# HOMOEOPATHY INFLUENCES MODERN TRENDS IN MANAGEMENT OF COLO-RECTAL MALIGNANCIES*

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With recent advances in diagnostic procedures employed in diagnosis of Malignancies, Colo-Rectal Malignancies are commonly encountered in clinical practice. The very weight of their frequency has earned for them a status of "Relentless Killer". The clinician must hence be alert to the possibility that a variety of Colonic Symptoms and Clinical settings may well be Malignant States and so strive for earlier diagnosis and try to obtain the best results.

## Incidence

Cancer of the large bowel accounts for about 20% of all deaths due to Malignant diseases in United States. No definite statistics are, however, available for India. In males their incidence is surpassed only by Carcinoma Bronchus and stomach, while in females they are the fourth most common variety of Malignant tumors.

## Etiology

No very specific factors have been found to be associated with development of Colo-Rectal Malignancies. However, certain factors of significance include :

(1) The greater incidence in western society suggests involvement of dietary features. Low residue diets with high contents of saturated fats has been incriminated. This is probably related to lengthier transit time of such food and hence a greater contact.

(2) Action of clostridial organisms, in the gut, on Cholesterol and Bile salts has been found to produce Carcinogens leading to higher incidence in areas of stasis of food

(3) There is a strong Familial link found in association with Colo-Rectal Malignancies. Lesions of large bowel bearing highly significant relations to Malignant states are :

(a) Adenomatous Vellous polyps.
(b) Ulcerative Colitis.
(c) Gardner's syndrome.
(d) Turcot's syndrome.

## Clinical Presentation

Symptoms of Colo-Rectal carcinomas are usually vague and nonspecific at the onset. This can adequately be picturized by the case of "Sir Hamilton Bailey", one of the pioneers of clinical surgery, who died of Carcinoma Colon, for lack of diagnosis till terminal stages.

The clinical picture varies under different presentations.

### A Fresh Untreated Case

(a) Case which presents for the first time Symptomatically and clinically pointing towards a Colo-Rectal Malignancy :

Weight loss and Malaise are common, earliest and often disregarded non-specific symptoms.

By virtue of presentations the tumors may be divided into Rt. sided and left sided. Rt. sided are usually silent till late stages.

### *Important Symptoms Include*

1. *Changes in Bowel Habits :* This is especially important in left sided tumors. It is progressive and consists of alterations in the frequency of time of evacuations. However, most significant is the feeling of Incomplete Evacuation.
2. *Bleeding per Rectum* is seen in 70% of left sided lesions and 25% of Rt. sided lesions.
3. *Pain in lower part of abdomen* is a common symptoms of Rt. sided lesion while a left sided pain is usually Colicky and is related to varying degrees of bowel obstruction.

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* Paper presented in the Scientific Session of the First Congress of International Homoeopathic Medical Organization, Rome, April 1988.
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4. *Anorexia, Malasie* and *Weight loss* occur in all cases.
5. *Symptoms of Anemia* are frequent in Rt. sided Colonic Cancer.

Importance of adequate assessment of the above stated symptoms lies in the fact that Cancer of Large Bowel is practically curable if discovered early in the course and delay in diagnosis is the most significant factor in poor prognosis.

(b) *A case who has had Surgery and is on Chemotherapy Or Radiations :*

Their number is the largest and the clinical presentation much variably depending upon the site and the type of Lesion and time Lapsed after surgery.

(c) *Cases which present for the first time as Inoperable cases :*

Such are the cases who have had poor diagnoses in the beginning, usually with a fixed hard Lump and distant metastases.

## The Management

Our basic principle remains the same. It is the INDIVIDUAL with Colo-Rectal malignancy who is to be treated and not just the Colo-Rectal malignancy. Our approach at all the time remains the same. The individual with Colo-Rectal malignancy is supreme, this is our basic principle.

The question frequently being put forward by fellow Colleagues from the other school and the layman include :

(a) Is Homoeopathy capable of managing cases of Colo-Rectal malignancies?

(b) If yes, then to what extent?

We, as Homoeopaths have to be very cautious when answering such questions.

We cannot and should not outrightly discard the modern advanced techniques of Malignant Surgery by simply arguing that it is a no cure.

We also simply cannot reject the modern Radio and Chemotherapy by simply saying it can never cure.

But we must scientifically and statistically assess where do we as Homoeopathic Physicians stand in comparison to them. We should Scientifically assess their contribution and our own.

It is true that :

83% of the cases, once confirmed, out rightly prefer and go in for surgery, Chemotherapy and Radiations.

10% of the cases come in for Homoeopathy as a last resort after Surgery and Chemotherapy.

7% of the cases come in directly for Homoeopathic Treatment.

**Management of the cases which present for the first time symptomatically and clinically pointing towards a Colo-Rectal Malignancy:**

This is the most ideal and ripe field for us to work and it is here that we should spend all our energies in finding the right SIMILIMUM. A rightly selected remedy will always be the only answer at this stage.

Homoeopathy has brought about number of cures at this stage and averted the most dreadful state of malignancy. It is no exaggeration but right that many of the cases in this country which present with multifarious bowel symptoms when treated Homoeopathically become alright which would otherwise if left untreated or palliated with the other school would have gone into malignancies.

Dr. Boyd during his routine lecture at the London Homoeopathic Hospital had once said "There would have been a much more larger number of known cases of Rectal Carcinomas had there been no Homoeopathic drugs at their rescue in the beginning".

**Management of a case after Surgery, Radiations and Chemotherapy**

Such cases once they have had Surgery or radiotherapy or both are generally left to their fate and one waits to see if recurrences develop. Here Homoeopathy is and can always be of crucial importance. *Observations have shown that statistically a significantly greater number of patients survive after surgery if they are given well selected Homoeopathic remedies than among the corresponding controls.*

Dr. Walsh (of the University of British Columbia) said, "The knife can neither be regarded as a means of curing any Colo-Rectal cancer nor prolonging the existence of the person afflicted with it".

Dr. James Wood (of Royal College of Surgeons, London) said, "I have operated some hundred cases of Colo-Rectal malignancies and they all returned but six and they were not cancers.

Surgery alone could never be the answer in bringing about cure in Colo-Rectal Malignancies.

The highly powerful Radiations and Chemo drugs have a destructive effect on healthier tissues and cells. The vitality is reduced to a minimum.

In such cases best attitude is to give clinical remedies according to presenting Local Symptoms and in the mean time looking for constitutional remedy. This is the only way to prolong and bring out a better palliation supporting at the same time the vital forces of the body.

**The Inoperable Cases**

Even in hopeless and distressing conditions Homoeopathic remedies can palliate and make the patient comfortable. It is sometime possible to hold it stationary for years. Here again it is always the most indicated remedy to be prescribed. The clinical remedies

play very important role in such cases. The vital constitution is always to be strengthened to a maximum.

We have in our records a substantial series of cases of all forms of Colo-rectal malignancies managed with Homoeopathic remedies. Total number of 17 cases of Colo-rectal Carcinoma were treated at our clinic from July '79 to January '83. The cases belonged to three basic categories.

**Group 'A' 3 Cases:** Fresh, undisseminated cases with no antimalignancy Allopathic or Surgical treatment.

**Group 'B' 10 Cases:** Post Surgery and Chemotherapy cases.

**Group 'C' 7 Cases:** Advanced disseminated cases in which no definitive treatment had been given. All 7 were treated in villages with different symptomatic remedies of different pathies without any specific diagnosis.

In 2 patients belonging to group 'C', patients had to be referred for emergency surgery and by pass operations for Intestinal obstruction. In such a situation surgery is the only answer and all of us must accept that. Our remedies would not have the opportunity to work unless the acute crisis was overcome.

## Clinical Cases

### A Case from Group 'B'

Mr. J. Male aged 64 years coming from an upper middle class family reported in our out patient in early September '79 with Chief presenting complaints of:

Pain Abdomen—Left Iliac region and frequent mucoid stools.

It was a confirmed case of Carcinoma-Colon. A partial Colectomy had already been performed two months back. Patient was on Chemotherapy when he came to us.

Chemotherapy was immediately discontinued. The case was worked out in detail and some of the most important features we could gather were:

(a) A never get done feeling-after the stools, there was always a desire to defecate.

(b) Profuse Debility c̄ sweating.

(c) Always wanting to spit. There was marked salvation.

These clearly pointed towards Mercurius which was prescribed in the 200 C potency. A single dose was given at bed time weekly for three weeks. It was the end of the third week that definite signs of improvement appeared. Frequency of stools was reduced and tenesmus was minimum. During the improvement phase which lasted for three months patient was followed up on placebo. The other remedies used in between for acute episodes were Aloe Soc., Bryonia Alba and China Off.

The patient was well maintained for two years. He died in December '81 with an acute episode of Myocardial Infarction.

### *Discussion*

The above case is a single example of number of cases which are well maintained after Surgery on well selected Homoeopathic remedies. We do not admit of bringing about a Cure, but there is always a better quality and lasting palliation than could be achieved through Chemotherapy. Patients on Chemotherapy lead a miserable life due to associated complications of therapy itself. No such side effects are seen with Homoeopathy.

### A Case from Group 'C'

A young lady 28 years old was seen in June 82 with Chief presenting complaint of a fixed hard Lump in Left Iliac region extending upto the umblical region. Liver was palpable (+++), hard and fixed. Inguinal nodes were involved. There were definite signs of bone involvement.

It was a case of Carcinoma Rectum which was labelled inoperable. There were distant metastases. Patient had already had ample Radio and Chemotherapy.

Symptomatic relief was given with drugs Acid Nitric, Ruta G., Ratanhia and Aloe Soc.

Patient died five months later in November '82

### *Discussion*

It was an advanced unoperable case with a Lump and distant metastases which after Chemotherapy was left to die.

Although cure was not possible but well selected Homoeopathic drugs gave a definite palliable relief. Most important was the patient feeling all the time cheerful. I would call our indicated drugs at this terminal stage gave him a better and peaceful death. It is seen time and again that terminal Cancer Patient reconciles perfectly with eventuality of death. What he fears is the pain of terminal stages. Modern Chemotherapy, though often prolongs life but the quality of life obtained is no better than living death. Here we score, though probably little better in prolonging life, it is a living life as long as it is.