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Using homeopathic medications to treat lung cancer

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Abstract

Both in vitro and in vivo, in both people and animals, and in both lower and higher potencies, homeopathic medications have shown biological effect in the treatment of cancer. Cancer patients must make a life-or-death choice on their course of therapy. It would seem reasonable and worthwhile, even urgent, to increase research on and even the provision of homeopathic treatment for lung cancer and other diseases, since the majority of conventional treatments are still linked to serious side effects and occasionally fatal outcomes, whereas homeopathy has been found to be free of such effects.

Keywords: Drugs, cancer, diseases

1. Introduction

Difficulties with Homeopathic Cancer Research

The lack of randomized controlled trials (RCTs) on homeopathic growth treatment is undoubtedly problematic. Within a month of our previous survey's distribution, educator Edzard Ernst distributed an article lamenting the fact that "the majority of the current RCTs are in the domain of tumor whitewashing and strong care." In any case, the explanation is quite reasonable and does not call into question the validity of homeopathy. We were prepared to comment on Ernst's and other analysts' unavoidable mental states in our most recent survey, making fun of homeopathic research that was disseminated in logical diaries that were peer-evaluated and supported the aforementioned position. Ernst made disparaging remarks about homeopathy and homeopathic professionals at the beginning of his paper [2]. He continued by depicting homeopathic "potencies" as waning as much as he could. In our survey, we went into great length on the distinction between potentiating and standard weakening. Ernst could not explain how, on average, only around 25% of homeopathic remedies recommended go above and beyond. However, as a result, he extended his homeopathic responses to the following 75%. Additionally, he failed to provide information about the growing body of logical evidence showing the positive effects these potencies have on organic frameworks, including human beings. The "impossibility" of homeopathy and homeopathic tumor therapy was his expected conclusion in the essay. There are several reasons why human studies in homeopathic growth research are rare, in addition to the biased views supported by the used guns against CAM. Clinical research on the treatment of cancer using "doubtful" therapies, like homeopathy, is expensive and fraught with legal issues. More than thirty states in the US have passed legislation that severely restricts the use of harmful medical procedures. The government and expert associations continue to support chemotherapy, radiation, and medical procedures as the only "affirmed treatment" of disease, which is astonishing given the enormous potential danger and relative low viability of these medicines. Due to legitimate concerns, the majority of trials on homeopathic malignancy treatment are conducted in research facilities that examine the effects of homeopathic medications in vitro on cell lines or in vivo by supervising them to lab animals with incited growths. This [4] explains the relative lack of randomized controlled clinical trials in homeopathic tumor treatment. Institutional survey sheets face extreme pressure to ensure the wellbeing of their subjects and infrequently support clinical experimentation on growth patients regulating "dubious treatments, for example, just homeopathic treatment [3]."

Best Case Series Program

The effectiveness of homeopathic cancer therapy is so great that the general public will never be able to avoid this truth. Globally, a growing number of patients are choosing homeopathic treatment, either in addition to or instead of conventional therapy (8–27). Research has shown that when access to homeopathic tumor therapy is limited, individuals seek homeopathic remedies and attempt to treat themselves or their loved ones without proper preparation. In India, where the government has approved homeopathy as a therapeutic treatment, many cancer patients are regularly treated with it, and about one-fifth of these patients are reported to have experienced complete tumor retreatment and other changes as a result of homeopathic treatment [5]. Contextual research conducted by one of these centers resulted in the diffusion of their therapy. In 2008, analysts at the PBH Research Foundation (PBHRF) in Kolkata, West Bengal, India, shared their findings from a few case reports and treatment accounts of patients with esophageal and lung carcinoma that they had submitted to the National Cancer Institute (NCI) Best Case Series (BCS) Program for audit more than ten years earlier [6]. The reports included radiological and pathology findings for 14 patients with dangerous malignancies who were treated according to Banerji's convention until the tumors completely relapsed. The Banerji convention deviates from the strictly homeopathic approach by favoring homeopathic drugs that have proven effective in large numbers of clinical cases and in best-in-class confirmation-based research for a particular condition analyzed by ebb and flow medicinal innovation rather than strictly individualizing side effect closeness, as is the case in traditional homeopathic endorsing. However, according to conventional homeopathic doctrine, this method might be justified on the grounds of illness because of the relative lack of adverse effects and the severity of the distress [7]. Homeopathic founder Samuel Hahnemann categorized conditions like cancer and tumors that have few symptoms under the "uneven issue" category. In a previous study, Pathak et al. found that the Banerji convention was viable for treating glioma patients. The NCI has used the same comprehensive techniques used to evaluate treatment responses with standard solutions in its process for evaluating information from corresponding and elective prescription (CAM) physicians since 1991. The National Cancer Institute (NCI) Best Case Series (BCS) Program is a process that provides an independent review of medical records, imaging, and pathology materials from patients who had unconventional tumor therapies [8]. In October 1998, the Office of Cancer Complementary and Alternative Medicine (OCCAM) was established with the ultimate objective of coordinating and improving NCI's CAM-related activities. The NCI BCS Program is now covered under OCCAM's Practice Assessment Program. Through this initiative, OCCAM officials collaborate with CAM specialists to identify appropriate, frequently reported instances. Obtaining and auditing sufficient data to determine if NCI-started research on a certain medication is warranted is the program's primary goal. According to the study by Banerji et al., the NCI Special Studies institutional audit board approved the convention for conducting this test, and the Indian Council for Medical Research has received an application for task endorsement. Four of the cases were accepted as sufficient evidence for the NCI to begin advance review since they had independent confirmation of the analysis and radiographic response

Research on Homeopathic Potencies

A recent article demonstrated a late, unusual method of demonstrating the effects of potentized medications. Professor Dr. Wilfried Dimpfel of Justus Liebig University in Giessen, Germany, showed that an EEG might show the impact of low-dose (potentized) drugs. For example, using a homeopathic drug developed by the pharmaceutical company Heel, he used an electroencephalogram (EEG) to measure brain waves in order to illustrate the homeopathic drug's effects. He examined its contents, compared it to other solutions, and created a distinct profile. Although this is the first time an EEG has been used to demonstrate the effects of homeopathic drugs, doctors have successfully used an EEG to identify homeopathic patients who she referred to as "amazing responders" to homeopathic therapy [10]. Ongoing attacks on homeopathy due to the use of certain homeopathic remedies diminishing to the point where "nothing stayed of the beginning materials" may soon become a thing of the past. Absurd homeopathic weakening was investigated from a nanoparticle perspective by Chikramane et al. of the Department of Chemical Engineering, Indian Institute of Technology, Mumbai, Adi Shankaracharya

Marg, Powai, Mumbai, Maharashtra, India. In order to theoretically ensure that there are no quantifiable remnants of the starting materials, homeopathic medications with high potencies, such as 30c and 200c Use of Homeopathic Drugs in curing Lung Cancer, contain tremendous weakening variables (10^{60} and 10^{400} individually), which are numerous requests of extent more prominent than Avogadro's number [11]. The scientists also ensured that no theory that predicts the maintenance of properties of beginning materials has been proposed to date, nor have they revealed any physical substance in these high power drugs. The proximity of physical materials held as nanoparticles of the starting metals and their totals in these extraordinary weakenings were demonstrated unexpectedly by Transmission Electron Microscopy (TEM), electron diffraction, and synthetic investigation by Inductively Coupled Plasma-Atomic Emission Spectroscopy (ICP-AES) using market tests of metal-got medications from reputable producers.

Low dose therapy for advanced cancers

The concept of using little amounts of medicine isn't as crazy as it makes it seem. In fact, according to Jahangir Satti of the Albany Medical Center's Department of Radiation Oncology in Albany, New York, it is becoming more and more popular worldwide in the fight against real illnesses, such as cancers. In an essay, Satti described a global trend toward an increase in low-dose treatments for cutting-edge cancers, which is a justified departure from the conventional use of the most severe measuring norm. Satti's analysis of the various approaches revealed that the minimal dosages of the suggested medication are often controlled in a consistent manner, at regular intervals (metronomic therapy), either as a standard treatment or as a support treatment for a considerable amount of time. However, he cautioned that there is no clear standard for sedate measures, dose fractionation, reiteration, recurrence, or the duration of a treatment course for a specific patient in the new therapy strategy. Satti discussed hormesis and evaluated writing about metronomic therapy in his article; both phenomena occur in low measurement ranges. Hormesis is the belief that little amounts of a poison may protect against harmful doses of the same toxin. In order to fully exploit the potential of low-measurement metronomic treatment to treat persistent and complex diseases, Satti called for improved numerical models, PC reenactments, process simplification, and clinical trials. He also called for the development of conventions to institutionalize metronomic dosimetry in order to address long-standing questions related to dosage, homeopathy, and hormesis. He believed that this incredible failure measuring metronomic therapy will have widespread effects on healing chronic illnesses worldwide [12].

Anti-Cancer effects of homeopathic drugs in laboratory animals and cell cultures

Kumar et al. examined the antidisease and inhibitory effects of a few potentized homeopathic remedies at the Amala Research Center in Kerala, India. Along with elevated liver marker chemicals, the experts used N-nitrosodiet41hylamine (NDEA) in rats to induce hepatocellular carcinoma (HCC), a difficult growth to cure. Additionally, they used 3-methylcholanthrene to cause sarcomas in mice. At that time, they recommended the following four remedies, which are often used in homeopathic cancer treatment: *Ruta graveolens*, *Hydrastis canadensis*, *Lycopodium clavatum*, and *Thuja occidentalis* at a strength of 200c. Homeopathic literature shows that homeopathic physicians saw clinical effects on liver development from several of these remedies (with the exception of *Ruta graveolens*) [13]. The mice treated with 3-methylcholanthrene were also used to test the homeopathic drugs *Rutagraveolens* 200 and Phosphorus 1M, which may be used to treat sarcoma. To keep crowds under control, fake therapy was administered. *Ruta graveolens* 200c and its methanolic extract had previously been evaluated by Preethi et al. 39 of a related group. According to Preethi, it demonstrated anticancer activity against powerful tumors in mice, such as Ehrlich carcinoma ascites and Dalton's lymphoma ascites, as well as tumor cell-induced ascites. In 2005, Pathak et al. 30 reported that *Ruta graveolens* 6c caused telomere instability and particularly triggered tumor cell death in mental illness cells [14]. *Lycopodium clavatum* has been shown by Sur et al. 40 to be hepatoprotective against liver damage caused by CCl₄. According to Biswas et al. 41 from 2004 and Pathak et al. 42 from 2006, the presence of *Chelidonium majus* and *Lycopodium clavatum* in mouse livers prevented carcinogenesis triggered by a zodye.

Research Methodologies and Mechanism of Action

As suggested by an audit by Professor A R Khuda-Bukhsh, his gathering of experts has used mice as a model for homeopathic study in connection to cytotoxicity, genotoxicity and carcinogenesis in their lab throughout the past three decades. By considering a few cytogenetic endpoints, they first attempted hostile to radiation workouts of a few potentized homeopathic drugs versus suitable controls. In this manner, they attempted to counteract the cytotoxic, genotoxic, and oxidative pressure effects of several homeopathic remedies against a few substance-poisonous metalloids and metal mixtures. In order to understand the potential tools and mechanisms of action of potentized homeopathic medicines, they next presented modern techniques like as Western blotting, immunofluorescence, electron microscopy, UV spectroscopy, HPLC, FTIR, NMR, RT-PCR, and so on. Khuda-Bukhsh has suggested that administrative action on quality articulation be used to limit the use of potentized homeopathic drugs [15].

Bonamin et al. of the Laboratory of Cellular and Molecular Biology, University Paulista, Brazil, led a methodical survey of the creature models utilized as a part of studies of high weakenings to investigate the methodological nature of papers and detailed outcomes, and to feature key theoretical parts of high weakening to recommend pieces of information concerning putative instruments of activity.

Using "homeopathy" and "creature" as catchphrases, the scientists purposefully selected manuscripts from the Pubmed-Medline database for inclusion. They included only original full English-language papers published between January 1999 and June 2009, as well as audits, logical reports, theories, more well-known papers, papers that were taken from Medline using similar catchphrases, and, for discussion purposes only, papers about books and blended business recipes. They identified 31 publications displaying 33 tests for the principal study from a quantity of 89 items referred to [16].

A thorough analysis of the selected publications confirmed a few important natural characteristics of high weakening investigations carried out in creature models: The methodological quality was generally adequate, though some perspectives could be improved; b) joining among occurs and materia medica is found in a few studies, suggesting the possibility of an orderly investigation of the Similia rule; c) both isopathic and Similia models appear to be helpful to see some complex organic marvels, such as parasite-have collaborations; and d) the impacts of high weakening appear to fortify reclamation of a "steady state," as found in a few test models from both distinct and scientific viewpoints.

Homeopathic treatment for adverse effects from conventional cancer therapy

In order to prevent or cure the negative effects of illness drugs, Kassab et al. of the Royal London Homeopathic Hospital examined the viability and well-being of homeopathic remedies. They state that patients with cancer often use homeopathic medications in addition to conventional therapies. One reason patients take homeopathic medicines is to help counteract the negative effects of traditional illness treatments, which may produce striking depression. Randomized controlled trials (RCTs) of homeopathic medications in participants with a clinical or histological analysis of tumors where the mediation was removed for preventing or treating growth medication side effects were the selection criteria for the research. Every age group and every stage of illness was included. Two designers of surveys independently assessed research for inclusion, and two creators of audits dissected data. Three survey designers independently assessed trial quality using the Cochrane Collaboration's risk of predisposition assessment tool and the Delphi List. Inconsistencies were resolved by consensus. Information was segregated for analysis when possible.

Eight controlled studies with a total of 664 participants—seven fake treatment controlled and one trial versus a dynamic therapy—met the requirements for consideration. Two concentrated menopausal symptoms associated with bosom growth treatment, three concentrated adverse effects of chemotherapy, and three concentrated antagonistic effects of radiation therapy. Two studies with a generally safe predisposition demonstrated advantages: one with 254 participants showed that topical calendula was more common than trolamine, a topical specialist that does not contain corticosteroids, for counteracting the effects of radiation-induced dermatitis, and another with 32 participants showed that Traumeel S, a restrictive complex homeopathic solution, was more common than a fake treatment as a mouthwash for stomatitis brought on by chemotherapy. Despite the fact that the hazard of predisposition was not clearly defined, two other research reported positive results, while four further investigations found negative

results. Because of the homeopathic medications used, no actual antagonistic effects or correlations were found.

The authors concluded that their survey had found preliminary data supporting the feasibility of using Traumeel mouthwash to treat chemotherapy-induced stomatitis and topical Calendula officinal tincture to prevent severe dermatitis during radiation therapy. Nevertheless, they stated that the trials needed to be replicated. Additionally, they discovered from the data that additional study is necessary and that there is no convincing evidence supporting the effectiveness of homeopathic remedies for other adverse effects of illness drugs.

Sunila et al., researchers from Amala, examined the effects of Thuja occidentals against damage caused by gamma radiation. Because it causes harmful fundamental alterations in fundamental macromolecules, ionizing radiation is fatal to living things. By protecting common tissues from radiation damage, operators may get a better knowledge of radiotherapy resistance. Some tailored mixtures have been shown to provide excellent radiation protection in test animals; but, their high cost and toxic nature limit their practical use. Amifostine is one medication that causes side effects include heaving, hypotension, and queasiness. Finding nontoxic and more reasonably priced drugs for therapeutic radioprotection is thus necessary.

Women who have a history of breast development are more likely to get hot flushes. Although hormonal therapies are known to reduce these adverse effects, they are not recommended for women with a history of bosom illness due to their possible antagonistic effects. Non-hormonal therapies' effectiveness is still regarded as questionable.

Conclusion

In vitro and in vivo research facility investigations show that homeopathic medicines may have both beneficial and protective effects, even though they can reduce tumor size and induce apoptosis. Additionally, homeopathic medicine has shown results when used in conjunction with conventional tumor treatment. This supports our own and other people's clinical experiences that homeopathic treatment of growth can be a very effective treatment for a variety of diseases, including leukemia, as well as for the painful symptoms of conventional treatment when appropriate remedies are selected based on individual signs, as well as those indicated by pathology and cell-line signs, and are regulated in the appropriate dosages in accordance with the standard standards of homeopathic posology. It is anticipated that more study will confirm these clinical impressions.

In the two centuries or more that homeopathy has existed, more than four hundred remedies for cancer have been developed. Up until now, just a small portion has been the focus of logical inquiry. In the unlikely event that they show any significant impact in cancer, more homeopathic remedies should be concentrated. Numerous comprehensive, double-blind, fictitious treatment-controlled, randomized clinical studies are definitely necessary for the next significant advancement in homeopathic illness research. Volunteer adult patients who prefer homeopathic therapy over conventional care might be recruited to assess the effects of homeopathic treatment in clinical settings, especially in situations when no conventional treatment has seen to be effective.

Many of the experts doing research on the growing interest in homeopathic growth therapy—discussed here but not examined—have seen that patients are driving the need for access to homeopathic and other elective tumor treatment options. Given the risks and limited efficacy of current illness treatments, it is imperative that the evaluation and planning of effective homeopathic tumor therapy be made available to anyone who choose to try it.

References

1. Mueller M., the Proof: Research on Homeopathic Cancer Therapy. Banerji P, Campbell DR, Banerji P. Cancer patients treated with the Banerji protocols using homoeopathic medicine: a Best Case Series Program of the National Cancer Institute USA, American Homeopath 2007, 13: 2. Oncol Rep. 20 (1): 69-74, July 2008.
3. Ernst E., Cancer treatment with homeopathy? 14; 4:129-30; Current Oncology, 2007

4. ECH General Assembly—XVIII GIRI Symposium, November 12–14, 2004 Report from Science
5. Walker M., *Junk Journalism and Cultural Dwarfs*. 2009:26:39 Slingshot Publications
6. The Unconventional Cancer Treatments Report from the Office of Technology Assessment (OTA). Chapter 10: Regulations and Laws Impacting Non-Traditional Cancer Treatments. OTA in 2010.
7. Dean C, Rasio D, Feldman M, and Null G. *Death by medication*. Praktikos Books. 2011:84–8; Mount Jackson, Virginia
8. Thompson EA, Mathie RT, Baitson ES, Barron SJ, Berkovitz SR, Brands M, Fisher P, Kirby TM, Leckridge RW, Mercer SW, Nielsen HJ, Ratsey DH, Reilly D, Roniger H, Whitmarsh TE.
9. Moving towards establishing a benchmark for patient-reported results in NHS homeopathic hospitals. *Homeopathy*. 97(3):114-21, July 2008.
10. Lawsin C, DuHamel K, Itzkowitz SH, Brown K, Lim H, Thelemaque L, Jandorf L. CAM usage among colorectal cancer survivors: a correlation of demographic, medical, and psychological factors. *May 2007; 15 (5):557-64; Support Care Cancer*. Epub Jan. 5, 2007.
11. Newell SJ, McCann LJ. An examination of the use of complementary and alternative medicine in pediatrics and long-term sickness. 91:173–174 in *Arch Dis Child* (2006)
12. Vollmar HC, Jeschke E, Ostermann T, and Tabali M Kröz M, Matthes M, Witt CM, Willich SN, Bockelbrink A. A prospective, multicenter observational research on the pharmacotherapy of elderly patients in routine anthroposophic medical practice. 10:48 in *BMC Geriatrics* (2010)
13. Liebschutz J M, Berlowitz D, McEachrane-Gross FP. A cross-sectional study of veterans with cancer or chronic pain on their use of certain complementary and alternative medicine (CAM) therapies. 2006, 6:34; *BMC Complementary and Alternative Medicine*
14. Carlsson M, Arman M, Backman M, Ura F, Hatschek T, Hamrin E. Anthroposophic and Conventional Care for Breast Cancer Patients: A Five-Year Follow-Up on Quality of Life. Publication in *Advance Access*, June 27, 2009 2006;3(4)523–531; *eCAM*
15. Simon L, Beretz A, Bagot JL, Lobstein A, Rubinstein I, Schraub S. Alternative and complementary therapies used by cancer patients. [French article] *Bull Cancer*. 94 (5):483-8, May 2007.
16. Thompson EA, Falk S, Turton P, Thompson T, Shaw AR, Sharp DJ, and Evans MA. Is the use of complementary and alternative medicine by men with cancer a reaction to needs that are not being satisfied by traditional care? English: *Eur J Cancer Care*. Nov. 2007, 16(6):517–25.