

# The Homeopathic Treatment of Cancer, Part 2

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**Abstract:** The second article in this series explains the treatment of benign and malignant tumors based on the *Organon*. Tumors, like other local complaints, develop as a result of an internal disturbance of the organism (chronic disease). Recovery from tumors occurs along with a clear improvement in the general state of health. The author demonstrates the significance of the tumor as a parameter of progress. He describes the problem of surgery and external treatment. He discusses a possible collaboration between homeopathy and surgery, and how to proceed with patients who have surgery. The study of Hahnemann's doctrine of chronic diseases is indispensable for the treatment of tumors. In conclusion, the author shows the importance of treating cancer patients with homeopathy and of persevering with the treatment unswervingly.

**Keywords:** cancer, homeopathic treatment of; tumor, homeopathic treatment of; surgery for cancer, external treatment of cancer; chronic disease, as it relates to cancer treatment

### Cancer as Expression of Chronic Disease

The books *Organon of Medicine* [14], the seminal work on homeopathic treatment, and *Chronic Diseases* [13], contain concepts on the origin of tumors and practical instructions for their treatment. In §185-205 Hahnemann clarifies the so-called local ailments, among which he also classifies the disease cancer, as we have shown in Part 1.

"Of the one-sided diseases the so-called local disorders occupy a special position – those changes and complaints that appear on the external parts of the body. These parts are supposedly affected by the ailment alone without any participation by the rest of the body. This doctrine does not add up and has seduced people to the most destructive medicinal treatment." (§185). "These [local troubles] have their *origin in an internal ailment.*" (§187). "These troubles were believed to be merely local, and were therefore called 'local complaints,' of which the rest of the organism [supposedly] remained ignorant" (§188). "Nevertheless it is evident on the slightest reflection that no local disorder can develop and persist in its location without the agency of the whole (and therefore ailing) organism. In fact, its emergence is not even conceivable without being induced by the totality of life, *so intimately connected are all parts of the organism and form an indivisible whole* in sensation and function. There is no eruption

of the lips, no nail ulcer, without a previous and simultaneous internal human complaint." (§189)

Like every other kind of tumor, cancer is a chronic ailment of the whole individual. Hahnemann had this realization, which is now also slowly gaining ground in scientific medicine, already 150 years ago. Everything that appears on the skin – a cyst, a small tumor, a wart – points to an internal disturbance of the organism. Even small signs on the body must be considered.

In this context Spinedi reported about one of his patients whose chronic migraine dissipated with single doses of *Lycopodium*. He had a flat brown wart on the scalp, which remained unchanged during the treatment with *Lycopodium*. This caused Spinedi to re-examine the history of his patient, and additional hints emerged that pointed to *Thuja*. After giving *Thuja* 10M paroxysmal headaches recurred, while the wart remained for the time being. Another dose of *Lycopodium* 10M. After 40 days the headaches and wart had completely disappeared. "This patient was in a *Thuja* state that can develop through suppression of gonorrhoea or smallpox vaccination."<sup>2</sup>

Other homeopaths have also proposed an internal disturbance in the case of a local ailment. For example, Burnett wrote in 1893, "a lady of forty-four... presented herself to me... with a very hard tumor of the left

breast. ...The tumor had been, as it were, quiescent for nine years...till the period stopped...; when it began at once to grow, and that pretty fast. Thinking the matter over it seemed that if a lump would stay for nine years, *there must be an internal cause...ever operative*, for if it had not been continuous in its operativeness, the lump must have long since disappeared: *a causeless lump cannot be.*"<sup>3</sup>

These words may appear trivial; however, they are of the greatest importance. Does not orthodox medical education and practice seduce us to lose sight of this simple and self-evident fact?

## Local Ailments Appease an Internal Disorder

Hahnemann wrote in §201:

"Evidently the human life force...when it is burdened with a chronic disease which it cannot overcome by itself, ... resolves to form a local ailment...in order to *appease this... internal disease...*, and ... to divert it ...to a vicarious local ailment. ... Meanwhile the local ailment ... remains ... a part amplified by the life force...[of the internal disorder], placed onto a harmless external location of the body....The presence of the local ailment, acquiesces ... the internal disorder... however, without being able to cure, nor to substantially alleviate it. ... It...wins [by it] so little for the cure of the entire disorder that nature is forced to nevertheless enlarge and worsen the local ailment more and more, in order for it to suffice as a substitute for the internal disorder and for its appeasement."

In §201, Hahnemann apparently refers to the external local ailments of psora, sycosis and syphilis – the 'itch,' the figwarts, and the hard chancre<sup>4</sup> - and to external maladies of a similar kind, the thigh ulcer (§201), the basal cell carcinoma, and the atheroma (§205). In the *Chronic Diseases Vol. 1* [13] Hahnemann also describes the local complaints of the three miasms as a means of appeasing the fundamental disease and holds its removal accountable for the complete eruption of the previously latent chronic disease. Consequently, §201 may be applied today to benign tumors, precancerous changes, and slow-growing malignant tumors such as basal cell carcinoma.

This cannot apply to internal malignancies. A malignancy such as a carcinoma of the lung is a highly pernicious disease and therefore cannot not be viewed as a "local ailment of appeasement." And it stands to reason that a rapidly metastasizing tumor like the malignant melanoma is not a "local symptom of appeasement," but already the eruption of the life-threatening chronic illness itself.<sup>5</sup>

## How Homeopaths of the Past Viewed Sequels of Surgery

In his introduction to the *Organon*, Hahnemann

leaves no doubt that he rejects the exclusively surgical treatment of tumors.

"Furthermore, the old school of medicine believes they have thoroughly restored... the patient ... by tying off polyps, by peeling out tumors ... of the skin, by surgically excising tumors of the arteries and ... fistulas of the rectum, by surgical removal of the scirrhus breast, and by amputation of the bone-devouring limb. However...the *metaschematisms ... which are always worse than the original illness* that inevitably appear sooner or later ... should open its eyes to the deeper ... nature of the illness and its energetic origin, ... that may only be resolved by energetic means."<sup>6</sup>

Burnett also rejected the exclusive use of surgical treatment, as did many homeopaths who treated cancer successfully: <sup>7</sup> "the attempt to cure tumour ... by operation is like trying to cure an apple tree of its apples, by... performing an operation on the apple tree for 'apples.' The only difference in the two processes ... lies merely in the fact that the apple growing is a part of the normal biology of the apple plant whereas the growth of tumours by the human body is morbid. This difference is, of course, a very great one, but what I am driving at is to show that tumour-growing is, though certainly morbid, yet nevertheless quite as much a vital process."

One could counter that the negative attitude of the old homeopaths to surgery depended on the prevalent state of surgery and anesthesiology, and thus has its roots in history. However one should not forget that opposition to surgical treatment is primarily of a fundamental nature, which has been repeatedly explained.<sup>8</sup>

Burnett continues that surgery can never be a cure, since it is merely the "fruit, which one rids oneself of surgically, and not the deeply-rooted disease..." As proof he describes the following case:<sup>9</sup> "Miss X., aet. 49, ... Formerly had bad eczema, was cured in a fortnight by an ointment; several years later-June, 1885-a tumour was excised from her left breast; said tumour recurred in the same breast and was, July, 1887, again removed together with the whole left breast; then a tumour came in the right breast and in January, 1888, the tumour and whole right breast were removed by a very neat operation. She came to me [1893] for a recurrence of the process in the middle of the scar of the right side with a good deal of inflammation. The treatment lasted four years, ending during the course of the cure in eczema, and patient is actually in better health than ever before in her life."

## Cure of Cancer as Cure of the Whole Person

The course of recovery from cancer should go like this: it should be accompanied by an improvement of the general state of health. Hahnemann explains this in §190-193.

“Treatment must therefore be... aimed at the whole, at the ... cure of the general ailment by way of internal remedies... (§190). This is confirmed unambiguously through experience, ...that every potent medicine... brings about significant changes in the general wellbeing, ... as well as in the ailing external, seemingly isolated part. That is, it causes the recovery of the whole being, while the external ailment disappears (without the aid of any external remedy)...” (§191).

“Through this internal medicine ... the general state of ill-health is removed, along with the local affection. ...” (§193).

What does this section of the *Organon* teach us on the treatment of benign and malignant tumors?

A tumor manifests either on or in the body, and we give an internal medicine. Suppose the tumor disappears and the general condition of the patient improves. We will have used this opportunity granted by an external tumor to restore the health of our patient. We cannot do our patient a greater favor!<sup>10</sup>

If, on the other had, as shown in Part 1, a “constitutional remedy” is given and the tumor does not disappear, we are on the wrong path.

## The Tumor as Parameter of the Course of Treatment

In §197 to 200 Hahnemann emphasizes the value of visible symptoms for the treatment outcome:

“This external treatment is to be rejected on principle,... as it has the disadvantage that this ... predominant symptom (the local affection) usually disappears earlier than the internal disorder, ... and deceive us with the appearance of a complete cure...” (§197).

“Thus the internal cure remains obscure. ...Only the other, unrecognizable symptoms remain, which are less reliable and less lasting than the local affection, and which are often not unique or characteristic enough” (§198). “If the local affection still existed during the internal treatment alone this would show that the cure has not been completed. If, on the other had, it were cured this would prove persuasively that the illness was eradicated completely” (§200).

Spinedi gives a graphic example:<sup>11</sup>

“A 70 year-old patient presents with the following finding: For the past five years a gradually developing tumor on the left cheek, 1.5 x 1.4 cm, clearly raised, pink, with a turbulent center, covered with crusts. Dermatological diagnosis: Basal cell carcinoma (BCC).” “The patient had declined to be operated on and had been treated subsequently by two homeopathic physicians. The nature of the tumor and eczema which had been treated twenty years prior lead to the prescription of *Sulphur M*. In spite of the psychological aggravation the tumor began to recede. This led to the continuation of doses of *Sulphur M*<sup>12</sup> until the BCC completely

disappeared. Over mostly two-month intervals the following doses were given: *Sulphur* 1M – 1M – 10M – 10M – -200C – 200C – 1M. In the repetition of the remedy I continuously based my selection on the nature of the BCC, unconcerned with the psychological symptomatology. When the improvement of the BCC came to a standstill, I repeated the dose. At no time was a psychological improvement recorded.

“Not until the end of the treatment, after the BCC had disappeared, did the eczema return and an improvement in every sense was noted. This BCC was a great friend of the patient and helped her to a clearly improved state of health. It continued to grow and showed that the correct remedy had not yet been found. If it had been suppressed, I would have never thought of *Sulphur*.”

Why should one remove a tumor that can be seen? We can measure it and establish if our treatment is successful. When the tumor shrinks, our therapy succeeded. If it remains stationary, our therapy may succeed; if it grows, the remedy must be incorrect. Surgery or external treatment robs us of a very valuable parameter of the direction the treatment takes. To treat external complaints with internal means is one of the basic principles of homeopathy!

This case demonstrates that value of visible and measurable symptoms for (the assessment of) the treatment outcome: “In objective findings; i.e., tumors, ...edema, warts, ..., etc., we have the same criteria as the conventional doctors to determine the result of treatment. ...If an objective determination, tumor,... liver data, kidney data improve, we are on the right course regardless of the psychic constellation or the ... life energy.”<sup>13</sup>

## On the External Treatment of Tumors

Hahnemann rejects the external treatment of tumors (§197-200) because by suppressing the external ailment the physician deprives himself of one of the most important key symptoms to determine the treatment outcome. The view is shared by Bönninghausen and Peterman.<sup>14</sup>

However there have occasionally been cures from the external application of homeopathic remedies. There have also been isolated cases of cures from combinations of external and internal application of remedies.<sup>15</sup> These treatment methods do not correspond with Hahnemann’s teachings. However, Hahnemann, throughout his life, conducted experiments and revised his work again and again until the end of his life. In the final analysis it is clinical experience that must resolve these matters.

It is possible that in isolated cases additional external treatment is indicated. For example, Burnett<sup>16</sup> points out:

“External remedies should not entirely be ignored...

Of tumors of the eyelids I have succeeded in curing a great many generally purely constitutionally, but the very hard, indolent ones sometimes need to be painted with the medicament or have it applied as an unguent, they being, as it were, outside of the organism.”

Even Hahnemann cites one exception and writes on the treatment of gonorrhoea:<sup>17</sup>

“Gonorrhoea ... as well as the condylomata will ... most thoroughly ... be cured ... through the internal use of the ... tree of life [*Thuja*], without the need to apply anything topically, except in the oldest and most difficult cases by daily dabbing of the large figwarts with the ... whole juice...”

## On the Collaboration of Homeopathy and Surgery

In the previous chapters we have shown that through external treatment valuable symptoms may possibly be eliminated and the selection of the remedy and the assessment of the outcome may be rendered more difficult. The surgical removal of a malignant tumor, as well as radiation, chemo- and hormone therapy are recognized as the only effective treatment methods. This goes hand in hand with a corresponding jurisprudence. Additionally diagnostic and surgical methods and technology as well as post-surgical care of tumor patients has improved considerably since the previous century. In many cases freedom from recurrence can be achieved with surgery, such as in cases of melanoma, basal cell carcinoma, carcinoma of the testicle or breast, to name a few.

Against this background it would be fatal for the patient and the homeopathic physician if in the early stages of an operable malignant tumor the correct remedies were not given or an obstacle to cure<sup>18</sup> existed, allowing the tumor to progress to an incurable stage.

On the other hand, it is apparent that cases of cancer are curable with homeopathy, especially in the early stages: A.H. Grimmer, a student of Kent, who treated several thousand cases of cancer during 57 years of homeopathic practice, achieved a cure rate of about 80% with malignant tumors in the early stages, and 10% in later and terminal cases; in most incurable cases the patient enjoyed a better quality of life for over seven to ten years.

Grimmer writes: “In the early cases ... where you have already the beginning cachexia and pain, and in some cases quite a little pathology beginning to show – small nodules of the breast and characteristic glandular involvement – you will be astounded what a careful prescribing can do in most of these cases.”<sup>19</sup>

This raises a question for today’s homeopath: What are the indications for surgery? What would constitute a meaningful collaboration of homeopathy and surgery? Answering these questions will be our task for the next several years.<sup>20</sup>

At no point can the homeopathic physician be relieved of the decision to recommend exclusive medicinal treatment to a patient. This recommendation will, of course, because of legal reasons, need to take into account, above all, the declared will of the patient. We should acknowledge the wishes of the patient and continue to treat everyone that undergoes conventional treatment.

Clarke<sup>21</sup> writes: “I am not going to attempt to draw a line between the province of the surgeon and the province of the physician ... That is a line which does not exist; or, rather, it is a line which every physician ... must draw for himself.”

## Homeopathic Treatment Before and After Surgery

Homeopathic treatment must be considered in all cases of cancer, including before and after surgery. Clarke emphasized:<sup>22</sup> “With homeopaths it is vastly more imperative that medicinal treatment be continued from first to last in cases of the kind. I hold it ... absolutely inexcusable on the part of the homeopathic surgeon to neglect medicinal treatment from the time he first sees a case – that is before surgery; and it is, if possible, even more inexcusable if he turns a patient adrift, after operating, just to await an event. ... Patients readily understand, when the situation is explained to them, and gladly submit to a prolonged period of treatment [to cure the cancer diathesis].”

What does the collaboration of homeopathy and surgery look like in real life? The §197-200, in which Hahnemann points to the significance of the visible symptoms, apply also to how to proceed in cancer patients who are not treated with homeopathy alone, but also with surgery. Spinedi, who has treated cancer patients who had previous surgery for years, [26] recommends as follows: After taking the history of the patient a suitable remedy is prescribed in a Q-potency in frequent doses. Only after the patient has begun to improve (amelioration of pain, improvement in general well-being) will surgery be performed. Immediately afterwards, the same remedy is given, even along with possible chemotherapy or radiation.

Spinedi has observed that the chances of survival are clearly improved. In obviously cancerous patients we should not be frightened and resign too early. We should set up the consultation, record the symptoms accurately, and prescribe the suitable remedy before surgery. When we have the courage to proceed like this, we do our patient a great service.

Even if patients come to homeopathic treatment after surgery, followed by chemo- or radiation therapy,<sup>23</sup> we can still achieve much.

The value of immediate homeopathic treatment is demonstrated in an impressive way by a Greek study that was presented in 1987 [10]: 28 patients with

metastasized colon carcinoma in stages C1 and C2 respectively, according to Astler-Coller,<sup>24</sup> received post-surgical treatment of either conventional treatment exclusively or conventional and homeopathic treatment in combination. Six years after the study began the following survival rates were shown:

- Stage C1, homeopathically/conventionally treated group: 81.8%
- Stage C1, conventionally treated group: 30.0 %
- Stage C2, homeopathically/conventionally treated group: 42.0%
- Stage C2, conventionally treated group: 15.3 %

The clearly improved survival rate in the homeopathically treated group in stage C1 is statistically significant.

According to my observations, the side effects of chemotherapy are significantly improved with simultaneous homeopathic treatment, from Q-potencies as well as from single doses of remedies. The medicine that would have been used for the treatment of the tumor is often the best means to treat the side-effects of chemotherapy. The side-effects themselves will only be considered in the selection of the remedy if the one selected on the basis of the totality of symptoms does not have an effect.

## Psora and Cancer

In §194 and 195 Hahnemann points out that cancer is often the result of a manifest *psora*<sup>25</sup>:

“Neither in the acute local ailments nor in those long-persisting ones is it useful to rub a remedy externally into the location. For the acute topical ailments ... will yield most reliably ... to the ... homeopathically suitable, internal remedies. If they will not yield completely ... the local ailment was a product of a fulminating, previously internally slumbering psora...” (§194).

“In such cases, which are not uncommon, after elimination of the acute condition, a suitable anti-psoric treatment against the remaining complaints and those conditions of ill health usually experienced by the patient previously, must be instituted... in order to achieve a thorough cure. In cases of chronic local ailments ... the anti-psoric internal treatment is of course necessary anyhow” (§194).<sup>26</sup>

Also in his writings in the “*Chronic Diseases*,” Hahnemann describes cancer as a secondary symptom of a previous latent internal psora.<sup>27</sup>

From this the following conclusions may be drawn for the treatment of cancer:

1. We often find in the history of the cancer patient a series of “suppressions:”<sup>28 previous</sup> eruptions and ulcers, suppressed discharges or joint pains. Also, inoculations, traumas, and previous medical treatments may constitute an etiological or contributing event.<sup>29</sup> For example, a suppressed gonorrhea points to *Medorrhinum*, especially in cancer of the ovaries and of

the breast. Who treats tumors must thoroughly study Hahnemann’s doctrine of the chronic diseases, as he elaborated it in the above treatise.<sup>30</sup>

2. Frequently during treatment symptoms of deep-acting psoric (anti-psoric) remedies develop.

An interesting case to this effect was recorded by the American homeopath Carlton [7]:

“*Cancer of the Stomach*. ... Businessman, fifty-five years of age.<sup>31</sup> ... A stomach specialist... made positive diagnosis of cancer of the stomach and advised immediate operation.

“Without...exciting rosy hopes, I...expressed that homeopathy would accomplish more of good than could be gained from other means. His attacks of ‘colic’ began in the stomach, extended to the left breast... and to the lower angle of the right scapula, accompanied by a sensation of a belt around the waist, with nausea and pyrosis. He leaned backward to obtain slight relief from the excruciating pain. The attacks were most severe ... when the stomach was empty. ... There existed a great soreness in the stomach.... Lying on the right side also caused pain. I dissolved *Chelidonium* cm, in hot water, and gave teaspoonful doses every five minutes when the ‘colic’ was on.

“The medicine worked beautifully for forty-eight hours....Apprehensive, restless,...thirsty for frequent sips of water; desired external heat and was relieved by it. *Arsenicum album* in the two-hundredth potency, in water every two hours.

“This worked well for six days and then gave out... his pains were ... coming and going quickly, and characterized by throbbing, especially at three p.m. and at midnight. Therefore *Belladonna* replaced *Arsenicum*.

“Improvement for a week ... sudden sense of repletion after eating, but little, great distension from gas,... all worse during the past part of the day and early in the evening. *Lycopodium*, two hundredth, succeeded *Belladonna*.

“Eight days of comfort... Strength and weight increased. But the remedy was used up and he became worse. ... Burning in pylorus, ... offensive flatus. *Carbo vegetabilis*, a single dose of cm potency.

“It was a good prescription and helped quickly and for twenty-one days. Then came the exacerbation, but not so bad as the preceding one had been. ... during all these vicissitudes there was real gain, each advance reaching a point higher than the one just before it. ... Thirsty for cold water, but water no colder than the room, even produced nausea soon after reaching the stomach, followed by ejection of sour gas ... propensity to eat salt. *Phosphorus*, two hundredth, each dose to be exhausted before another should be given.

“It did ... work for seven days and ceased to respond....Flatus was hot and moist as well as offensive. *Carbo vegetabilis* ... in the two-hundredth potency.

For twenty days it worked handsomely. Then... a 'faint sinking feeling in the pit of the stomach, akin to hunger, at eleven a.m.'

"Aha! Had we, by dint of hard fighting, at length forced our antagonist in to the realm of the great antipsoric remedy? Let us see: in early manhood he had been troubled, several winters in succession, with suppurative tonsillitis... His elongated uvula had been amputated when he was thirty-two years of age. ....He had had bleeding hemorrhoids and prolapsus of the rectum at stool, abolished by local applications. A dose of *Sulphur* cm.

"Improvement followed and continued to increase for a number of weeks. His complexion cleared, the tumor disappeared, sleep became natural and refreshing.... He seemed to be well, yet not yet strong. Then came ...neuralgia, which the patient informed me was an old enemy...near the occipital protuberance, ... as to impair vision for the time. The neuralgia had been suppressed with injections of morphine... confirmed by numerous scars. Nature had taken revenge for all this abuse by establishing a worse disease in the stomach. How many times will it be necessary to show that no cure is ever wrought by *contraria* and that complete suppression is inevitably followed by metastasis to a part more important than the original one and with an increased of suffering...to the patient? ...my patient's cancer of the stomach had just disappeared, and his neuralgia reappeared at the original location, in ancient form, with increased fury, and accompanied with cerebral and nervous exhaustion. Sleep was impossible. I discovered he could not keep his feet still, they were so fidgety, especially in the evening. ... Without delay I gave him... a single dose of *Zincum* cm.

"Improvement began within a few hours and steadily increased. Six months [later] ... two external hemorrhoids...which itched..., and *prolapsus recti* at stool... .This last relic of a long sickness...was soon cured by a single dose of *Sulphur*. The patient remains well."<sup>32</sup>

Whatever one might think of Carlton's methodology, he treated and cured a malignant tumor. I think it is time that we re-acquire the ability to treat patients with manifest cancerous pathology.<sup>33</sup>

### Keep on Pegging Away!

Carlton's case shows that one need not be frightened by the cancer diagnosis, but to begin treatment immediately and continue with it.<sup>34</sup> This is extremely important and something not to be taken for granted in homeopathic practice. Even if the treatment is difficult or the outcome is unfavorable, one should never consider abandoning treatment.[27]

The experienced Burnett considered this maxim a central one in the treatment of cancer. He wrote <sup>35</sup>: "Is it not an almost daily experience of homeopathic

practitioners to find themselves called in at the last incurable stages of maladies...? Nevertheless physicians must be firm, and not allow themselves to be sneered or jeered away from their duty, but always *try to cure everything*; I do not mean pretend, but *try*. Many a clinical battle have I fought and won, although the winning had been previously proved to be impossible..." "The great art in curing tumours by medicines may be thus summarized – *keep on pegging away!*"

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### Notes

- <sup>1</sup> All highlights in italics originate from the author. Original text of quoted sections was substituted wherever possible rather than retranslating the German version into English. (Translator)
- <sup>2</sup> *Thuja* has often proved useful in warts and brownish spots: "Brown spots, raised, appear in various locations, especially on face, chest and neck" [22]; "brownish warts, especially on the skin of the abdomen" [17]; "flat black warts in the region of the right temple" (Clarke, 1990. Vol. 10).
- <sup>3</sup> Burnett, 1991-b. 139. The tumor disappeared finally under doses of *Tuberculinum*, *Natrum muriaticum*, *Fragaria*, *Silica*, *Pulsatilla*, *Hydrastis*, and the patient was released as cured one-and-a-half year later.
- <sup>4</sup> Compare §203 and foot notes to §197 and 199; thus also the point that the local complaint had been placed to an "external part of the body."
- <sup>5</sup> Compare *Organon* §34, §38, and §40; and Klunker, 1991.95. In addition, according to Hahnemann's Theory, psora may manifest as internal malignancy as a result of the removal of a local complaint (compare note 27). Thus, there exist two levels of disease that should not be confused: the local complaint as an appeasement of the chronic disease on the one hand, and the malignancy as a form of the chronic disease itself, on the other hand.
- <sup>6</sup> Hahnemann, *Organon* §35 (compare also §199 and footnote in §205). "Metaschematism" derives from "metaschematizo" (Gr. change, alter), a combination of the words meta (Gr. after, according to) and schema (Gr. appearance, figure). This refers to a "change in appearance" of a disorder to another (Klunker, 1991. 93). An example of *metaschematism* may be found in Burnett who writes on atheromata: "Why do kidney diseases follow when they are removed forcibly." (Burnett, 1991-b. 124). Or the following case by Bönninghausen: "a woman of advanced age who for many years had a wart...on her

calf enjoyed the most unadulterated health. She finally had the most unfortunate idea to have this complaint, which hardly bothered her, removed by the knife of a surgeon. Shortly after, a cancerous tumor developed in her breast which resisted all medicines and soon brought about a painful death" (Bönninghausen, HOM 19).

<sup>7</sup> Burnett, 1991-a. 56.

<sup>8</sup> Schlegel opined that surgery was "void of a curative influence entirely..., as a result of which the cancer recurs in most cases, either at the location where surgery was performed, in the scar, ... or in a nearby or even a remote part of the body" (Schlegel, 1927.5). He also cited cases where, after surgical removal of apparently insignificant tumors or of tumors diagnosed early, rapid metastasis developed; for example, "A female patient had surgery on a small knot in the breast after mastectomy and excision of axillary lymph nodes. She died from the recurrence of the cancer within six months (Schlegel, 1927. 73). These statements are made at the "ground floor" of modern medicine with its limited diagnostic and surgical options. They should therefore not be mixed up with the Laws of Cure. However they view *surgery as such* as a cause of an unfavorable outcome of the disease process.

<sup>9</sup> Burnett, 1991-a 68; 1991-b. 12

<sup>10</sup> This is illustrated beautifully with a case by Burnett: "On the first of April, 1886, a little girl of nine years of age was brought to me ... specifically for a small glandular tumour behind the left ear. Delicate as a baby, then got strong; subsequently went thin and deaf - now two years ago - was taken to an aurist who removed portions of the tonsils ... Deafness was better, but patient herself became very ill... everything with her gets mattery... Anorexia. Once vaccinated. Rx. *Thuja* 30, infrequently. May 11th. -Lump ... smaller; ... Rx. *Psor.* 30... September 30th. - Well; no lump and she is bonny." (Burnett, 1991-b. 123).

<sup>11</sup> Spinedi, 1993, 181-185

<sup>12</sup> Regarding the characteristics of tumors, compare: "Ulcers with raised, swollen edges, ... with red and bluish base" (*Sulph.*); "herpetic, red, irregular, bran-like spots" (*Sulph.*); scurfy skin eruptions... with red base" (*Sulph.*); scurfy ulcer... near the ... edge of the lower lip (*Sulph.*) (Clarke, 1990. Vol. 9). Also consider the congestion and redness of *Sulph.*: "Body orifices are red"; "bright red lips" [1].

<sup>13</sup> Spinedi, 1993. 183.

<sup>14</sup> Bönninghausen, HOM 19; AHP. 149. Peterman until 1911 published a series of 80 cured cancer cases with only two fatalities [27]. He wrote: "Based on my experience and my success I must condemn every attempt to treat cancer with external means as a criminal act and a farce. A well-selected homeopathic treatment is the only way that leads to cure. I have

occupied myself more carefully and more intensely with this group of diseases than most general practitioners." [23]

<sup>15</sup> Schlegel cites a few non-homeopathic substances that have proven useful in the exclusively external treatment of tumors; for example, the application of Ichtyol solution in the early stages of breast cancer; the use of a mixture of Thiol and olive oil in skin cancers, etc. However he remains skeptical: "The impression was that the ... method ... acted like surgery..., which was soon followed by a grave and incurable recurrence." (Schlegel, 1927.37, b112) Examples of external treatment as an adjunct can be found in Clarke [9], Jones [16], and Schlegel [24]. M. Fortier-Bernoville attached brief instructions on how to conduct local treatment and cites the mother tinctures most frequently used by him [11]. Jahr also seems to support the external application of an indicated remedy [15].

<sup>16</sup> Burnett 1991-a 14

<sup>17</sup> Hahnemann, *Chronic Diseases*. 105-6.

<sup>18</sup> The obstacles to cure in cancer treatment will be discussed in a later part of this series. Examples of obstacles to cure are persistent grief or excessive physical exertion by a patient.

<sup>19</sup> Grimmer, 1996. 789, 790, 812 (Quote translated by the author).

<sup>20</sup> Clinical practice will lead to concrete recommendations for certain types and stages of tumors. To cite an interesting example, Künzli treated about 30 cases of breast cancer homeopathically. In his experience patients with a promising symptomatology – in terms of selection of remedies – had a better prognosis with homeopathic treatment alone than with additional surgery [21]. On the other hand, the widely expressed presumption that surgery constitutes an obstacle to cure in homeopathic treatment is not confirmed by experience. Barthel [4] published cases of patients with previous surgery with unfavorable prognosis in which homeopathic treatment was able to achieve remissions lasting years. Clarke and Burnett were of the opinion that the removal of the tumor and the cure of the tumor-constitution were "much easier..., when no surgery was performed." However, they also found that "a cure... can be achieved after surgery and after the onset of a relapse" (Clarke, 1991. 75; Burnett, 1991-a 73). In §186 and 187 of the *Organon*, we find indications for surgical interventions deemed justifiable by Hahnemann; they are still largely applicable today as a guideline.

<sup>21</sup> Clarke, 1991. 29

<sup>22</sup> Clarke, 1991. 45

<sup>23</sup> Grimmer rejected in principle all radiation treatment since radiation and radium therapy reduced in his experience the life expectancy and the effect of homeopathic medicines, and prevented the process

of cure in the organism (Grimmer, 1996. 767). As antidotes he used *Cadmium iodatum* (in Radium and x-ray burns); *Phosphorus* (after radiation therapy); *Flouricum acidum* and *Silica* (after x-rays). (Grimmer, 1996. 768,797, 798, 809) According to Spinedi, radiation therapy does not constitute "an obstacle in homeopathic treatment." Occasionally, however, there could develop a "blockage" with the result that indicated remedies did not work, requiring other blockage-specific remedies. [27]

<sup>24</sup> Stages according to Astler-Coller: A) Tumor limited to the mucosa. B) Expansion to submucosal muscle layers. C1) Infiltration of lymph nodes; tumor contained by the wall of the colon. C2) Infiltration of lymph nodes; expansion into all layers of the wall of the colon.

<sup>25</sup> Hahnemann included under the term "psora" (Gr. *itch, scabies*) or "scabies or itch disease" several forms of itching dermatitis which he thought were infectious diseases (scabies, several kinds of chronic eczema, neurodermatitis, etc.). According to Hahnemann's "theory of psora," after the initial contagion, psora attacks the whole organism and leads to a chronic condition. Thereafter a localized symptom develops (i.e., one of the dermatoses mentioned above), which appeases and temporarily prevents the complete eruption of the latent chronic disease. However if the local symptoms (local complaint) is driven out with external means, or if it recedes on its own, this can result in multiple symptoms as expression of the underlying, now "manifest psora." [18. 19.] Thus, we can view psora in the Hahnemannian sense as a chronic disease with varied forms of expression (dependent on the patient's constitution, lifestyle, temperament; *Chronic Diseases* 66, footnote, 67, 98), for which he cites numerous examples.

<sup>26</sup> Hahnemann mentions in the following paragraphs repeatedly the three vicarious complaints of the miasms (compare §197, 199, 203, 204; see note 4). According to Spinedi, "anything that appears on the surface of the body as an expression of an inner disease" [27] may be included with these paragraphs.

<sup>27</sup> "Does the so-called primary cancer have anything other than the psora-disease as its origin?" "Do various subgroups of breast cancer result from any other cause than this psora-disease?" (Hahnemann, *Chronic Diseases* 84, 86. Compare also *Chronic Diseases* 9, 17, 20, 67, 99. footnote).

<sup>28</sup> In this regard (expulsion of the local symptom) Hahnemann himself does not speak of "suppression" or "repression of the disease toward the internal," but of "metaschematism (Klunker, 1991. 93; compare note 6).

<sup>29</sup> Today a multiplicity of etiological factors are known; i.e., high energy radiation, chemical carcinogens (e.g., nitrosamines, mycotoxins, arsenic, asbestos,

tar, etc.), oncogenic viruses, and many more.

<sup>30</sup> The significance of miasms in the selection of symptoms and remedies is a controversial topic among today's homeopaths [18]. However, regardless of this fact, practical experience has shown that the remedy *Sulphur*, an anti-psoric, and *Thuja*, and anti-sycotic remedy, remove many physical conditions that prevent cure by other remedies. Thus, in my opinion, Hahnemann's theory of miasms contributes to the recognition and correction of obstacles to cure.

<sup>31</sup> The diagnosis of a carcinoma of the stomach had been made by "specialized microscopic and chemical investigations by an expert" (microscopic investigations with respective dyeing methods belonged to the medical inventory of the time (1905). (Note by the author)

<sup>32</sup> Regarding dose, based in other cases of Carleton we may assume that remedies were given without exact indication of dose.

<sup>33</sup> Or as Burnett states: "In like manner, I am of the opinion that the physician who sets out trying to cure tumours by means of medicines does more service to mankind and to medicine than he who only talks [about it]." (Burnett; 1991-a. 13).

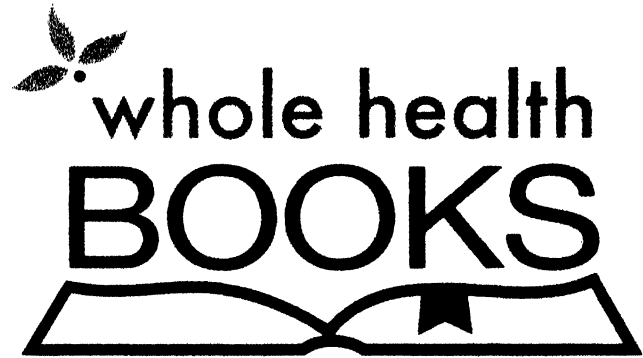
<sup>34</sup> The treatment of cancer should only be taken on by experienced homeopaths. It is not easy especially in the advanced stages, and one must not lose any time using wrong remedies.

<sup>35</sup> Burnett, 1991-b 14; 1991-a 12. (translated by the author)

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