



CANCER—VITAL APPROACH WITH HOMEOPATHY

A successfully treated case by Dr. Nikunj Trivedi

Cancer is a group of diseases involving abnormal cell growth with the potential spread to other parts of body, means Malignancy leads to metastasis.

Journey of Malignancy to Metastasis.

Major or cardinal signs and symptoms include;

1. Unexplained weight loss, Loss of appetite and feeling of “Low or down”.
2. New Growth or Tumour or Lump
3. Prolonged Cough
4. Abnormal Bleeding
5. Change in bowel movement

Many cancer can be prevented by using right treatment options but as it's a diseases of “tissue growth regulation failure. The cell or tissue growth is being regulated by “Gene”. When gene gets altered then normal cell gets transformed in to a cancer cell.

The affected genes get divided in to categories.

1. Oncogenes: which promotes cell growth and reproduction?
2. Tumour Suppressor Genes: which inhibit cell division and survival.

Genetic changes can occur at different level with different mechanism. The gain or loss of an entire chromosome can occur through defective or due to errors in “Mitosis”. More common are “mutations” which gets affected or changed in the nucleotide sequence of genomic DNA.

Classification is equally important for a Homeopath to find its Miasmatic root.

Metastasis: Spread of cancer to other location in the body. The new growth or tumours are called “Metastatic Tumour” while the original called the “Primary Tumour”. Majority of the cancer can metastasize and majority of the cancerous death occurs due to metastasis.

How to diagnose?

Physician, after careful history taking, physical examination and with general screening suggest the patient to go for pathological tests like Blood test, Serological test,

Serum Markers, Biopsy, Radiological tests (x-rays, CT scan, MRI, Barium etc.) Endoscopy etc.



ROLE OF HOMEOPATHY:

Now, it's an abnormal pathological change which has altered normal physiology.

It's a deep seated Miasmatic disease.

- DR.HAHNEMANN invented HOMEOPATHY
- Which restores the Abnormal Pathology to Normal Physiology with
- HOMEOSTASIS
- *Homeostasis means the maintenance of overall inner resistance in the body.*
- *Homeostasis stabilizes the Body by regulating the internal environment that what Dr. Hahnemann has explained in "Organon of Medicine" in first aphorism.*

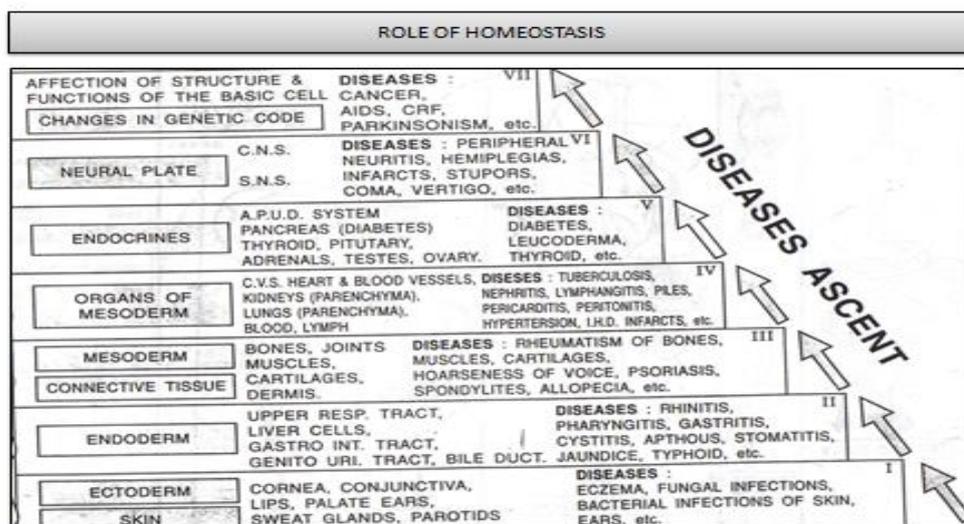
"The highest ideal of cure is rapid, gentle and permanent restoration of health, or removal and annihilation of the disease in its whole extent, in the shortest, most reliable and most harmless way, on easily comprehensible principles.

To treat the patient judiciously and rationally.....

Dr. Hahnemann says: On Miasmatic approach...

He must investigate what is to be cured in disease and know what is to be curative in various medicines.

Essential qualifications – without which physician cannot be called the "True Practitioner of the Healing Art."



A Case of “Adeno-Carcinoma” after Hysterectomy

Name of the patient: Mrs.S.S.Jariwala

Birth Year: 1941 Age: 61 years Gender: Female

Date of First Consultation: 04-02-2002

Case Ref.no: 241/ 2002

Address: M****arpura- Surat, Gujarat, India.

Weight: 52 KG. BP: 110/ 70 mm of Hg.

Reference: This patient was escorted to me by her son in law, as I had treated him for “Guillain barre syndrome” successfully with Homeopathy in 2001 so he insisted me to treat her mother in law.

Chief Complain:

Known case of “**Ca Ovary**”**resulted after Hysterectomy 20 years ago.**

Received four cycles of Chemo therapy with Carboplatin

1. Complete loss of appetite since one year.
2. Breathlessness because of Plural Effusion on Right side was detected in X-ray.
3. Diarrhoea
4. Almost loss of Hair from forehead, vertex and temples, after chemo therapy.
5. Dark skin with petechial haemorrhage.
6. Progressive weight loss.
7. Offensive odour from body.
8. Pain in Abdomen and Distention due to fluid. (Ascites).
9. Due to Diabetes Mellitus, Her sugar level was not under good control.

Past Surgical History:

Operative note from Local Oncologist cum Surgeon:

“Hysterectomy had done 20 years ago. Due to secondary Metastasis, She underwent Exploratory Laparotomy done for

Ca- Left ovary with cystic mass in relation to left ovary adherent with Left ureter and left lateral wall of rectum. Her tumour separated and Left ovarian mass excised and Right ovary also excised. Omentectomy done Para aortic region explored, Small nodes present which were excised. Uterus not present, as Hysterectomy was done.

Bilateral Oophorectomy was done.”

Family History: No any significant history of Cancer in family.

Physical Examination:

- Head: Significant Hair Loss (Alopecia Areata)
- Eyes: Anxious look with paleness.
- Neck: Cervical Neck Glands are not palpable.
- Breasts: Normal Axillae: Normal.

Abdomen: No palpable mass. Pain in-- bilateral inguinal region. < Bending and Rest

Investigations done:

Chest X-Ray (P-A View) done on 21-12-2001

Pleural Effusion on Right side.**Histo-Pathology:**

Pleural Fluid Examination: 22-12-2001.

Chemical Examination: Protein: 4.3 Gm%

Cytological Examination: Cell count: 187/cu.mm

Differential Count: Poly: 70%, Lymphocytes: 30% , Mesothelial : +++, RBC :+++

Cytological Report:

*Many spherical clusters of atypical cells with round hypochromic nuclei present.

*Cytoplasm shows vacuoles in some cells.

*The findings are suggestive of Malignant Effusion due to? Adeno-carcinoma.

HAEMATOLOGY:

Hb gm%	12.7 gm%
RBC	04.10 mill/ cu.mm
WBC	14,100 / cu.mm
Neutrophil:	75%
Eosinophil:	02%
Monocytes:	03%
Lymphocytes	20%
Basophil:	00
BIOCHEMISTRY:	
Blood Sugar Fasting	168 mg%
Urine sugar	Trace
Urine Acetone	Absent
Blood Sugar PP	151mg %
Blood Urea	16 mg %
Serum Creatinine	0.7 mg%
Stool Examination	PH: 6.0, Reaction: Acidic, Occult Blood: Positive.

RENAL PROFILE	
Blood Urea:	34mgm%
Serum Creatinine	0.7mg%
CARDIAC PROFILE	
S.CPK	86IU/L
CK.MB	11 U/L
SGOT	59 IU/ L
S.LDH	1100 U/L
TUMOUR MARKERS	
CA 125	100 U/ mL Reference Range: <35:00 U/mL
CEA (carcino Embryonic Antigen)	8ng/mL Reference Range:<03:00 ng/mL

HOMEOPATHIC EVALUATION:

MIASM: CANCER

LOOK:

- Very dull, emaciated, cachectic with anxious look.
- Loss of hair on head
- Spots mean brownish depigmentation on face and body.
- Dirty look with very low vitality.

MIND:

- Was very headstrong and hardworking personality.
- But recently has become very Emotional, Anxious and developed weeping tendency.
- Obstinate.
- Pre-fixed ideas about all types of treatment. Become paranoid.
- Was very fastidious.
- Wants to order and demand. Was dominating.

PHYSICAL EXAMINATION:

HEAD:

- Loss of hair on head, as she went under six chemotherapy. (Alopecia Areata)

MOUTH:

- Bad smell from mouth—Foul smell while talking.
- Feels metallic, tangy taste on tongue.
- Gums: Swollen and spongy with bleeding, while brushing.
- Tongue: Tongue: Pale, thickly coated-Yellowish fur.

THROAT:

- Wrinkles on skin with Hyperpigmentation on external throat.
- Scattered black moles on thyroid region.
- Tongue: Pale, thickly coated-Yellowish fur.

EXTREMITIES:

- Mild trembling
- Pain: Calves
- Can't walk any longer distance.
- Swelling on feet.

ABDOMEN:

- DISTENDED—Feeling of bloated.
- Rumbling.

SKIN:

- Very thin, wrinkled with petechial haemorrhage.
- Brownish pigmentation everywhere.

Treatment and Management

1st Prescription: 04-02-2002.

After careful history taking and repertorisation with clinical evaluation,
She was prescribed,

1. CARCINOCIN 30 -- One dose per week.
2. CALCAREA CARB 200-- One dose per month
3. TABLET-SELENIUM 3X One tablet of 5 Grain Three times a day

(As an Immuno-booster X 2 Months)

Selenium is a very common homeopathic remedy, as a pure natural component of the body system; **it is essentially need for the tissues to run effectively.** It actually works inside of digestive enzymes and also

Performs a vital role in the produce of **anti-oxidants.**

Second Follow up: 17-04-2002.

1. CARCINOCIN 30 One dose per week.
 2. CALCAREA CARB 200 One dose per month
- Patient was on improvement with few growing hair follicles.
 - Appetite: Increased. Slowly getting taste of food.
 - Significant Weight gain: 54 kg.
 - B.P.: 120/80 mm of Hg.
 - Felt Constipated.
 - Sleep: Improved. Getting good sleep.
 - Restlessness and Anxiety: Reduced to some extent.

Third Follow up: 28-08-2002

1. CARCINOCIN 30 One dose per week.
 2. CALCAREA CARB 200 One dose per month
- Significant Hair growth. NO WEAKNESS.
 - Appetite: Increased. Now she is relishing her food. Feels too much hungry.
 - Weight 55 kg.
 - B.P: 130/80 mm of Hg
 - Constipation still present.
 - C/o: Dry coughing esp.at night.
 - Blood sugar: PP2BS: 178 mg%

ON 11-01-2003

1. CARCINOCIN 30 One dose per week.
 2. CALCAREA CARB 200 One dose per month
- C/O: Coughing. Nocturnal. Weight: 56 kg, BP 160/80 mm of Hg.
 - Blood Sugar: Fasting: 124mg% PP2BS: 138 mg%.

Treatment:

1. CARCINOCIN 30 --One dose per month for one year.

From January 2005, **NO TREATMENT** and no any medicines given to the patient. In June 2005, suggested Blood tests for Tumour Markers. Results shows patient is **TOTALLY CANCER FREE**. It's a great success to Homeopathy to restore the sick to Health.

Before Treatment

TUMOUR MARKERS	
CA 125	100 U/ mL Reference Range: <35:00 U/mL
CEA (carcino Embryonic Antigen)	8ng/mL Reference Range:<03:00 ng/mL

After Treatment

TUMOUR MARKERS	ON 04-06-2005
CA 125	<2.00 U/ mL Reference Range: <35:00 U/mL
CEA (carcino Embryonic Antigen)	0.73ng/mL Reference Range:<03:00 ng/mL

BLOOD REPORTS OF SERUM MARKERS FROM LABORATORY AS AN EVIDENCE

CA-125 and CEA after successful administration of Homeopathic Medicines.



Lal Path Labs Pvt Ltd

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CAP ACCREDITED NABL ACCREDITED ISO 9001:2000

05 3169600
 SURAT - III

Dr. Vandana Lal
DR. VANDANA LAL
 M.B.B.S., M.D. (Path)
Chief of Pathology
 SHIROMANI AWARD WINNER

Name : SHAKUNTALA JANWALA
 Lab. No : 05 3169600
 Age : 64 years Sex: F
 Ref. By : APOLLO CLINIC

Reg. Date : 05/04/05
 Collection Date : 04/04/05
 Print Date : 05/04/05
 A/c Status : 025 C

Test Name	Result	Units	Ref. Range
Recommended use of CEA with other tumour markers :-			
Carcinoma	<u>Tumour Marker Combination</u>		
Colo Rectal	CEA + CA-19.9		
Gastric	CA-72.4 + CEA/ (CA-19.9+CEA)		
Pancreatic	CA-19.9 + CEA		
Liver	AFP + CEA		
Breast	CA-15.3 + CEA		
Ovarian	CA-125 + CA-72.4 + CEA		
CA - 125	< 2.00	U/mL	(< 35.00)

Comments:
 AXSYM CA-125 Assay (ABBOTT LABORATORIES)



Lal Path Labs Pvt Ltd

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Test Name	Result	Units	Ref. Range
Carcino Embryonic Antigen (CEA)	0.73	ng/mL	(< 3.00)

Comments:
 AXSYM CEA Assay (ABBOTT LABORATORIES)
 CEA is a reliable Tumour Marker for already diagnosed Colo-Rectal Carcinomas. These tumours most commonly metastasise to Liver, Lungs and Intestinal Wall. Baseline levels measured prior to therapeutic intervention, and followed later by serial periodical measurements, will predict the outcome of the therapy. It also helps in early discovery of recurrences, relapses and metastases.

Recommended testing intervals :

First Determination	: Preoperatively (baseline)
Second Determination	: 2-4 days after operation
Third Determination	: Before discharge from hospital
If levels are high/show rising trend	: monthly.
If levels normal	: every 3 months initially and later annually

In general, Tumour Marker levels are directly related to the tumour mass and the stage of the cancer. However, it is the rate of change of the Tumour Marker level which is more important, rather than it's absolute value. A 50% change may be considered clinically significant.

It is noted that CEA may also be elevated in Carcinomas of

RADIOLOGICAL REPORT –ULTRA SOUND STUDY OF ABDOMEN AND PELVIS.

LATEST REPORT: NORMAL

DEPARTMENT OF LABORATORY MEDICINE

Radiology - Ultrasound

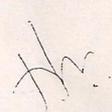
The
Apollo
Clinic
Family Health Centre

Name : Mrs Shakuntalal Jariwala
Gender : Female Age : 64 Years
UHID : ACM3 .0000001540
Bill No : ACS1621 Lab No :
Ref. by : Dr. J R Shah
Date : 03-Apr-2005 Time : 11:46 AM

Ultrasound Whole Abdomen (Female)

: Liver is normal in echopattern. No focal intra-hepatic lesion detected.
Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.
GALL BLADDER : Gall bladder appears echofree with normal wall thickness .
Common duct is not dilated.
PANCREAS : Pancreas is normal in size and echopattern.
SPLEEN : Spleen is normal in size & echopattern.
KIDNEYS : Both kidneys are normal in position, size and outline.
Cortico-medullary differentiation of both kidneys is maintained.
Central sinus echoes are compact.
Visualized parts of retroperitoneum do not reveal any lymphadenopathy.
URINARY BLADDER : Urinary bladder is normal in wall thickness with clear contents.
UTERUS : Hysterectomy and bil. oophorectomy done.
No free fluid detected in pouch of Douglas and Morissons pouch .
Ileus of few small bowel loops seen at lower abdomen and pelvis which can be due to
adhesions. No mass lesion seen in pelvis. No lymphadenitis.

IMPRESSION : Hysterectomy and bil. oophorectomy done. No ascites. No mass lesion in
pelvis. No lymphadenitis. Ileus of few small bowel loops seen at lower abdomen and pelvis
and can be due to adhesions. Rest is normal.


DR. HEMANSHU NANAVATI
M.D. (RADIOLOGIST)

About Author:



Dr. Nikunj Trivedi

DR. NIKUNJ TRIVEDI began his carrier as a medically qualified Homeopath, ranked first in University, and has been practicing Homeopathy since 1980 in India and from 2004 in the UK. He is currently based in Leicester-UK, from where he runs his very busy clinical practice.

Dr. Trivedi has been involved in treating infertility and chronic cases with modern medical investigations, combined with Homeopathic totality. He has treated a wide spectrum of patients from all over the world. He has given numerous lectures and his articles are regularly published in Homeopathy journals. Nikunj specializes in treating fertility problems and chronic diseases, and has authored four books on the subject. Nikunj is a member of the Homeopathic Medical Association of India (HMAI) and GHMA-India. He is currently serving as a HMA Council Officer (HMA) (UK). Nikunj has held several charity clinics and regularly participates in the Homeopathic Awareness Week. He also runs **“sitting-in clinics”** and **clinical training sessions** for students and homeopaths .Recently, he successfully arranged, **conducted and organized “Clinical Training Trip to India” for HMA Group**. Nikunj is also UK representative for www.Similima.com. More information about Nikunj could be found on ***www.articlinic.com***