Homeopathy in Cancer Care: Part II—Continuing the Practice of “Like Curing Like”

CDR Colleen O. Lee, RN, MS, AOCN®

Homeopathy is a comprehensive system of medicine that uses highly diluted substances to induce the body’s self-healing mechanisms to bring about symptom or disease resolution (Jonas & Jacobs, 1996). Homeopathic medicine has spread in use throughout the United States and the world as a complement to other systems of medicine. Part I of this article (see page 324) introduced principles and practices, preclinical and clinical research, controversies, and methodologic issues associated with homeopathy research and practice. Part II describes the homeopathic evaluation process, safety and efficacy, regulation of homeopathy, training and licensure, and access of reliable information. Oncology nurses should be familiar with homeopathic medicine because patients use these interventions in addition to conventional interventions for cancer-related side effects.

Homeopathic View of Illness and Evaluation Process

The human body often attempts to heal itself. This twofold process becomes noticeable when symptoms are manifested, such as pain or fever, and the body responds. This response is part of the self-healing process, and the interplay between the cause of the condition and the body’s response to it is foundational in understanding the illness process. Multiple pathways to healing exist, and no two individuals with the same diagnosis experience the disease in the same way. One may be extremely ill and the other only mildly uncomfortable. Treatment from a homeopathic approach uses methods for individualized drug selection requiring more “art” and less “science” with the goal of increasing the chances that a patient will respond favorably. Three main approaches used are (1) to support homeostatic bodily mechanisms through nourishment and nurturing, (2) to induce and guide specific healing mechanisms previously existing in the body, and (3) to discover and eliminate the cause of disease when known (Jonas & Jacobs, 1996). These principles are applied throughout the care spectrum between homeopaths and patients.

In homeopathy-patient consultation, the homeopath explores the embedded root of the illness (Thompson, 1999). The evaluation consists of four components: (1) history taking, (2) case analysis to identify themes or patterns, (3) symptom selection correlating with the exhibited patient themes, and (4) remedy selection correlating with the symptoms of the patient. Each assessment feature overlaps to give a holistic evaluation of the emotional, physical, environmental, and health situations contributing to the illness (Tedesco & Cicchetti, 2001). Typical questions that may be asked are (1) What have you done already for this problem, and what was the effect of that intervention? (2) What are you still doing for the problem? (3) What interventions have you tried or are you trying for other conditions? (4) What is the hardest part of this illness for you? (5) What do you miss the most in life, and how do you feel about that?

Figure 1. Typical Homeopathic Evaluation Questions
Note. Based on information from Carlston, 2003.

Safety and Efficacy of Homeopathy

A homeopathic dose is considered to be the number of times a remedy is taken versus the number of pills or drops. Dosing is recommended by practitioners or in accordance with labels. Toxicity of a homeopathic medicine is dependent on the known toxicity of its source. For example, the strongest potency of arsenic that can be sold over the counter is in an 8X or 4C dilution. According to the Homeopathic Pharmacopoeia of the United States (HPUS), this dilution is recommended for the treatment of persistent symptoms following exposure to toxic amounts of arsenic. The homeopathic concentration is equivalent to 10 parts per billion (ppb), and this is less than the 50 ppb allowed in drinking water today. However, no homeopathy pharmacy sells this concentration for safety reasons, although it is extremely diluted (Carlston, 2003).

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CDR Colleen O. Lee, RN, MS, AOCN®, is a practice assessment program manager in the Office of Cancer Complementary and Alternative Medicine at the National Cancer Institute in Bethesda, MD.

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Aggravations to homeopathic remedies have been reported. Case reports describe aggravations as initial worsening of symptoms (Thompson, 1999). Generally, homeopathic medicines are safe, and serious adverse effects are rare (Carlston; Vickers & Zollman, 1999).

Although homeopathy has a reliable safety profile, its efficacy is of continual debate, mostly because its action is not understood. Clinical efficacy trials involving homeopathic medicine generally compare it to placebo and report results from that perspective. Recent studies focusing specifically on the treatment of cancer or cancer-related symptoms with homeopathy are reviewed in Part I. Selected clinical efficacy trials using homeopathy for cancer and noncancer conditions are listed in Table 1. Two double-blinded, clinical efficacy, randomized, controlled trials using homeopathy for cancer-related symptoms (radiation dermatitis and chemotherapy-induced stomatitis) are in progress. An observational study reported by Thompson and Reilly (2003) summarized the efficacy evidence of a homeopathic approach to estrogen withdrawal in women with breast cancer. Improvement in mean symptom scores, anxiety level, depression level, and quality of life were statistically significant. Evaluations of six meta-analyses and one systematic review involving the use of homeopathy in noncancer conditions showed varying results in efficacy over placebo (see Table 1). Ultimately, based on the clinical trial evidence to date, insufficient evidence exists to confirm or deny the efficacy of homeopathy (Ernst, 2002).

Regulation of Homeopathy

Homeopathic medicines have been in use in the United States since 1835. The U.S. Food and Drug Administration (FDA) was formed by the Food, Drug, and Cosmetic Act in 1906. Homeopathy was not a part of the 1906 act but was added when the act was revised in 1938 with the addition of HPUS as a primary source of reference for all homeopathic medicines. In 1988, the FDA published guidelines under which homeopathic medicines can be produced and sold. More than 2,000 substances from the mineral, vegetable, and animal kingdoms are used as homeopathic remedies. Homeopathy is legal in the United States, and most preparations are available without prescriptions (Carlston, 2003).

Training and Licensure

In the mid-1820s, several physicians who studied homeopathy in Europe brought the new practice to the United States, leading to the formation of schools and a medical organization. Homeopathy gained popularity as one in five physicians practiced homeopathy and 22 medical colleges taught homeopathy. Shortly thereafter, though, allopathic physicians who taught in these colleges eventually allowed allopathic theory to dominate, leading to a decline in homeopathy instruction in the United States. The last formal homeopathic diploma issued by a medical school in the United States was in 1950 from the Hahnemann Medical School in Philadelphia, PA (Ernst & Kapchuk, 1996).

Recent interest in homeopathy is leading to new course offerings in colleges and universities. Courses originally taught by the American Foundation for Homeopathy in 1922 now are offered by the National Center for Homeopathy. Five organizations currently offer certification in the United States: the American Board of Homeotherapeutics, the Homeopathic Association of Naturopathic Physicians, the North American Society of Homeopathists, the Council for Homeopathic Certification, and the National Board of Homeopathic Examiners. Certification programs involve didactic and clinical training, extended apprenticeship, examinations, and continuing education. Although several routes exist to obtain certification, no diploma or certificate from any school or program is recognized as a license to practice homeopathy in the United States. From a legal and economic perspective, incentives to establish full training programs leading to separate careers and sustaining wages do not exist (Carlston, 2003). An individual who already is licensed in another health-related discipline and wants to study homeopathy can complete a training program on a part-time basis (generally in three to four years) and obtain certification through one of the five organizations.

Apart from medical (e.g., physicians, physician assistants, nurse practitioners) and osteopathic practitioners, the main licenses under which homeopathy is practiced are acupuncture, chiropractic, and naturopathy. These practitioners may practice homeopathy (thereby prescribe) exclusively or in the context of their license professions. State licensing boards, such as acupuncture and chiropractic, articulate that homeopathy does not fall within their scope of practice; thus, in some states, practitioners risk their licenses by practicing homeopathy. The main difficulty with homeopathy being practiced under a medical license is that homeopathic competency is not assessed; the system defines only the legal right to prescribe medications (Carlston, 2003).

Although healthcare providers can write prescriptions for homeopathic remedies, consumers can purchase them without prescriptions through homeopathic pharmacies either in person, over the phone, via the Internet, or through mail order. The reason for this is that, although the FDA regulates homeopathy, it considers the remedies to be safe and allows their availability over the counter. Remedies that are considered “more toxic” may require prescriptions, which any prescribing providers may write.

Countries where homeopathy is more established within medical practice are India, England, France, Argentina, Mexico, and Brazil. India has more than 100 homeopathic medical schools, and graduates achieve the same status as that of allopathic physicians (Carlston, 2003).

Reliable Sources of Homeopathic Information

HPUS is a large volume resource of monographs describing dilution requirements, uses, and safety profiles of many remedies. The Materia Medica is a large volume resource available in written and electronic forms providing a guide to self-diagnosis and a remedy finder (www.abc homeopathy.com). Consumers also can access information via homeopathic pharmacy staff and online databases.

Albrecht, van Wijk, and Dittloff (2002) developed the Basic Research on Homeopathy database after reviewing citations in literature searches, bibliographic databases, review articles, hand searches of homeopathic journals, conference abstracts, and personal communications with experts. The database contains experimental research aimed at the possible working mechanisms of the homeopathic similia principle following the application of dilutions, potencies, and low doses. By the end of 2000, the database included 829 experiments in 782 primary publications. Most of the experiments were conducted in animals (52%), followed by humans (22%), plants (12%), and other (e.g., microbial, fungal) (14%).

Considerations for Oncology Nurses

Although most homeopathic medicines have a low toxicity profile, caution should be emphasized for patients. All over-the-counter medications must be reported and reviewed during every visit or telephone consultation. No information currently exists regarding potential interactions between homeopathy and conventional cancer treatment modalities; therefore, any new interactions
<table>
<thead>
<tr>
<th>Authors</th>
<th>Focus</th>
<th>Method(s)</th>
<th>Outcome(s)</th>
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<tbody>
<tr>
<td>Balzarini et al. (2000)</td>
<td>Summary of evidence of efficacy of belladonna 7cH and 15cH in the treatment of dermatitis after radiation therapy</td>
<td>Randomized, double-blind, placebo-controlled trial: 68 adults</td>
<td>Authors concluded that scores of the Index of Total Severity During Radiotherapy showed a trend toward a better activity of the homeopathic medicine compared to placebo, but the results were not statistically significant.</td>
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<td>Cucherat et al. (2000)</td>
<td>Summary of evidence of efficacy of homeopathy in any disease</td>
<td>Meta-analysis: 16 trials involving 17 comparisons and 2,617 patients</td>
<td>Authors concluded that some evidence exists that homeopathy is more effective than placebo; the strength of evidence is low because of low methodologic quality of the trials.</td>
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<tr>
<td>Ernst &amp; Pittler (1998)</td>
<td>Summary of evidence of efficacy of homeopathic arnica</td>
<td>Systematic review: 8 trials involving 320 adults</td>
<td>Authors concluded that most of the studies have methodologic flaws; trials do not suggest that homeopathic arnica is more effective than placebo.</td>
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<td>Jacobs et al. (2003)</td>
<td>Combined analysis of research on commonly used homeopathic medications for diarrhea</td>
<td>Meta-analysis: 3 double-blind clinical trials involving 242 children</td>
<td>Authors concluded that individualized homeopathic treatment decreased the duration of acute childhood diarrhea.</td>
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<tr>
<td>Jonas et al. (2000)</td>
<td>Combined analysis of research on homeopathy and rheumatic disease</td>
<td>Meta-analysis: 6 controlled trials involving 392 patients</td>
<td>Authors concluded that homeopathic remedies work better than placebo in studies of rheumatic syndromes.</td>
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<td>Kleijnen et al. (1991)</td>
<td>Combined analysis to establish whether evidence exists of efficacy of homeopathy from controlled trials</td>
<td>Meta-analysis: 105 controlled trials with interpretable results</td>
<td>Authors concluded that 81 trials indicated positive results, whereas no positive effects were found in 24 trials. Future research must consist of rigorous methodology and large populations.</td>
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<td>Linde et al. (1997)</td>
<td>Combined analysis to determine whether the clinical effect reported in randomized, clinical trials of homeopathic remedies is equal to that reported for placebo</td>
<td>Meta-analysis: 89 double-blind and/or randomized, placebo-controlled trials</td>
<td>Authors concluded that insufficient evidence exists that homeopathy is clearly effective for any single clinical condition.</td>
</tr>
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<td>Linde &amp; Melchart (1998)</td>
<td>Summary of the state of clinical efficacy research on individualized homeopathy</td>
<td>Meta-analysis: 19 placebo-controlled trials involving 1,778 adults</td>
<td>Authors concluded that individualized homeopathy is more effective than placebo; restricted analysis showed no significant effect of homeopathy.</td>
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<td>Oberbaum et al. (2001)</td>
<td>Summary of evidence of efficacy of homeopathic preparation Traumeel S® (Heel Company, Baden-Baden, Germany) for stomatitis</td>
<td>Randomized, placebo-controlled, double-blind clinical trials involving 32 transplant patients</td>
<td>Authors concluded that a reduction occurred in severity of chemotherapy-induced stomatitis, and the results were statistically significant. Authors concluded that sufficient evidence exists for further study.</td>
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<tr>
<td>Thompson &amp; Reilly (2002)</td>
<td>Investigated a homeopathic approach to symptom control and its impact on mood disturbance and quality of life</td>
<td>Prospective observational study involving 56 patients with cancer</td>
<td>Authors reported results from quality-of-life and anxiety questionnaires, common symptoms, and response to homeopathic medicine. Local research ethics committee deemed approval for study to be unnecessary.</td>
</tr>
<tr>
<td>Thompson &amp; Reilly (2003)</td>
<td>Summary of evidence of efficacy of homeopathic approach on estrogen withdrawal in women with breast cancer</td>
<td>Observational study involving 45 women, of which 50% were taking tamoxifen</td>
<td>Authors reported complementary and alternative medicine modalities used to relieve menopausal symptoms, most common symptoms, statistically significant improvement in mean symptom score, anxiety and depression levels, and quality of life.</td>
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should be reported and documented appropriately. For the uncommon instances in which conditions worsen before improvement, the specific homeopathic medicine causing the reaction should be regarded as a drug sensitivity or even allergy. Oncology nurses without prescriptive ability should avoid recommending homeopathic medications outside of a randomized, controlled trial setting. Oncology nurses with prescriptive authority who choose to recommend homeopathic medications can do so according to state board guidelines. Furthermore, the use of homeopathy in children is not published widely and, therefore, should be avoided until more information is known. When counseling patients, nurses should encourage patient-provider dialogue to discuss concerns in the treatment of potentially life-threatening diseases such as cancer. Before a homeopathic evaluation, patients should inquire about qualifications, length of practice, cost, and possible outcomes (single versus multiple remedies). Overall, patients and healthcare providers should remember that a lack of published data exists favoring the use of homeopathy in the treatment of cancer or cancer-related systems, not only in the United States but around the world, thus pointing toward the need for well-designed clinical efficacy trials.

References


For more information on this topic, visit the following Web sites.

**National Center for Homeopathy**
http://homeopathic.org

**American Institute of Homeopathy**
www.homeopathysusa.org/home

**American Board of Homeotherapeutics**
www.homeopathysusa.org/specialtyboard

**Council for Homeopathic Certification**
www.homeopathdicdirectory.com

**National Board of Homeopathic Examiners**
www.homeopathic.org/Certifi.htm