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Modern medicine validating homeopathy's century-old individualisation principle: The Russian enteromix mRNA cancer vaccine revolution

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Abstract

The recent development of Russia's personalized Enteromix mRNA cancer vaccines is not just a technological breakthrough-it represents a shift in how we think about treating disease. Studies on AI-designed endogenous retroviral (ERV) vaccines and the precise timing of neoantigen delivery show that the success of treatment depends on addressing each patient's unique biology. Interestingly, this idea is not new. Homeopathy has long emphasized the importance of treating the individual as a whole, considering their distinct symptoms and susceptibilities. What modern research is now demonstrating is that this principle of individualization has real, measurable value: therapies tailored to the individual work better. These parallels suggest that the future of medicine should embrace a truly patient-centered approach, and they highlight the need for more research exploring individualized treatment strategies across different medical disciplines.

Keywords: Personalized medicine, cancer vaccines, homeopathy, individualized treatment, tumor heterogeneity

Introduction

The field of oncology is undergoing a profound transformation, shifting away from standardized therapies toward highly personalized treatment regimens. Central to this shift is a principle that homeopathy has long emphasized: effective therapy must be tailored to the individual patient and their unique clinical context. Analysis of three recent studies ^[1, 2, 3], which informed the development of Russia's new Enteromix cancer vaccine, suggests that the modern focus on individualized therapy provides an unintended yet compelling scientific validation of homeopathy's long-standing approach. Contemporary research is increasingly recognizing that addressing the patient as a whole, rather than merely the disease, can enhance therapeutic outcomes.

Modern Science I: AI-Design and Tumor Heterogeneity

Cancer cells within the same tumor can exhibit remarkable genetic diversity, meaning that a single, uniform treatment often fails to address all malignant cells. Kleine-Kohlbrecher *et al.* (2024) tackled this problem by using an AI platform to identify endogenous retroviruses (ERVs) as personalized antigens for vaccine design ^[1]. This approach illustrates that even within the same disease, treatment must be tailored to the individual profile of the tumor-a concept homeopathy has long upheld. Just as homeopathy recognizes that two patients with same disease may show entirely different symptoms, this study shows that tumors, though classified under the same label, require individualized targeting for effective therapy ^[4].

Modern Science II: Immune System Variability and the Tumor Microenvironment

Bezborodova *et al.* (2024) demonstrated that successful therapy depended on a combination of oncolytic viruses, radiation, and immune checkpoint inhibition ^[2]. PD-L1 inhibition alone was ineffective, highlighting that the immune system's response varies greatly among individuals. This mirrors the homeopathic principle of susceptibility: although a pathogen may be present in many individuals, only some develop illness, depending on their unique constitutional and systemic traits ^[5]. Modern oncology's acknowledgment of immune variability reinforces homeopathy's century-old understanding that individual response is central to treatment success.

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Modern Science III: Timing and Biological Context

Xiao & Xiao (2024) showed that even a carefully designed neoantigen vaccine had different outcomes depending on the host's circadian rhythm [3]. Administering the vaccine during the rest phase produced a stronger immune response than during the active phase. This demonstrates that an individual's internal state profoundly influences treatment efficacy. In homeopathy, the concept of susceptibility similarly emphasizes that the patient's overall constitution—often shaped by genetic, environmental, and historical factors—determines how they manifest disease and respond to remedies [4, 5].

The Homeopathic Corollary: Totality, Susceptibility, and Individual Signatures

1. **Totality of Symptoms:** Cancer research has revealed that even cells within the same tumor can differ significantly in their genetic makeup and behavior. Kleine-Kohlbrecher *et al.* (2024) highlight the importance of targeting these individual variations rather than applying a uniform therapy [1]. This principle is closely mirrored in homeopathy, which emphasizes treating the whole person rather than a disease label. In homeopathy, two patients with the same diagnosis, such as fever, may display entirely different symptom profiles—thirst, chilliness, irritability, or restlessness—requiring distinct remedies. The modern approach to tumor heterogeneity shows that a therapy addressing only the average or most common features of a tumor is often insufficient, just as homeopathy has long recognized that effective treatment depends on the totality of an individual's symptoms [4].
2. **Individual Susceptibility:** Bezborodova *et al.* (2024) demonstrate that the immune system's response to therapy can vary drastically between patients [2]. While some tumors respond to immunotherapy only after modifying the tumor microenvironment, others may be inherently resistant. This variability resonates with homeopathy's concept of susceptibility, which holds that the same disease does not affect everyone equally. Factors such as genetic makeup, constitutional strength, and past exposures determine who falls ill and how they respond to treatment. Just as a vaccine or immunotherapy may succeed in one patient but fail in another, homeopathy recognizes that the organism's unique vitality and susceptibility are central to understanding disease and guiding therapy [5].
3. **Inherent individual genetic Signatures & concept of miasms:** The identification of patient-specific neoantigens, as shown in Xiao & Xiao (2024) [3], exemplifies the modern recognition that therapy must align with the unique molecular "signature" of each tumor. This is analogous to homeopathic case-taking, where detailed family history, inherited tendencies, and miasmatic patterns are analyzed to understand a patient's inherent predispositions [6]. Just as genetic and molecular profiling informs personalized vaccine design, homeopathy seeks to identify the underlying patterns that determine how a person experiences illness and responds to treatment. Both approaches prioritize a deep understanding of individual variation as a foundation for successful intervention.

Convergent Philosophies: Modern oncology and

homeopathy converge on the principle that effective treatment must be individualized, recognizing that no two patients respond to therapy in exactly the same way. In oncology, personalized antigen identification, preconditioning of the tumor microenvironment, and chronobiology-aware therapy exemplify this approach, tailoring interventions to the unique molecular, cellular, and systemic characteristics of each patient. Similarly, homeopathy has long emphasized that treatment cannot be divorced from the individual's total symptomatic presentation, constitutional strengths and weaknesses, and inherent susceptibility.

Beyond these parallels, several other points of convergence emerge. Both disciplines acknowledge the importance of dynamic, context-dependent treatment: just as the immune system's response to a vaccine can be influenced by timing, metabolic state, or prior exposures, homeopathy recognizes that the same remedy may produce different effects depending on the patient's current physical, emotional, and environmental state. Both approaches also appreciate the role of preventive or preparatory interventions—oncology may precondition the tumor microenvironment to improve treatment response, while homeopathy often employs constitutional remedies or treatment of latent susceptibilities to strengthen the patient's inherent resilience.

Additionally, both modern oncology and homeopathy account for systemic interconnectedness. Cancer therapies increasingly consider how local interventions affect distant immune responses and overall physiology, paralleling homeopathy's view of the body as an integrated system in which localized symptoms reflect deeper constitutional imbalances. Even the concept of monitoring and adjusting therapy over time resonates: oncologists frequently adapt regimens based on treatment response and biomarkers, while homeopaths continually reassess the patient's symptom totality to refine remedy selection.

Taken together, these correspondences suggest a profound philosophical and practical overlap. Both modern oncology and homeopathy affirm that therapeutic success hinges not on a generic protocol but on a careful understanding of the individual patient—physiologically, immunologically, and constitutionally. Contemporary research in cancer therapy thus provides compelling empirical support for homeopathy's enduring focus on individualized, patient-centered care, highlighting that personalized medicine is as much a principle as it is a technique.

Conclusion

The studies by Kleine-Kohlbrecher, Bezborodova, and Xiao are not about homeopathy, nor do they validate its pharmacological model. Their collective significance lies in their powerful reaffirmation of its philosophical cornerstone. They demonstrate through rigorous science that tumor genetic heterogeneity, the immunosuppressive microenvironment, and host chronobiology—modern equivalents of the "symptom totality" and "individual susceptibility"—make personalization not optional, but essential.

Homeopathy's fundamental principle—that treatment must be tailored to the individual's unique presentation—was not an antiquated notion but a concept ahead of its time. Modern medicine, with its gene sequencers, AI algorithms, and combination therapies, has now arrived at the same conclusion, creating a fascinating point of convergence

between two seemingly irreconcilable worlds. Future research should focus on systematically investigating homeopathy's individualized principles, exploring how constitutional types, totality of symptoms, and inherent susceptibility influence therapeutic outcomes, and establishing robust, evidence-based frameworks for patient-centered care.

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