

INDIVIDUALIZED CLASSICAL HOMEOPATHY IN THE MANAGEMENT OF GLIOMA, A CASE REPORT

GLIOMA TREATED WITH HOMEOPATHY

Dhiman Roy, PhD, Director & Chief Consultant
Dr Rahim Homeopathy Foundation, 253/10 Sher-E-
Bangla Road, Bangladesh

Pooja Dhamodar, BHMS
Centre For Classical Homeopathy, Bangalore, India

Amritha Belagaje, BHMS
Centre For Classical Homeopathy, Bangalore, India

Seema Mahesh, BHMS, MD(hom), Dip IACH, MSc
Centre For Classical Homeopathy, Bangalore, India
International Academy of Classical Homeopathy,
Alonissos, Greece

George Vithoulkas Director,
International Academy of Classical Homeopathy
Honorary Professor, University of the Aegean

Corresponding Author:

Seema Mahesh, BHMS, MD(hom), Dip IACH, MSc
Institution: Centre For Classical Homeopathy, Bangalore,
India. International Academy of Classical Homeopathy,
Alonissos, Greece
Email: bhatseema@hotmail.com

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ABSTRACT

Introduction

Gliomas are neoplastic tumours accounting for 33% of adults with primary malignant lesions of the brain. Although advances in classification of gliomas have accelerated the understanding of its aetiology and prognosis, surgical resection followed by chemoradiation are the only widely opted treatment options till date. Though Complementary and alternative medicine is gaining prevalence in cancer therapy, the use of classical homeopathy the management of glioma has not been recorded so far.

Case report

*A 39-year-old female, diagnosed with glioma, was benefited by individualized classical homeopathic therapy. The homeopathic remedy *Cocculus indicus* in LM potencies and *Natrum muriaticum* 10M were prescribed based on the physical and psychological symptomatologic totality, as required at different times.*

Results

The tumour resolved with improvement in the associated symptomatology and quality of life during the course of treatment.

Conclusions

Classical homeopathy may have a role as a non-invasive and effective method in management of gliomas, and merits further scientific investigation in this direction.

KEY WORDS

GLIOMA; NEOPLASM; HOMEOPATHY.

INTRODUCTION

Gliomas are heterogenous neoplasms of the central nervous system, accounting for 33% of malignant brain tumours (males > females)¹. Symptoms depend on the location and mass effect of the tumour on its surrounding tissue. They range from headache, nausea and vomiting to changes in vision, sensory deficits, and focal or generalized seizures. Conventional management includes surgical resection of the tumour alongside chemoradiation². The survival of patients is dependent on the extent of tissue excised³. While it provides long-term remission, relapse is observed in case of remnant tumour stem cells. Complete resection is difficult due to local invasion and infiltration into normal tissue,⁴ and comes with the risk of neurologic, regional, and systemic complications³. The efficacy of chemotherapy remains controversial due to the difficulty in crossing blood brain barrier⁵. There is an imperative need for alternative treatment that targets tumour clearance while protecting the surrounding tissue and preserving quality of life.

We present the case of a 39-year-old woman with glioma of the corpus callosum successfully managed with individualized classical homeopathy. The authors are not aware of any literature documenting the management of glioma through classical homeopathy thus far.

CASE REPORT

A 39-year-old Bengali woman, sought homeopathic consultation on 25th August, 2021.

Presenting complaints

Right sided hemiplegia with severe pain in the paralyzed parts was observed for 4 months, with swelling of the right foot, and wrist, progressively worsening dysarthria and dysphagia, and low appetite. She had difficulty in recognizing her family, became secluded and took a long time to respond. She forgot words at times.

History of presenting complaint

About a year before first consultation, she lost her husband. He was bed-ridden for over 8 years, and had depended on her for all his needs. Two weeks after his death, she had one episode of loss-of-consciousness, was hospitalized, and regained consciousness in a few hours. About 6 months later, she noticed weakness and heaviness of right sided limbs, especially on waking up in the morning which progressively worsened to paralysis and cognitive decline. The patient was advised surgery, explaining the risk and monetary burden. She was not on any conventional treatment prior to homeopathy.

Past medical history

The patient suffered eczema in childhood and had occasional fevers thereafter. She had typhoid about 10 years ago and had no acute infections since. She used antacids occasionally. She had no history of injuries or trauma to the head.

Family history

The patient's older brother, died in his late forties, possibly due to an ischemic stroke.

Diagnosis

Glioma of the corpus callosum (50x45x43mm) extending to

the left centrum semiovale with surrounding oedema (Figure 1). ICD 10 – C71.9⁶.

Diagnostics

The haematological tests, thyroid stimulating hormone, serum electrolytes and chest radiology were unremarkable. No endocrine pathology was found. Glioma was confirmed using MRI of the brain (Figure 1).

Homeopathic consultation

A detailed homeopathic case taking was conducted on 25th of August 2021. Classical homeopathy, refers to individualised prescription of a single homeopathic remedy based on totality of symptoms, after studying the patient as a whole, and considers symptoms at the mental, emotional and physical levels^{7,8}. Individuals respond in their unique way to disease, and hence must be provided with treatment tailored to their uniqueness. Figure 2 provides the symptoms leading to homeopathic repertorisation and prescription.

The prescription was based on the nature of symptom development, and the possible causative factor. The gradual onset of paralysis, with pain in the paralyzed parts, the exhaustion and development of apathy, with nervous affection, after a long period of tending to her husband's needs were considered. These together indicated the remedy *Cocculus indicus*⁹.

Prescription on 25th Aug 2021

Cocculus indicus LM1, once a day for 10 days, followed by LM2, once a day, every alternate day for 20 days.

FOLLOW UP OUTCOME

The Follow up is given in Table 1.

OUTCOME

CT scan of the brain, taken on 23rd March 2022 showed cerebral ischemic infarcts on the left side, with no signs of the gliomal mass, indicating complete resolution in 7 months. By 20 months of treatment, the patient's symptoms of paralysis, such as dysarthria, dysphagia and neurologic pains decreased substantially. The most significant change, was improvement in cognition and the ability to move independently, improving her quality of living.

DISCUSSION

Initially, the patient had painful right sided hemiplegia with oedema, and the MRI taken in April 2021 suggested glioma. Here, *Cocculus indicus* LM potency (50 millesimal scale) was used in an ascending potency pattern initially to allow adequate stimulation of the being without leading to an aggravation of the symptoms during the process of cure⁷. In the later stage, as the neurological symptoms improved, the patient displayed signs of grief. This was present before the onset of her neurological complaints. There was no further improvement symptomatically, despite resolution of the pathology. This change in her emotional state indicated the remedy *Natrum muriaticum* and was given in 10M potency in order to stimulate the deeper emotional aspects strongly. This resulted in favourable outcome symptomatically.

The patient developed symptoms after the demise of her husband. Previous studies have concluded that chronic stress can induce tumorigenesis and promote cancer through mechanisms such as the induction of DNA damage by the stress hormones, increasing degradation of p53 protein, and regulation of tumour microenvironment¹⁰. Another study showed a significant correlation between psychological stresses and major life events five years before the diagnosis of glioma¹¹. With the understanding that cancer is not just disease-centric but is pertaining to psychosocial, lifestyle and medical aspects of a person, there arises a need for a holistic approach in treating cancers.

While homeopathy is widely used as an adjuvant alongside conventional medicine to combat the harmful effects of chemoradiation^{12,13}, there are previous evidences of successfully managing cancerous conditions with the aid of individualized homeopathy¹⁴.

As the patient improved symptomatically with homeopathic treatment, a repeat MRI was requested to assess the tumour. However, the family's financial constraint restricted this. As CT scan plays an important role in detecting of, differentiation from other intracranial space occupying lesions, and

in assessment of post-surgical status of glioma,^{15, 16} a CT scan was conducted to evaluate the tumour instead of MR imaging.

The causality score on Modified Naranjo Criteria for evaluating causal relationship of improvement to homeopathic intervention was 10 (Supplementary table 1). The limitation here was the lack of classification of the lesion according to the WHO 2021 criteria to understand the prognosis. However, their clinical utility in provision of improved care remains unclear¹⁷, and there has been no previous record of auto resolution of any subtype of gliomas.

CONCLUSION

This patient showed significant improvement in physical symptoms, cognitive abilities, and quality of life, along with complete resolution of the glioma under individualised homeopathic therapy. There is a need for further scientific investigation on the extent and specific scenarios of cancer where classical homeopathy may be of benefit.

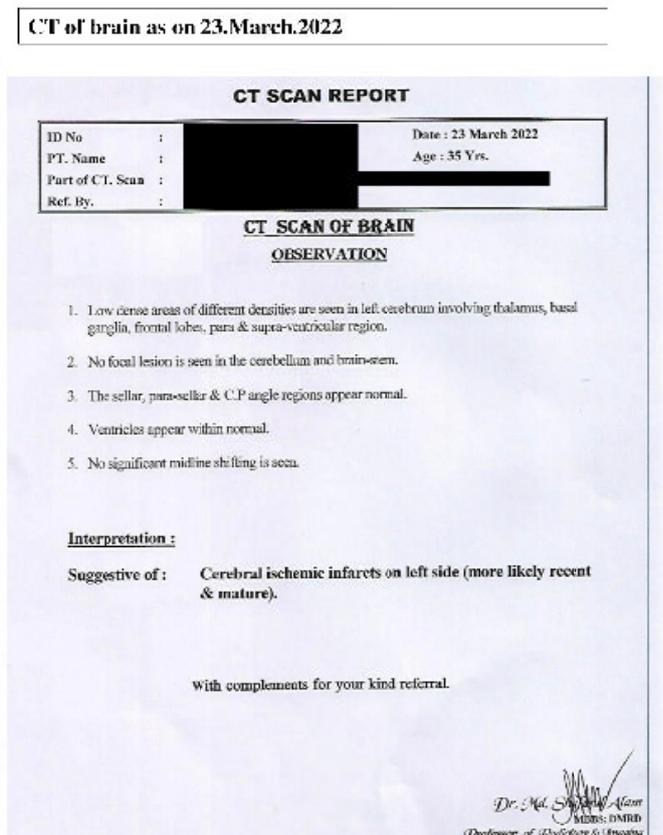
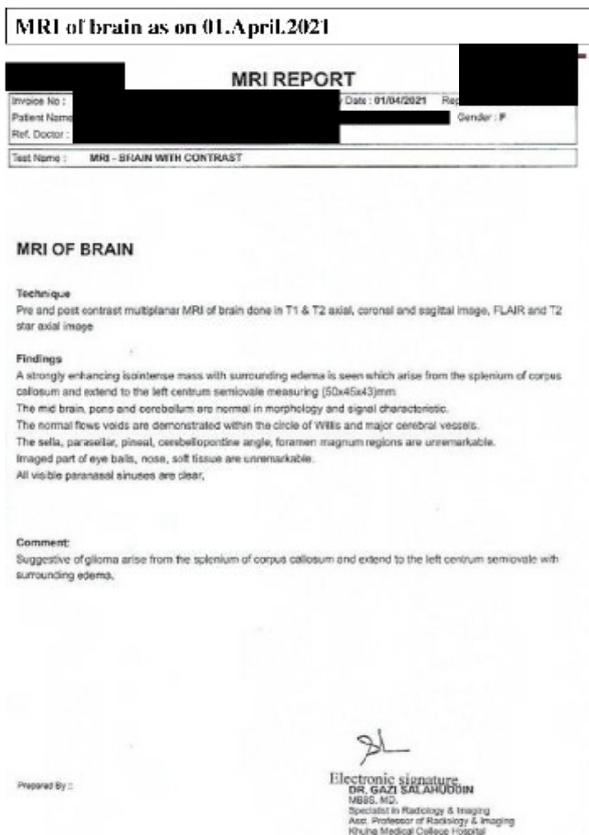


Figure 1. MRI of brain at diagnosis and CT scan of the brain after homeopathic treatment

The screenshot shows the VithoukasCompass interface. On the left, under 'Symptoms', there is a list of 14 symptoms with their respective degrees. On the right, under 'Proposed Remedies', there is a list of 14 remedies with their respective potency levels and a 'Remedy filter' dropdown.

Symptom	Degree	Proposed Remedies
1. MIND - ANSWERS - reflects long	3	Cocculus indicus
2. MIND - CARES - ailments from	3	Phosphoricum acidum
3. MIND - INDIFFERENCE, apathy, etc. - complain, does not	2	Helloborus niger
4. MIND - INDIFFERENCE, apathy, etc. - desire, has no, no action of the will	2	Plumbum metallicum
5. MIND - LAUGHING - hysterical	1	Opium
6. MIND - MEMORY - weakness of - words, for	2	Causticum
7. HEAD - TUMORS	1	Stramonium
8. MOUTH - SPEECH - wanting - paralysis of organs, from	1	Phosphorus
9. STOMACH - APPETITE - wanting - fullness, from sense of	1	Calcarea carbonica
10. EXTREMITIES - PAIN - paralyzed parts	2	Anacardium orientale
11. SLEEP - SLEEPINESS (sleepy)	2	Nux moschata
12. GENERALITIES - FOOD and DRINKS - sweets - desire	2	Cuprum metallicum
13. GENERALITIES - PARALYSIS - gradually appearing	2	China officinalis
14. GENERALITIES - PARALYSIS - one side - right	1	

Figure 2: Homeopathic repertorisation of the symptoms at first consultation

DATE	FOLLOW UP	PRESCRIPTION
SEPTEMBER 2021	Sleep improved with mild reduction in pain and swelling of the extremities. Weakness of paralyzed parts persists.	Cocculus indicus LM3, every alternate day for 10 days
OCTOBER 2021	Pain and swelling of paralyzed parts improved by 50%, with gradual improvement in sleep quality and appetite. She recognized relatives easily and her speech improved.	Cocculus indicus LM4, every alternate day for 8 days
NOVEMBER 2021	Patient developed a fever of 100°F, with a mild cough that lasted for 2 days. Relapse of pain in paralyzed parts after the acute with reduced appetite, however her speech and memory were better.	Wait
FEBRUARY 2022	Pain and swelling of right extremities persisted. Patient was able to walk without any support, the weakness of the right lower limb was better, but the upper limb weakness persisted.	Cocculus indicus LM5, every third day for 3 weeks followed by LM6 every third day
22 ND MARCH 2022	Paralysis of the right sided upper limb persists with contraction of the fingers. Pain and swelling of the paralysed parts completely reduced. Speech and memory improved. CT scan: (on 23 March 2022) suggests absence of glioma of the corpus callosum, with presence of ischemic infarct in the brain (Figure 1).	Wait.
19 TH SEPTEMBER 2022	Paralysis of the right sided upper limb persists with contraction of upper limb. Patient was sleepless due to memories from the past. Endless - she did not want to stay with people and desired to be alone. [repertorisation of symptoms given in Figure 3]	Natrum arsenicum 10M potency, one dose
12 TH MAY 2023	One episode of upper respiratory tract infection, self-resolved. Weakness of the right sided upper limb has reduced. Sleep and memory have improved. Patient is independent	Homeopathic prescription stopped.

Table 1: Follow up of the patient through homeopathic treatment

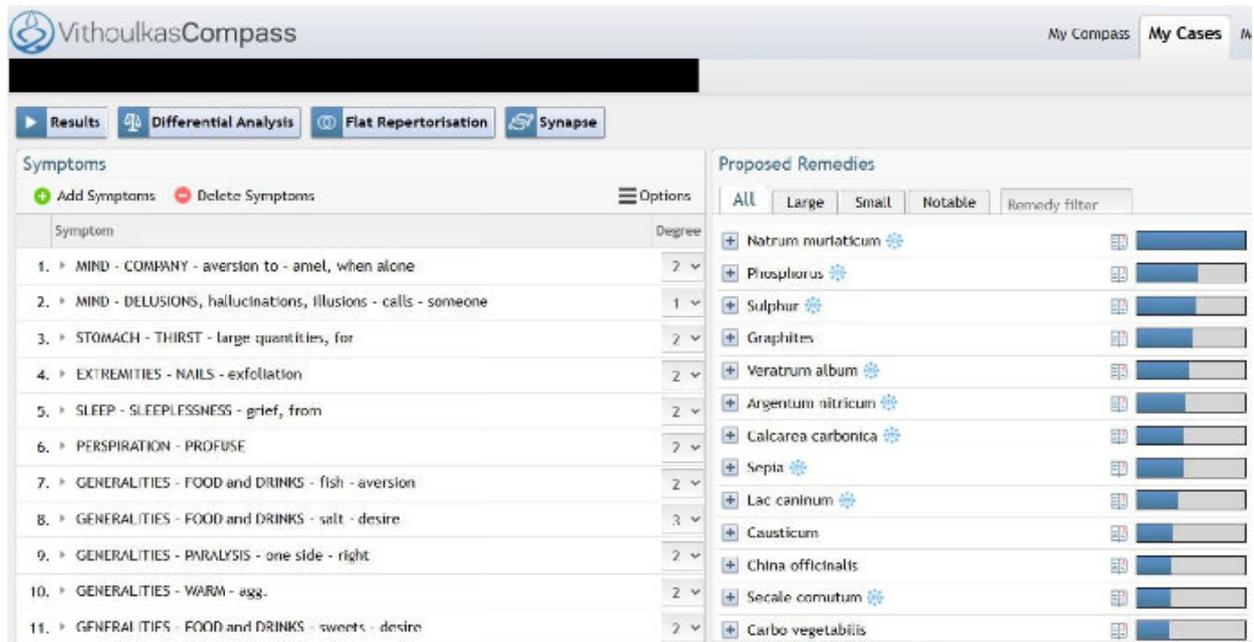


Figure 3: Repertorisation of symptoms on 19 September 2023.

CRITERIA	Y	N	NOT SURE/NA	CASE
1. Was there an improvement in the main symptoms or condition for which the homeopathic medicine was prescribed?	+2	-1	0	+2
2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1	-2	0	+1
3. Was there an initial aggravation of symptoms?	+1	0	0	0
4. Did the effect encompass more than the main symptoms or condition?	+1	0	0	+1
5. Did overall well-being improve?	+1	0	0	+1
6.A. Direction of cure: Did some of the symptoms improve in the opposite order from the development of the disease?	+1	0	0	0
6.B. Direction of cure: Did at least two of the following aspects apply to the order of improvement: From organs of more importance to those of less importance? From deeper to more superficial aspects of the individual? From top downwards?	+1	0	0	0
7. Did old symptoms reappear temporarily during the course of improvement?	+1	0	0	+1
8. Are there alternate causes that—with a high probability—could have caused the improvement? (Consider: known course of disease, other forms of treatment, other clinically relevant information)	-3	+1	0	+1
9. Was the health improvement confirmed by any objective evidence?	+2	0	0	+2
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	+1
Total				10

Supplementary Table 1: Modified Naranjo Criteria for Assessing Causal Attribution of Clinical Outcome to Homeopathic Intervention

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Author contribution

SM conceived and designed the study. PD and AB drafting the manuscript. DR performed the acquisition, analysis or interpretation of data. Critical revision performed by SM and GV. Administrative, technical, or material support performed by PD, AB, SM and GV. Supervision of manuscript was carried out by GV.

All authors read and approved the final manuscript.

Informed Consent statement

Written consent was obtained from the patient and patient's guardian for the publication of case details and use of images.

Conflict of interest

No conflict of interest to declare.

Written consent was obtained from the patient and patient's guardian for the publication of case details and use of images.

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