

SOME CANCER CASES*

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One corner of my consulting room is screened off to form dressing room for patients. The screen is a four-leaved one with heavy wooden frame, and the leaves are covered with ornate embossed paper. That screen has a history. Some seventeen or eighteen years ago a patient, Miss C. R., age 36, came to consult me about her tongue. She had been treated first by her family doctor, then sent into hospital where various methods had been tried, including x-ray. Finally she was told that they "could do no more for her", and was discharged with the prospect of a lingering and painful end. Her tongue had thick whitish patches on it and was very sensitive to salt, sugar, heat, cold, *etc.* The condition was one of leukoplakia and, from the fact that x-ray treatment had been given in the hospital, it was evidently regarded as at least pre-cancerous if not actually malignant. Unfortunately, my case records are not now available so that I cannot say what remedies were given, but in the course of two or three years' constitutional treatment the leukoplakia disappeared, to be replaced temporarily by a form of dyspepsia which in turn yielded to the attack of the indicated remedy. One morning, amongst my letters was one from this woman, who was at that time an office caretaker. By way of expressing her gratitude, she sent me a £5 note and an exceedingly kind letter. The money was allotted to the making of the screen which has been in constant use ever since. This patient was still alive last year, but have lost sight of her now.

Miss E.S., age 62, consulted me in 1927 about a rectal hæmorrhage which had occurred in spells for the last 30 years, and

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was gradually increasing in frequency though the blood was becoming thin and watery. She had refused operation for piles, and had had much arsenic treatment, *Sulphur, China, and Nit. ac.* effected cessation of the haemorrhage in about two and one-half years, and did not see her from November, 1929, until July, 1932. She then complained of frequent painful micturition though the actual amount of urine was scanty. On test the urine showed a thick cloud of albumin. There was also a mass about the size of a Jaffa orange involving the descending colon ; no stool without enema. The previous remedies did no good and in October, 1932, I gave *Carcinosin* 200 (1). After ten days improvement set in and continued with occasional help of intercurrent remedies, *Merc. cor.* or *Lyc.*, till January, 1933, when *Carcin.* 200 (1) was repeated because the bowels were showing signs of renewed obstruction. May, 1933, repeated *Carcin.* 200 (1). July, 1933, *Carcin.* 1M. (1). By September the patient was beginning to get up for a while daily, gaining weight in spite of marked ascites. November, 1933, repeated *Carcin.* 1M. (1). December, 1933, *Carcin.* 10M. (1), after which improvement was much greater. The last time I saw her was July, 1934 ; she had been out several times then, and I heard later that she was living a fairly normal life, having very little trouble with bowels or urine, though ascites was still present. I heard a few days ago that she is able to do light housework.

Mrs. McK., 38, came in May, 1930, about a "lump" in the right breast. Family doctor had advised immediate operation which she was very unwilling to consider. There was a hard mass in right breast, freely movable, and no enlarged glands. Other symptoms were dyspnoea for many years ; weariness generally ; weakness of arms ; alternating diarrhoea and constipation ; depression since the previous autumn. *Ars. a/b.* 30 plus, once daily for seven days, gave three months decided improvement. August, 1930, *Ars.* 200 plus 1d. (7). January, 1931, *Ars.* 1M. plus 1d. (7). May, 1931, *Ars.* 10M. plus 1d. (7), cleared up the whole condition and I did not see her again until February, 1934, when she returned saying that she had been going back for the last twelve months. Examination revealed a hard mass, the size of

a tangerine orange, in the right breast, but freely movable and with no glandular involvement. The whole skin surface had a yellow tinge, and conjunctivae were faintly yellow. Nothing palpable in abdomen. *Ars.* 20M. plus 1d. (7) carried her on with steady improvement till September when there was slight retrogression. *Ars.* 45M. plus 1d. (7) was given, therefore, and by the end of December the knot had almost vanished, and skin was clear. I have not seen her since.

A much more recent case is Mrs. M., 67, first seen August, 17, 1934. Abdominal pain began two months before, coming and going suddenly. Gradual wasting for a long time. Stools very dark brown and membranous. Flatulence very severe during pain. Bilious attack about once a month. Jaundice the previous winter. Examination of abdomen revealed a thickening and hardening occupying the whole umbilical area, and slight tenderness in the right lumbar area. There was also a tight anular scirrhous at the anus which would not admit the examining finger. A non-flesh diet was ordered and *Carcin.* 30 (1) given. Vomiting and pain in bladder began and persisted, so on September 14 *Cadm. sulph.* 30 (1) was given with decided improvement in all symptoms except pain in bladder, which became so acute that the local doctor had to be called in a hurry on October 7, and diagnosed cystitis and treated her for a fortnight. November 27 patient desired to return to homoeopathy, so *Cadm. sulph.* 30 (1) was repeated because abdominal pain was present again. December 26, abdominal pain gone. Gnawing ache in bladder for fifteen to forty-five minutes after stool or urination. *Ars.* 200 plus 4 hourly (3). January 12, 1935, took castor oil; good result, and in stool a substance about eight inches long nearly black. Pain much less, and sleep excellent after that. January 12 to 20, peaceful rest each night for the first time since September. During that period stools very dark, sometimes blackish, and on Jan. 14 and 16, a long mass was passed about 10 inches x 1 inch, very dark, with a yellow stripe. Patient feels stronger and looks better. Pain returning. *Ars.* 1m. plus 4 hourly (3). This record is incomplete but appears to me of sufficient interest to be included.

Mrs. G., 50, came to me in September, 1933, with a history of repeated floodings in 1930, menopause September, 1932. During 1933 she had twice been in bed for a month with oedema of ankles and feet. During September the oedema had involved the whole of the lower limbs and was now extending to abdomen. There was also a sensation of weight on the chest and dyspnoea necessitating high pillows. She was drinking large quantities of tea, lemonade, water, etc. Diet instructions were to stop flesh of all kinds, bananas, potatoes, white flour, white sugar, salt, and to drink as little as possible. Mentals worked out to *Ars.*, and *Ars.* 30 plus 8 hourly (3) was given, with very rapid relief which continued for two months. Then the patient had some heart attacks and oedema increased markedly, extending even to face and hands. *Ars.* 12 plus 8 hourly (3) worked wonders but by January, 1934, the remedy was needed again and *Ars.* 6 plus 8 hourly (3) was given. Symptoms changed somewhat after that ; indigestion became troublesome but a lecture on mastication cleared that up. In March, influenza developed but yielded to *Bry.* 200 plus 4 hourly (6). After the influenza went, ascites had decreased enough to permit of examination. A resistant mass with dull percussion note and indistinct outlines was palpated between the right costal margin and the umbilicus. *Carcin.* 200 (1) was tried with remarkable effect ; in two months all oedema had gone and it only began to reappear in another two months, for which *Carcin.* 200 (1) was repeated. October 5, symptoms returning ; *Carcin.* 500 (1). February 15, 1935, patient reported no recurrence of abdominal pain ; no oedema.

And now my star case. Mrs. L., 55, was advised by friends, who thought she was losing weight, to see a doctor about a tiny growth on her lower lip, which had been present for five weeks when I first saw her on April 22, 1932. The growth was the size of a pea ; bled occasionally if rubbed ; no pain except an occasional sting, and slight soreness on left side of the neck ; epithelioma. History : never a day in bed for the last 29 years. Cancer among aunts and uncles. The patient declared that under no conditions whatsoever would she submit to operation.

Symptoms indicated *Phos.*, and *Phos. 30* plus 1d. (10) was prescribed. May 20 : growth much larger, size of walnut, with very thin pedicle ; dark purple, bled twice, and once a shell-like end dropped off. Neck movements much freer. Much better and stronger in herself. July 4 : Growth still enlarging but shell falls off daily, with haemorrhage. Growth now about 1½ inches long and 3/8 inch thick. Well ; can do all her work without tiring. August 8 ; not so well. *Phos. 200* plus 1d. (10). September 2 : Growth drier, darker and deader ; not bleeding. Better in herself ; slight gain in weight. December 28 : Growth shrinking steadily ; shell comes off once or twice every 24 hours. Occasional discomfort in lip for an hour or so. *Phos. 1M.* plus 1d. (10). January 27, 1934 : Growth much smaller, hard, black, shrivelled ; shell comes off every 20 hours ; bleeding much less, sometimes none. July 7 : Tiny red spot, size of small pinhead ; no bleeding. December 17 : No trace of growth. Not so well in herself. The headaches from which she suffered before the epithelioma developed, are now returning. *Phos. 10M.* plus 1d. (10).

Lest it be thought that all my cancer cases are a success, let me hasten to add that I have many failures. But the conviction is gradually forcing itself upon me that operation is always a mistake, and that failure is due to one of two causes : either the patient no longer has the vitality to respond to the remedy, or the doctor fails in his choice of remedy. I remember a lady of 60 or thereabouts to whom I was called. Her abdomen was a hard nobbly mass, and pain was insistent but not intense. *Carcinosin 200* was my choice because of an almost complete lack of symptoms. Two days later an apparent miracle had happened ; the abdomen was soft and flaccid, never a knot to be felt. The lady died in peace and comfort less than 48 hours after that. Dr. Le Hunte Cooper, Sr., laid it down as an axiom that in bowel cancers homoeopathic remedies cannot act once the bowel has been incised. As for radium, I have seen one case in which it was used and repeated every three months or so for carcinoma auteri, and I never want to see another. The patient was on my hands when the hospital could do no more, and at the end it took 3

grains of morphia to relieve her pain. The carcinoma had involved the whole right hip and was extending in all directions.

I believe all homoeopaths will agree that the more actively malignant the growth, the greater is the likelihood of cure because pain forces the patient to seek advice at once, before vitality is sapped and mental and general symptoms cease to exist. My general experience is that the patients seek homoeopathic advice because of a desire to avoid operation if possible, and my usual but not invariable practice is to treat malignant cases by diet and the homoeopathic remedy. I believe it should be invariable : that one has recourse to surgery only through lack of confidence in one's ability to find the right remedy.

After all, the *raison d'etre* of operation is the belief that the growth is the whole of the cancer, whereas homoeopathic philosophy teaches us that the growth is secondary to a general constitutional condition and operation therefore can only remove the local manifestation but cannot touch the underlying cause. Cancer is of the best examples of the constitutional action of disease. Watch its progress in a slow growing type. See how all the lesser ailments which formerly afflicted the patient disappear and, in the later stages, how even mental and general characteristics fade out and the patient becomes merely a cancer cosmos. What possible use other than palliation can surgery serve for a disease which thus takes possession of mind and body and destroy them? Until the remedies have been tried, who will venture a decisive opinion as to what is curable? In all curable cases, we ought not to have recourse to surgical interference but only to the remedies which accomplish far greater results.

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[*Courtesy* : The Homoeopathic Recorder, Feb. 1936]

