

Treating Cancers through Homoeopathic Oncology

ABSTRACT: *Viruses are instrumental in formation of cyst and tumour and also help in resolving them by bringing out dead cells from within the body in form of eruptions and phlegmatic discharges. Homoeopathic nosodes trigger immune system (vital force) and bring back the body's ability to fight against disease by bringing healthy genes into action against the disease forces. Homoeopathic miasmatic classification of disease is mainly 3-fold: humoural (psoric), neoplastic (sycotic), and lymphatic (syphilitic). Here in some cases I will show how, the Homoeopathic Polio-drops has cured Brain Tumour while Surgeons at KEM Hospital were clueless! But the Homoeopathic remedy helped.*



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KEYWORDS

1. 'OPV-Num' is a homoeopathic nosode (vaccine). Nosode X is its synonym and its molecular dilution is prepared by the author from the Oral Polio Drops.
2. 'Carcinosin-Num' is another homoeopathic nosode, its molecular dilution termed here as Nosode I. Author has prepared this from a mother's milk who had Scirrroid nipple in her right breast. Scirrhous is a hard carcinoma of the breast.
3. 'BCG-Num' is yet another Nosode, prepared from the BCG vaccine, in molecular dilution is termed here as Nosode III.

INTRODUCTION

7-yr old Master Naushad Ali had a huge enhancing Brain tumour declared incurable. He is now 8, healthy, active and playful and living with his tumour. His father Jamshed Ali Shah is an artisan worker, staying in a slum in Mumbai. The child was admitted to a Neurosurgery Unit in KEM Hospital (IP No 06/1037) on 11.2.06. He also had Enhanced Hydrocephalus, and for that once operated, but now his MRI Brain, revealed a huge mass inside, which was inoperable. He was discharged on 15.2.06 since nothing was possible at that stage and was declared

incurable. They asked the parents to take the child home, and he was left to die. Gradually his condition turned from bad to worse. The child was then brought to us, for homoeopathic treatment on 5.4.06, in a very critical condition.

However, we treated him on constitutional, clinical and specific lines and after few months when the child recovered to normal (though he was still under our observation) we sent him back to the KEM as he was the subject for the research for them too, but they showed no interest! When they heard that the improvement is due to Homoeopathy they just shrugged their shoulders and told father, "OK, continue with Homoeopathy!" and that's all.

HISTORY IN DETAIL

At the age of 1 ½ years, the child started showing symptoms of Hydrocephalus with squinting of both eyes and was diagnosed as a congenital aqueductal stenosis. VP shunt done at, KEM Hospital, Mumbai. After the surgery he was on regular check-up for 6 months; thereafter he was better for few years. But in the year 2006, again the signs of hydrocephalus restarted, the child started getting intermittent episodes of headache, vomiting, fever, dullness with double vision or shunt sites, etc. The fever used to gradually decrease but reoccur after every 3-4 days.

DETAILS OF HIS MRI: 8-2-06: A large well defined, lobulated extra-axial collection measuring 13.4 x 6.2 x 5.5cm seen in the left parieto-occipital region. This tumour was heterogeneously hyperintense. The other findings: peridural enhancement noted on the post contrast study, which was causing mass effect on the adjacent brain parenchyma with compression of the left lateral ventricle and minimal subfalcine herniation towards right side and this time this was the cause of growing hydrocephalus. Rest of the brain parenchyma was normal. The brainstem and cerebellum were also normal. VP shunt was noted in the right lateral ventricle, the fourth ventricle was normal.

CLINICAL DETAILS of Neurosurgical Dept, KEM 11.2.06.

6 yrs child, known case of aqueductal stenosis, who underwent right side VP shunt at 1 ½ year at KEM, now complaining of intracranial headache with intermittent vomiting and fever since 3 months. His conscious level, orientation and speech are normal. Both eyes vision- normal. Limbs- weak, 6th nerve palsy. Shows normal motor and sensory functions, but shows nystagmus. No cerebellar or meningeal signs are noted." He was seen by Prof Atul Goel and advised conservative management.

DISCUSSION

Now the child came for Homoeopathy. What to prescribe? Is there any medicine in Homoeopathy which can reduce the size of a tumour, people ask very often! Yes indeed there are many but one has to select them on the line of totality of the case and not on the basis of tumour.

There was the history of BCG inoculation at early infancy but he had no mark or scratch of the vaccine, circumference of his head was 58 cm. History also revealed that he received repeated boosters of oral polio drops.

There were signs of malnutrition over his face. Hypo-pigmented patches around mouth and cheeks. He had convergent type of squint both eyes, more marked on right side. He was suffering from severe headache off and on, with restlessness and vomiting. Headache used to relieve briefly after vomiting, but at the same time his eye-sight would

vanishing or get double vision. History further revealed that at the age of one, child had chronic diarrhoea. There was no history of convulsions but he was receiving Eptoin, (an allopathic remedy for convulsions). He used to sleep on abdomen, and sleep used to ameliorate many complaints. He had hunger but no appetite.

Mentally: Co-operative. sensitive, alert and intelligent. Courageous and bold, also thoughtful and used to get frightened easily. "At times he becomes very obstinate", told father. He was sensitive to cold and heat both. He had ear discharge in early childhood.

The case was taken in the presence of some students of Aarish Academy so I had to explain them each and every point. What to prescribe was not the question, the important question was how to perceive the case? "Are his ailments related to immune system, or have linked to some vaccines? Eptoin is known to suppress immunity and cause cancer. He had BCG inoculation, but no clear mark, only a tiny white spot was there- so not "taken". He had ear discharges and diarrhoea but had no convulsion which showed that his immune system was strong or is he an immunocompromised child?"

"An Immuno-compromised child usually gets more compromised with vaccines. Such children don't react to them so cannot form scar; on the contrary they just compromise with the virus of the vaccines. So the viruses harbour within the body then they may be forming cysts or nodules or immune system would do the same to trap them within the cyst. These viruses may temper some genes which would trigger oncogenes. Onchogenesis is a stray behaviour of cells.

Whatever the case one thing is certain that today's ailments, particularly amongst children are mysterious and need proper understandings to tackle. This child belongs to a low-socio-economic group, his father is an artisan. In spite of malnourishment, the child looks intelligent and has patience though he is suffering much. Constitutionally he looks like a *Phosphorus* patient, also his modalities are of *Phosphorus* like: lying on

A huge Hydrocephalous, measured 58 cms.

Picture 1

**Master Naushad
on 5.4.2006**

abdomen or sleep ameliorates. And *Phosphorus* is a king remedy for TB. Tuberculosis is a destructive disease a lymphatic or syphilitic miasmatic condition. Miasma means infection. If we consider his BCG mark as concomitant then this would become important information. A poor BCG mark shows that the child is not protected against it rather he is affected to it. A syphilitic affection can cause congenital aquaductal stenosis.

OUR HEALTH AGENCIES WHICH ARE OVER-ZEALOUS IN VACCINE PROGRAMMES, MUST NOTE THIS VERY IMPORTANT POINT. TODAY IN OUR SOCIETY PARTICULARLY IN ASIAN COUNTRIES BCG AFFECTED CHILDREN ARE MORE THAN THE BCG PROTECTED. IF CHILD HAS NO MARK MEANS HAVING NO MEMORY HOW TO FIGHT TB!

I would select *Phosphorus* as his clinical and constitutional remedy and *Thuja* as intercurrent, considering the child was in some way indirectly affected by BCG and possibly the cause of aquaductal stenosis was sycotic induced by a vaccine and not syphilitic as congenital."

While BCG infected children usually show white spot at the site of injection, then they are syphilitic, they usually suffer with TB like affections, such as, diarrhea, ear discharge or meningitis, etc. (One dose of *Phosphorus* in single pill, considering the totality of child's illness, was given to the child

with the instruction that *Thuja* or *Nosode I* would be considered later).

STUDY

"*Nosode I* triggers humoral response of the immune system because this belongs to milk from a mother who had scirrroid. Scirrroid resembles to scirrhus which is a hard carcinoma of connective tissues, look black, usually occurring in young mother whose babies are hyperactive. They suck their nipple very vigorously. We believe this type of cancer is a viral origin, first observed by Foubister who proved '*Carcinosin*'.

I believe *Nosode-I* helps in bringing out psora in form of natural discharges, eruptions and exanthema, which contains viral complexes and other morbid substances, the actual causes of psoric affections. While *Nosode-III* clears syphilitic affections and *Nosode-X* sycotic. After ingestion of polio drops some children would show diarrhoea or vomiting as the first symptom. This is a psoric response of the body against that pathogen and if we suppress this, the next symptom may be fever along with cough and cold and if we go on suppressing these by our conventional symptomatic medicines (which is a common practice) then the next crisis would come in form of high fever with convulsions or vomiting or brain cry. This is how disease shifts from one part of humour to another, from one organ to other or from one miasm to another.

Polio viruses are like dengue viruses which affect liver first and then brain. Bile is a heavier part of humour and is acidic in nature. If affected it ascends upward towards the brain Affection of this often leads to sycotic miasmatic conditions, I am sure, in the same way BCG like bacilli would cause common cold and diarrhoea like conditions. And suppression of which may lead to lung infection then TB. As we know TB is a destructive miasm which we call syphilitic, one can include HIV into this as well."

FOLLOW-UPS

Follow-up on 9.4.06: He came with ear discharge. We prescribed him nothing except only *Nosode I* to antidote sycotic miasmatic influence. *Nosode I* also helps in building Bruton's type of immune system,

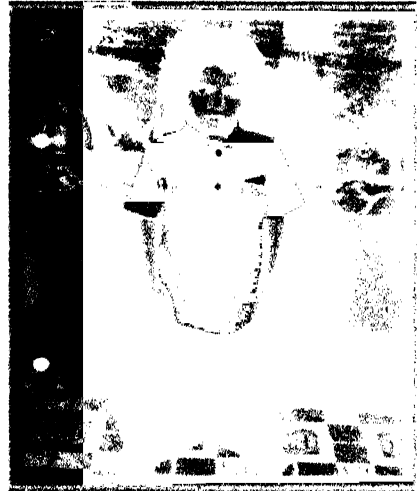
I found this in my clinical practice. In this within the body some special Gama globulins are required which fight against TB and Typhoid like infectious diseases and which form specific antibodies against such infections. A mother passes this type of immunity to her growing child through her milk. Which means that as long as child is breast fed, he doesn't need any vaccination. And this is also how this nosode antidotes the onchogenic or sycotic effect of the vaccine since its source is a milk.

However, *Nosode I* has triggered his immune system and brought back the original psoric symptoms, headache, vomiting. Headache was better by vomiting. But whether the size of the hydrocephalus was decreased? Yes indeed we measured it and found, it was 56 cm (Dated 23.4.06). While the child was in agony, psora gives more pain but helps in reducing the pathology! Whether to wait or to help him with some palliative medicine? His pain was very severe but his stamina was strong. Since he was calm after vomiting so we analyzed the symptoms and on clinical ground our second prescription was *Glonoine*. Two doses of it in 30 potency were given to him along with *Baryta-carb* 30, morning and evening.

Baryta-carb has earned laurels in restricting the size of tumours. He visited again on 30.4.06. His circumference of head was 55cm and he was active. There was no vomiting, no headache. *Baryta-carb* was continued along with *Nosode I* as miasmatic remedy. Child came to us on 9.5.06 with no complaint but his circumference of the head remained 55cm. Then he again reported on 10.5.06, with good results. Now his quality of life was improved. But the size of his cephalus remained the same. *Baryta-carb* and *Nosode I* were continued in alternate weeks. Then he reported us on 2.7.06 and he was better. At this stage *Thuja* 30 two doses were given to him, as intercurrent, considering his ailments certainly had a link to vaccines.

OBSERVATION

He reported on 23.7.06 with a history of fever, rattling cough and ear discharge. We prescribed him some bio-chemic remedies and waited. But the



Picture 2

Master Naushad
on 11.05.06

condition became more alarming. He had very bad otorrhoea with enlarged tonsils and high fever. Symptoms were related to *Hepar-sulph* so we gave him this medicine on 27.8.06 and that was blunder (perhaps)? His headache and vomiting came back, though ear discharge and fever stopped. Now *Nosode I*, *Baryta-carb* and some other clinical remedies didn't help. It was a big fight again, as if I have to start from the beginning as if I have lost the battle against his disease. Since by giving some palliative treatment, (which didn't work), I thought the case is closed. His Double vision re-appeared, then I tried *Jaborandi* for his eye symptoms and *BCG-Num (Nosode III)* as an intercurrent if that may help. In my clinical practice I have seen *BCG-Num* helped many such cases. But all I found was just palliation, at this moment I had also prescribed various clinical remedies for his sufferings and not for his disease which made me to analyze his case again, I suspected that whether the growing tumour is of Glioblastoma? This originates from the brain tissue but his MRI reports were suggested that the mass was a heterogeneous, so what? Whether the cause were some viruses which are settling inside or whether the mass was the result of an onchogenesis!! Some viruses like Polio or HIV can even temper genes. Oral polio drops contain live viruses which also carry genetic material of

monkey's DNA, I calculated mathematically all these points.

At last I had an intuition! In this case, one very shocking thing was that, the child was receiving polio vaccine regularly through out his illness even when he was critically sick. I questioned myself. Child had aquaductal stenosis whether it was congenital or caused by some vaccine!! BCG or OPV? Directly or indirectly by interfering or overburdening his immune system! Then by analyzing the whole case I came to the conclusion and finally decided, the cause could be OPV, ie it was a clear case of vaccinosis and not more than that. That some natural disease had made the child sick. Now on the basis of this analogy I gave him *OPV-Num (Nosode X)* as an intercurrent and which worked wonderfully. His condition started improving gradually and after that even his clinical condition too were responded well. The circumference of the head remarkably reduced, became 50cm, which means his hydrocephalus reduced by 8cm. (on 11.02.07). Now the child was very active without any complaint, then he was on placebo for six months and had no relapse. (The child is well even today, at the time of writing, dated 3.5.07).

RESULT

After he received *Nosode-X (OPV-Num)*, (The homoeopathic vaccine from Oral Polio drops), the

Hydrocephalous reduced by 8 cms.



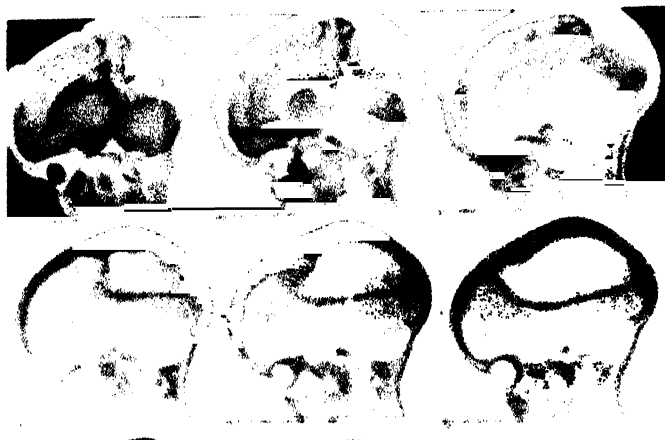
Picture 3

Master Naushad
on 11.02.07

relapses stopped and recovery towards health started, the child became more active and more playful. At this stage I sent the child again to the KEM with a note that they should take his MRI as his parent couldn't afford it. But the Doctors who declared him incurable at one time had no time to look into his case to know about the science which was improving him. They simply turned him out by telling (to his parents) "they are not taking medicine from here so don't come."

However, parents managed to get his MRI privately. In this study: dated, 13 April 2007, although the size of the tumour has not reduced significantly but it has changed its appearance by changing its texture. Surprisingly dead tumour cells drained out and brain cells have appeared? While radiologist reported, evidence of secondary infection! This is how an infection induced by a homoeopathic nosode (*OPV-Num*) has helped the child by eliminating the dead mass and generating brain cells. This multi planar and multi echo MRI of the brain is a proof, reveals that the heterogenous mass has changed into homogenous and inhomogeneous without significantly reducing the size of the tumour. (In this the size of the tumour measured was 12cms x 6.1cms x 5.14cms which in fact also means that the size of the tumour had also reduced by around 2cms).

Before



Picture 4

MRI dated 8.2.2006 (A large well defined brain tumour, almost occupied half of the brain.

After

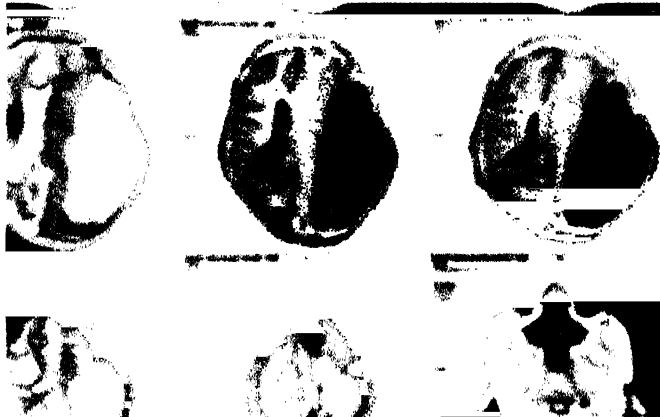


Picture 5

MRI dated 13.4.2007 (the texture of the tumour changed significantly not the size.)

Before

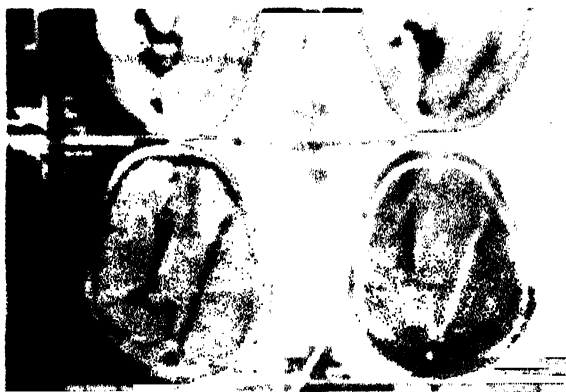
MRI Brain dated 08.02.2006 a Heterogenously hyperintense shadow



Picture 6

After

MRI Brain dated 13.04.2007 changed to in homogenous and hypointense



Picture 7

TWO MORE CASES

Shahrukh Abdus Salam, from Alibaug, now 13 year old, came to us when was 10 years old. He was operated for muscle cancer (Sarcoma) of left gluteum, twice, first in a private hospital and then at KEM. Finally sent to Tata for their evaluation when residual tumour had grown to bigger size and spread inside the blood vessels, cartilages and bones. At Tata he was declared incurable. Histopathologically they found the tumour was spindle cell sarcoma (TMH Path No 964B3, dated 11.1.2002).

He came to us on 21.11.03, in a very critical condition, his left hip joint was fused and the size of the tumour was like a football with engorged blood vessels while he was emaciated and pale.

HISTORY REVEALED: When he was 7 year old, while returning from school, fell down on the road and got hurt in his gluteum. Though he took all kind of first aid measures but his pain didn't go. Finally he developed a soft tissue growth which was timely operated but it reoccurred again. Thereafter he underwent two major surgeries but his condition became worse and he was declared incurable.

'Arnica' single dose stabilized the case, guiding symptom was tape stools. *Nosode-I* brought out the exanthematous discharges from the body in the form of skin lesions, and finally also brought out the BCG mark. That means surprisingly this boy formed the BCG scar at the age of 12 year! A proof that a vaccine can damage immune system. *Nosode-III* helped in checking his recurrent respiratory tract affections and *Nosode-X* in diffusing the mass into a shrunk growth. Now he plays football, and living with his cancer.

Salman Karnekar from Mazgaon was 10 year old when he came to us. He had enhancing lesions of encephalomalacia of brain (Mad Cow disease) and was scared and terrified. His CT Scan, dated 7.6.2004, revealed area of cystic encephalomalacia in the right occipital lobe, while CT Scan dated 12.12.2005 revealing gliotic scar in the right parieto-occipital lobe along with discrete nodular

calcifications in both hemispheres-probably healed granulomas. The child has been fully vaccinated. He was also receiving polio drops regularly. Treated with us from 19.12.2005 to 27.4.2007.

His clinical and complementary remedies were *Cicuta*, *Calcarea*, *Pulsatilla* and *Silicea* on basis of symptoms, helped clinically but couldn't stop relapses. *Nosode I* as intercurrent didn't help much. On the contrary *Nosode X* finally improved his condition. It stopped the formation of new lesions and also cured his convulsions, made him absolutely healthy. His CT Scan, dated 1.8.2006 no new lesion, and the earlier were calcified.

CONCLUSION

I conclude as some believe, if (in some children) OPV can cause brain tumours then it should also cure them. Likes to be treated by Likes. I must also conclude that whenever such children had received *Nosode-I*, it reacted vigorously as if the nature of tumour was cancerous. While in the same child *Nosode-X* acted smoothly, which may be because

Nosode-I acted identically while *Nosode-X* homoeopathically.

I found these 3 Nosodes as anti-psoric, anti-sycotic and anti-syphilitic. In fact the case of Naushad made me to learn the indication of *OPV-Num*. I found it more anti-sycotic than anti-psoric. My experience categorizing them as follows:

1. *Carcinosinum* is more anti-psoric and anti-sycotic than anti-syphilitic.
2. *BCGnum* is more anti-syphilitic and anti-psoric than anti-sycotic.
3. *OPVnum* is more anti-sycotic and anti-syphilitic than anti-psoric.

I use them repeatedly and in molecular doses. (Molecular dilution is Minus Millesemal scale). May I also conclude if *Tuberculinum* has failed in spite of its totality, *Carcinosinum* will work. In the same way if *Bacillinum* has failed *BCGnum* would work and where *Carcinosinum* is failing, *OPVnum* works.

MBA VS B.COM STUDENT

Ha ha ha!!!

A MBA and a B.Com go on a camping trip, set up their tent, and fell asleep.

Some hours later, the B.Com wakes his MBA friend. "Look up at the sky and tell me what you see."

The MBA replies, "I see millions of stars."

"What does that tell you?"

The MBA ponders for a minute.

"Astronomically speaking, it tells me that there are millions of galaxies and potentially billions of planets.

Astrologically, it tells me that Saturn is in Leo.

Timewise, it appears to be approximately a quarter past three.

Theologically, it's evident the Lord is all-powerful and we are small and insignificant.

Meteorologically, it seems we will have a beautiful day tomorrow.

What does it tell you?"

The B.Com is silent for a moment, then speaks.

"Practically... Someone has stolen our tent".

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