Cancer cases managed by synergistic therapy

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Abstract
Two cases of obstinate cancers are cured by a new hypothesis of synergistic therapy approach where Cancer Homoeotherapeutics were analysed scientifically by immunotherapy where modus operandi of homoeopathic medicine selection is done by activating natural cancer immunity by natural killer cells (NK) through the interferon produced by viral infection. So synthesis of antiviral medicine and antimiasmatic medicine is done to treat cancer cases.

Keywords: Yucatec maya, traditional medicine, plant use, herbalist

1. Introduction
Cancer is rebellious growth of abnormal cells due to cell mutation by carcinogens. Homoeopathic system of medicine treats the patient in disease, not the disease of man. But when the cancer is metastasized, the original personality of the patient is much altered. The patient is very low level of susceptibility and due to metastasized cancerous affection the original constitution altered and constitutional medicine does not act immediately unless that constitutional medicine possess sycotic miasm and cancerous diathesis. So here the treatment schedule is dealt with blending constitutional totality by the cancer miasmatic aspect with cancer pathogenesis process and cancer pathology.

Review of Literature
“Interferon gamma (IFN – γ) is a cytokine critical to both innate and adaptive immunity, and functions as the primary activator of macrophages, in addition to stimulating natural killer cells and neutrophils” [1].

Natural Killer (NK) cells are T lymphocytes which has the function of virus infected cells as well as cancer cell killing. “NK cells are best for killing virally infected cells and detecting and controlling early sign of cancer” [2]. “Because of their ability to kill tumor cells, Natural Killer cells are attractive target for cancer immunotherapies. Researchers are also developing treatments to activate NK cells using small molecules or cytokines, and even testing genetically modified living NK cells as therapies” [2].

“Use of IL-2 combined with IL-15 for cultivation lead to good viability and good proliferation of NK cells. IL-2 is important for NK cells infiltration and killing, and IL-15 is important for both NK cell maturation and survival” [3].

The best antisycotic medicines are Thuja occidentalis (King of antisycosis) [4] is known for best medicine for warts caused by human papilloma virus, Hydrastis Canadensis [5] best for variola and varicella infection, Pulsatilla [6] for measles infection are also the best medicine for cancerous conditions.

Hypothesis
An innovative model in synergistic therapy by constitutional totality with cancer miasmatic aspect with cancer pathologenesis was
1. Interferon γ activates the natural killer cells (NK) to kill cancer cells.
2. Interferon is produced during viral infection.
3. Antisycotic medicines in homoeopathy are prescribed for cancerous condition as miasmatic prescription.

Then inductive logic is to formulate hypothesis is the antisycotic medicines which has antiviral properties in clinical evidences would be best medicine for cancer treatment when it would produce interferon for activation of natural killer cells (NK) to kill cancer cells.
Testing hypothesis through case studies
Here are two cases of cancers those are very critical and obstinate to treatment responded well to my hypothesis of synergistic study of constitutional and antimiamatic analysis and on Cancer pathogenesis analysis, and selecting the medicine by synthesis of both.

Case No. 1: Here is a critical case of adenocarcinoma of stomach metastasized to lungs did not responded to 15 cycles of Chemotherapy where the changes of two cycles were same, responded well to homoeopathic medicine, in three months there was change in pathology. The changes by homoeopathic medicine was evident by CT scan of thorax and abdomen.

Mr. XYZ, of 55 years male person came to me on 23rd February 2019 with stomach pain, aggravated by eating when I was in holiday at home. Appetite was much less. There was much cough, unable to sleep at night. Patient was chilly, thin and weak. Patient had history of tobacco content Pan chewing. The case was repertorised in Murphy’s Repertory in which clinical and toxicity rubrics found which are as follows:

The repertorial totality remedy Hydrastis 30CH was given 6 hourly before food, as it covers all rubrics and a best medicine for stomach cancer and as acute medicine so that can be repeated. Thuja occidentalis LM 1 was given once daily as cancer diathesis medicine justified. Antim tart. 30CH was prescribed to take after food to relieve irritating cough as Antimony acts best on G.I. system and potassium acts best in lungs besides the ability of antim tart to expectorate out phlegm and minimizing cough acting on pneumogastric nerve. After 3 days on 27th February 2020 patient was relieved of stomach pain 25% and cough was relieved 25% also. After 7 days on 2nd March 2020 his stomach pain relieved 50% and cough was also relieved 50%. After 15 days, on 10th March 2020 his stomach pain relieved 75% and Cough was also relieved 75%. He was able to sleep well After 1 month there was no stomach pain and cough. Patient’s appetite increased. The same medicine was continued and CT scan of thorax and abdomen was done after 3 months on 15th June 2020 and compared with previous report which was as follows:

<table>
<thead>
<tr>
<th>Pre-treatment Report on 22/02/2020</th>
<th>Post-treatment Report on 15/05/2020</th>
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<tbody>
<tr>
<td><strong>CECT Thorax:</strong> Multiple centrilobar nodules are seen in bilateral lungs in trees in bud pattern with patchy areas of fibrosis and bronchiectic change in right lower lobe and middle lobe.</td>
<td><strong>CECT Thorax:</strong> Few scattered centrilobar nodules with few of them forming tree in bud pattern are seen in both lungs predominantly in upper lobes.</td>
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<td><strong>CECT Abdomen:</strong> Irregular asymmetric circumferential wall thickening in juxtapyloric region for a length of 4.6 cm with perigastric fat standing. There is irregular mucosal surface. Few subcentimetre enhancing nodes of size about 5mm in short axis are seen in perigastric and gastrohepatic region. No ascitis.</td>
<td><strong>CECT Abdomen:</strong> Smooth, uniform circumferential mural thickening is seen involving pylorus of stomach, of avg thickness 6.5 mm. Minimal perigastric fat standing. No significant abdominal lymphadenopathy. Rest of bowel loops are normal. No ascitis.</td>
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A case of distal pyelonephritis and perineal abscess was treated with homoeopathic remedies. The patient was admitted to the hospital with a diagnosis of urinary tract infection and abscess. Homoeopathic treatment was initiated with a combination of belladonna, graphites, and other remedies. The patient showed improvement in symptoms within a few days of treatment. The abscess resolved within a week, and the patient was discharged with a prescription for follow-up care. Homoeopathic treatment offers a safe and effective alternative to traditional antibiotics for the treatment of urinary tract infections.
Case No. 2: Mrs. XYZ, 34 years female person came to my home at Nirmal Nagar Dharwad on 25th July 2020 after operation of her brain tumor Anaplastic type of oligodendroglioma WHO grade III. So she came to me for alternative therapy. She was chilly patient, anorexia, weakness of both hands, unable to walk and severe headache and hand pain. On life space investigation I found she is silently weeping. Tear does not come without reason. Then I sent away her relative and asked ‘tell me why you sobbing. Tear does not come without reason’. Then she said my husband is not a normal man. He is mentally retarded. Then I concluded that the long standing grief disharmonized her psycho-neuro-endocrino-immunological imbalance for which she suffered the cancer of brain. Neurosurgeon operated the tumor and told the tumor again will grow after 3 months. Take her home and live happily for about three months. Then totality was made by Boger’s concept of totality where Causation was given prime importance which is as follows:

**Causation:** Long standing grief.

**Mind:** Tearful

**Miasm:** Sycotic miasm

**Pathology:** Anaplastic type oligodendroglioma

**Thermal cleavage:** Chilly patient.

**Particulars**
1. Headache
2. Paresis of limbs
3. Tingling pain in limbs
4. Weakness

Repertorisation was done by Murphy’s repertory 2nd edition where the Causation, Mind chapter and clinical rubrics are well described.

After repertorisation and post reportorial result analysis, Sepia was selected as her constitutional medicine which is multimiasmatic nature (Psorosycosyphilis) as well as medicine of cancer diathesis. She was prescribed Sepia LM 1 one dose daily and asked to report me in 3 days. After 3 days, 29th July 2014 when I enquired, her mother – in law told me she had no headache now. Unable to walk properly and lift any weight by hand. I told her to continue the same. After 7 days, on 3rd August 2014 she was able to walk and after 15 days of treatment, on 11th September 2014 she was able to lift bucket by her hand. After two months of rest, she joined her school. The Sepia LM 1 was continued for 1 year. After one year, she again developed headache, and pain in hand. Then Sepia LM 2 was given. The result was not promising. Only 10% relief was there. Then I search the Murphy’s repertory rubric Cancerous affection, in subrubric Encephaloma, Phosphorous was 1st grade medicine and Thuja was 2nd grade medicine. Since case was neither constitutionally Phosphorous, nor of Syphilitic miasm, I preferred to use Thuja occidentalis LM 2 as Intercurrent medicine given once in a week. After 4 years, due to some familial tension, she developed severe headache and tingling sensation in hands. Nux vomica 200CH was given at night before going to sleep. Headache was reduced and again MRI of brain was done. The report of brain MRI was as follows:

<table>
<thead>
<tr>
<th>Previous Report on 17/11/2014 of MRI Brain (Plain &amp; Contrast study)</th>
<th>Post treatment Report on 19/11/2018</th>
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<tbody>
<tr>
<td>Cerebral Parenchyma: There is well defined cortical based T1 hypointense and T2 hyperintense mass in right frontoparietal lobe measuring approximately 5.5 × 5.2 × 4 cm (AP × CC × ML). The mass involves cortex and subcortical white matter.</td>
<td>Cerebral Parenchyma: Area of gliosis with surrounding oedema (appearing T2 and FLAIR hyperintense and T1 hypointense) measuring 6 × 4.5 × 3.4 cm (AP × TR × CC) is seen in right frontoparietal lobe.</td>
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<tr>
<td>MRS: Increased Choline peak and decreased NAA peak.</td>
<td>MR spectroscopy shows Choline peaks with raised Choline – creatine ratio (more than 2).</td>
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This time we find the tumor of less size, and operation was denied by patient. So I repeated the same medicine in high potency and when headache and tingling in hand develops I used to go on increasing potency of both Sepia and Thuja occidentalis in LM potency. Till date since 6 years she is alright and doing her teachership job efficiently.
Discussion

These two cases reveal the importance of our hypothesis that the antisycotic remedy with antiviral trend does benefit cancer patients when indicated as main indicated remedy and intercurrent remedy. In case no. 1, Hydrastis can. is the indicated remedy, Antim tart is the lungs symptoms and G.I. system relieving remedy based on pathophysiology that Antimony acts on G.I.System and Potassium acts on Lungs smooth muscles and lung and as a whole Antim tart act on pneumogastric nerve capable of removing out phlegm, and Thuja occidentalis was antimiasmatic and antiviral (for human pappiloma virus) and pathology cancer remedy which together relieving the case and change the pathology. In case no. 2, Sepia was given as causation and constitutional remedy, worked for one year then stopped acting. Then I thought of giving an intercurrent antimiasmatic remedy Thuja occidentalis (King of Sycosis). Thuja occidentalis also pathological based remedy as found pathological condition rubric Cancerous affection, encephaloma, antisycotic and antiviral (for human pappiloma virus) remedy. As a result, patient went on improving till 2018. When 2018 she again developed headache and tingling sensation in hands due to severe family tension, I asked them to do MRI of brain and found tumor is again growing. This time she refused operation. I repeated same constitutional remedy and inter current remedy in high LM potency. since 2 years till date (i.e. till 08/10/2020) she has no symptoms, doing well her teachership job efficiently.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Neopatohy No</th>
<th>Date of receipt</th>
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<tr>
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<td>X-4819/14</td>
<td>15/12/14</td>
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Nature of Specimen:
Received fragmented corticectomy bits together measuring 3x3x3cm-All processed -Ø, A.

Histopathology Report:
Sections show fragments of an infiltrating glioma (involving white matter) neoplasm composed of diffuse sheets of proliferating oligodendroglial cells exhibiting mild nuclear atypia and low mitosis. Evidence of perineural satellitosis and scattered microgliaocytes is observed. Subpial spread is evident. Focal subcortical area shows increased cellular atypia and mitosis.

Impression:
Anaplastic oligodendrogliaoma, WHO grade-III, Right fronto parietal.

Reported by:
Dr. Nandesh
Asst. Professor
17/12/14

Dr. Vani Santosh
Professor
17/12/14

NOTE: Molecular testing for 1p19q codeletion can be done, if required (Cost Rs. 10000/).
Conclusion
These two cases benefit shows our path of integrated synergistic study flourishing which is to be further studied with more cases.

Acknowledgement
I sincerely acknowledge to my colleague Assistant Professor of Repertory Dr. Yashashvini J. P. Hegde for her constant help and inspiration for publication of this article. I acknowledge the inspiration of my colleague Dr. Lordson J. for publication of this article.

N.B.: The reports of cases were shown for documentation of truth but may not be shown in cases to avoid space consumption. If publisher thinks essential to show in cases, the name should be darkened to hide out identity.

References