Smoking, Alcoholism & Betel chewing, 1 with Tobacco chewing, 1 with Tobacco chewing, & tea 7-8/day & 1 patient with 5 cups of tea / day.

These findings suggest that 50 millesimal potency homeopathic medicines played a significant role in pain management and overall prognosis in cancer patients. The study highlights the potential of individualized homeopathic treatment in improving the quality of life for cancer patients, warranting further research in this domain.

## Conclusion

Homoeopathy offers a valuable approach in cancer care. Several studies have highlighted the effectiveness of homeopathic medicines in managing cancer-related pain and associated challenges. Some research has explored the apoptotic effects and gene expression modulation of these medicines, while others have questioned these mechanisms [11].

This study titled “A clinical study on the utility of homoeopathic medicines in 50 millesimal potency in the management of cancer pain” was conducted with the intention of emphasising the effectiveness of homoeopathic medicines in LM potency in cancer pain management as the title says.

In this study about 23 out of 25 cases (92%) showed marked improvement with reduction in pain score ranging from 10 to 0 during 1<sup>st</sup> 3 months of treatment. Only 2 cases showed poor prognosis. Also, the study highlighted the significant changes in patient score during 2<sup>nd</sup> & 3<sup>rd</sup> month of treatment. Effectiveness of medicines were shown by the reduced rate of metastasis in patients during the follow up period.

## Limitations and Recommendations

### Limitations

1. The experience of pain in people with cancer is highly variable and subjective. It consists of several dimensions: -
  - Physiologic, sensory, affective, cognitive, behavioural, and sociocultural
  - It is affected by many factors.

The multidimensionality of the pain experience consists of numerous methodological and clinical challenges for researchers who study the occurrence of pain in selected cancer patient populations.

These challenges also influence various aspects of pain occurrence, such as its patterns throughout the cancer journey—from diagnosis to survivorship or end of life—and their impact [11].

2. In certain cases, Homoeopathic medicines in 50 millesimal potencies were administered alongside conservative treatments, making it difficult to isolate their pure effects for study.
3. This study does not include laboratory parameters in pre-test and post-test, therefore lacks scientific evidence to validate the efficacy of the medicine
5. This study lacks control groups to assess the effectiveness of the treatment

### Recommendations

Standardized assessment of pain during usual care would be improved from the inclusion of more robust measures of pain related function, mental health & HRQOL [12].

### Conflict of Interest

Not available

### Financial Support

Not available

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