

The Homœopathic Treatment of Cancer

Dr med. Carl Rudolf Klinkenberg

Summary: There are few homœopaths today who dare to treat cases of cancer. Referring to the experiences of past homœopaths, this article shows how one can proceed in the treatment of cancer today. In part 1 of this series of articles* the principles of the choice of remedy and the prescription of the subsequent remedy on the basis of the Organon are presented. The significance of the local tumor symptoms for the choice of the remedy and how they have been undervalued by Kent will be clarified. Finally the way most homœopaths proceed in cases of cancer, especially according to the totality of symptoms of the patient, will be discussed, and possible sources of errors will be shown.

Keywords: homœopathic treatment of cancer; one-sided disease; local tumor symptoms, their significance in the homeopathic treatment of cancer; totality of symptoms, their significance in the homeopathic treatment of cancer.

This article is reprinted with permission from its original source, *Zeitschrift fuer Klassische Homœopathie*, 1998; 42: 15-28

[*Editor's Note: The AJHM hopes to one day publish the other articles in this series; the articles, however, are in German and require translation. To date we lack suitable volunteers for this worthwhile labor. Anyone interested please email the editor at gguessmd@embarqmail.co.]

Introduction

Cancer (1) is the second most frequent cause of death after the cardiovascular diseases. In the case of women between the ages of 40 and 60 malignant tumors of the breast are the most frequent cause of death overall. Therefore, it is of great interest for homœopathic physicians and of great value for patients to find ways and means to cure this life-threatening illness.

Fear of Cancer

"When the diagnosis of cancer is made, fear arises, in the patient and the relatives, and not rarely also in the treating homeopath. This fear is a paralyzing obstacle, and, therefore, only a few homœopathic physicians have the courage to treat tumor patients independently; that means without or at least independently of orthodox therapy" [35] Often the responsibility is delegated to clinics and patients. Moreover, in current homœopathic training we often find the opinion that cancer, especially in its later stages, is not treatable homœopathically. On the other hand, some past homœopaths have cured cancer successfully, even when it was in an advanced state

and with considerable success rates.

Experiences of Earlier Homœopaths

Hahnemann established how to proceed in the treatment and cure of one-sided diseases (§§172-205), and we often have to consider cancer as a one-sided disease. Clemens von Boëninghausen listed the most important remedies for the treatment of breast cancer, although he admitted that "the true cure of breast cancer, especially the one ... which is broken open, belongs to the most difficult tasks and does not always succeed." (2)

J. Compton Burnett published more than fifty cured cases of mostly malignant tumors [6,7] with the intention to "prove beyond doubt that tumors can be cured with the help of remedies." (3) Also John H. Clarke [9], Ellie G. Jones [23], Robert T. Cooper [10], Arthur H. Grimmer [13], Edmund Carelton [8] and others wrote of many cured cases. H.L. Peterman was very optimistic: "My successes in the treatment of cancer are as good as in the treatment of other serious diseases... I am never without cancer patients in my practice and I cure them." [32] W.E. Jackson

treated in the span of 12 years 200 cases of cancer with a rate of cure of 92%; most of these cases were given up as incurable by other physicians. [21]

Emil Schlegel writes somewhat more cautiously: "I understand about cancer ... as much as I could have learned in my experience of thirty years with these unfortunate patients ... What I can offer are very mixed experiences ... Still there are many experiences remaining which shine and tantalize; we have to search, research, and gain from them [the cases of cancer] the law of cure." (4)

Thus, there are a great number of cancer cases to be found in the homœopathic literature which have either been cured or have improved for many years, and which prove that it is "after all possible to interfere from the dynamic level with the formation of tumors ... and to resolve them from there." (5) Schlegel complained that even homœopaths "do not take note of all this information with the necessary respect." (6)

Aim of this Article

Since our homœopathic predecessors had encouraging results in the treatment of cancer, we have to ask ourselves today: according to which method did they proceed? Can we accomplish something similar? Or do we have different patients? What do we have to take note of?

It is the author's hope that this article might lead to a new level of cancer therapy and demonstrate the best methods to use in the treatment of cancer. Hopefully, homœopaths will be encouraged to start treating cancer actively. And not least, it is hoped that this article will stimulate an exchange of experiences and cooperation between homœopaths.

More and more homœopathic congresses and seminars are dedicated to the topic of cancer, and therefore it is time to appreciate what Schlegel wrote in 1927: "I tell myself that those who come after us will do it better, and that they will not be less but more privileged to treat cancer." (7)

Classification of the Cancer

The *Organon of the Medical Art* contains the basic principles of homœopathy, which were formulated by Hahnemann with absolute clarity and to which we have to adhere. Here we find the laws of cure. Therefore it is our duty to study the *Organon*. Most cancer cases, especially those in the advanced stage, belong to one-sided diseases, which Hahnemann looks at in detail in the §§172-205(8):

"A similar difficulty arises when the disease to be cured has all-too-few symptoms." (§172) "Diseases that appear to have only a few symptoms are termed one-sided because only one or two main symptoms stand out, almost obscuring the rest of the befall-

ments." (§173)

"The main symptoms may be either:

1. an internal suffering ... or 2. a more external one. The more external sufferings are usually called local diseases." (§174)

Definition of the Term One-sided Diseases

One-sided diseases are characterized by a 'lack of a sufficient number of characteristic symptoms.' (9) They are diseases which produce, in addition to the chief symptom and its concomitants, none or only a few characteristic associated symptoms. The main symptom is the patient's chief complaint, which appeared most recently. The chief symptom is, as a rule, the complaint from which the patient suffers most and which brings him to a physician. [14] Complaints which accompany the main complaint of the patient from the beginning are called, according to Hahnemann (§95) and Bœnninghausen [2], associated complaints. Associated complaints, especially those which have appeared last, are of great importance for the choice of the remedy. [20]

Apart from the main complaint of the patient (e.g., cancer), there are also the concomitant complaints, which typically accompany the disease (e.g., weakness, sweats), as well as changes in the areas of general well-being, mind and sleep; there are practically no further characteristic symptoms. (10)

The local diseases are a sub-group of one-sided diseases with localized, pathological changes. (11) The malignant tumors belong to this sub-group, since these have, as a rule, 'a constant local malady' as a 'chief symptom.' (§197). (12)

Choice of Symptoms in One-sided Diseases

Hahnemann writes about this in the following §§176-178:

"Nevertheless, there are a few maladies of this kind [the one-sided diseases] which ... outside of a couple of strong, intense befallments, only allow one to indistinctly observe the rest of the befallments." (§176)

"To meet with success in these cases, one should, at first, select the medicine that has been homœopathically singled out according to one's best estimation, guided by these few symptoms." (§177)

In the following §178 Hahnemann explains that the chosen remedy:

"... offers the apt similar artificial disease for the annihilation of the malady ... when these few disease symptoms are very striking, definite and of a rare kind; that is, when they are especially characteristic."

An addition to this follows in the paragraphs concerning the local maladies (§§185-203):

"This ... happens most expediently when ... one

simultaneously unites the exact constitution of the local suffering with all the noticeable alterations, ailments and symptoms in the rest of the condition ... [to] sketch a complete disease image." (§192)

These *Organon* paragraphs are decisive for the homœopathic prescription in cases of tumors which cause local complaints and in many tumors of the bodily surface.

Related to this, here is an interesting case from the homœopathic literature - the cure of the field marshal Count von Radetzky in 1841 by Hartung: [19]

"Count von Radetzky fell ill with a malignant tumor of the right orbita. After the Count was examined by two renowned professors of ophthalmology by order of the Habsburg Emperor, and after the case was considered to be hopeless, he turned to the field captain in the medical corps Hartung, stationed in Milan, who described the tumor in the following way: A hard, grey-bluish growth of fungoid nature (13) within the whole eye-socket, which presses the eye out (exophthalmus). The eyeball is pushed to the outer canthus and is immovable. In the eyeball there are stitching, tearing, burning pains and itching. Blindness of the affected side. Eyelids swollen, black, blue and immovable. Conjunctiva and caruncula lacrimalis are dirty-red and covered by a web of varicose vessels."

Hartung began the treatment with *Arsenicum* 30C: The growth increases further. After four days he gave *Psorinum* 30C: Pressure in eye, headache, bleeding. After a further three days *Herpetin* 30C was tried: Headache, easy bleeding. The tumor kept growing under all these remedies. On the 13th day of treatment *Carbo animalis* 30C: No bleeding anymore; the tumor growth came to a standstill; the sponge-like tumor excreted a cream-like liquid; itching in the inner canthus. On the 19th day of treatment one dose of *Thuja* 30C was given, after three additional local applications of *Thuja*. (14) The milky discharge increased, but less pain and clear reduction of tumor followed. In the course of further treatment *Carbo animalis* 30C was prescribed for two days; then again *Thuja* internally and externally, every eight days in alternation with *Carbo animalis* internally and externally. Six weeks after the start of treatment the malignant fungoid tumor had totally disappeared, and the normal mobility and vision of the eye was restored. Count of Radetzky died 17 years after the treatment at the age of 92.

When repertorizing this case we can choose the following rubrics:

1. Cancer of the eye, fungus.
2. Tumor, bleeding easily.
3. The blue-black color of the tumor.
4. The sensations and pains: Burning, stitching, tearing.

5. The net of veins, respectively the web of varicose vessels.

Carbo animalis, *Phosphorus* and *Silica* fit these symptoms but *Carbo animalis* stood out in the differential materia medica because of the blue-crimson discolouration. (15)

Significance of the Local Tumor Symptoms

In this case we can see how important the §§176-178 of the *Organon* were: Not only was the sick organism as a whole capable of expressing its individuality, but also the tumor. The individual nature of the tumor, its colour, its appearance, the location, the sensation, and the modalities of the pains were not local symptoms of lesser importance, as Kent asserted, (16) but, on the contrary, were highly characteristic and useful symptoms, as indicated in §153 of the *Organon*. They were striking, exceptional and unusual because they characterized this cancer. The exact characteristic of the local malady and the process of the tumor growth have to be included in the symptomatology.

The one-sided diseases are often found towards the end of a lengthy chronic disease course; they are mostly final states. These final states are what is called in the *Organon* "one or two main symptoms" (§173) and "strong, intense befallments." (§176)

This touches on a fundamental problem in homœopathy: remedy provings on the healthy, the essential foundation of the homeopathic prescription, have not led to the formation of final states; for example, tissue degeneration. Proving symptoms are therefore more suitable for acute diseases or for the earlier stages of chronic diseases, which is the reason why the choice of a remedy in one-sided diseases is made more difficult. (17) Consequently in one-sided illnesses involving cancer/tumors, recognized remedy characteristics and clinically confirmed characteristics must be especially taken into account.

The following case (18) by James T. Kent (1884) illustrates the great importance of local symptoms in cases of cancer:

"Mrs. H., 35 years, seven children; difficult births with all children. In the first pregnancy an abscess of the right mamma was obviously treated badly; since then complaints in the scar. The youngest child is now two months old, breast-fed, and the patient suffers from a hard node in the right mamma. *Graph.* and *Phyt.* were already given and did not improve much. In the meantime retraction of the nipple and axillary lymph nodes has occurred; burning and stitching in the node of the breast. Menstruation despite breast-feeding; dark, lumpy. The patient says that she menstruated during the breast-feeding of all

her children. When she goes to sleep she perspires profusely. Despite only very moderate loss of blood as a consequence of the menstruation she seems very exhausted and a little cachectic.”

Kent chose the following symptoms:

1. Burning in mamma
2. Stitching in mamma
3. Nodes in mamma
4. Cancer of mamma
5. Sweat during sleep
6. Great weakness after menses

The repertorization gives *Phosphorus* and *Carbo animalis*. The dark, lumpy menstrual blood and the exhaustion after menses are characteristic of *Carbo animalis*. (19)

“Treatment and reaction are unusual (20) *Carbo an.* 3M, one dose. For a few days cutting pains in the nodes; after four weeks no more pains; glands in axillae hardly palpable. The dose was repeated after 39 days. The node in the breast has disappeared.”

As this and other cases show (21), not only local tumor symptoms are used for the choice of a remedy, but also additional symptoms which have a temporal connection with the appearance of the cancer, as, for example, striking mental and general symptoms, as well as etiological factors. Especially if there are no local tumor complaints present, one should ask which symptoms have developed in conjunction with the development of the tumor in the last months or years. The patient might say, for example: “Since the tumor appeared, I have this irritating slight cough.” Equally, a changed general and mental state, as well as a change in sleep, should be considered first and foremost. Obviously each case of cancer demands a complete anamnesis, whose peculiarities will be discussed in the course of this article.

To summarize, important local symptoms are:

- Sensation of the tumor pains: It is significant whether the pain is felt as burning, stitching, tearing, pinching or in other ways.
- Other sensations in the location of the tumor; e.g., sensitivity, numbness, feeling of heaviness, tightness or emptiness.
- Modalities of the tumor pains; e.g., influence of motion or rest, position of body, touch, pressure, jarring, warmth or cold, weather, time.
- Appearance and quality of the tumor: All visible symptoms have to be noted: color, consistency (hard, soft), surface, etc.
- Type of secretion: quantity, color, smell, consistency; foul-smelling, bloody secretions etc.
- Precise localization: It is striking that certain parts are affected, such as the eyelid, the tongue

or the breast. Sides of body.

- Type of tumor: sarcoma, epithelioma, fungus, etc.

Pathognomonic symptoms (22) are less important, but in doubtful cases, or if there are no better symptoms, they can be considered for the choice of a remedy. An example of a pathognomonic tumor symptom is the exophthalmus in the Radetzky case, since the tumor pressed the eyes out of the orbit.

Associated Complaints Lead to the Second Remedy

Let us return to the following paragraphs of the *Organon*, in which Hahnemann points out that the remedy prescribed produces symptoms, which indicate the simillimum:

“Consequently, the medicine will arouse accessory ailments ... [which] are however, at the same time, ailments of the disease itself, although they have rarely or never been felt by the patient up until now.” (§180)

“Let it not be interjected that the accessory ailments that now appear and the new symptoms of this disease are due only to the medication that was just used. The ailments do come from the medicine, but they are only those symptoms whose appearance this disease was itself capable of engendering in this body... [and which has] merely prompted the symptoms to appear.” (§181)

That gives some certainty and courage. Because of the often sketchy symptomatology of a one-sided disease it is very rare that the most similar homeopathic remedy is given immediately, but first a simile which is homeopathic only to a part of the total disease. The simile produces symptoms which lead us to the prescription of a better fitting remedy until finally the simillimum (23) effects a cure of the disease.

It is possible to take into consideration the remedy relationships for choosing the subsequent remedies, which Boenninghausen, in particular, teaches: “[In one-sided cases] an incompletely fitting remedy produces such changes in the overall state and at the same time characteristic indications, that it is now not difficult to annihilate the complete chief complaint together with the newly developed associated complaints with the help of a related remedy, which corresponds exactly to the current symptom complex. . . . But more commonly one will find that one or the other competing remedies are among the number of related remedies, and it is then advisable to prefer the one over the other.” (24)

Let us assume we have prescribed a cancer patient *Arsenicum album*. After a few days the patient develops a symptom. With the help of the repertory and the materia medica we clarify whether the symptom

lies within the sphere of action of the remedy; i.e., whether *Arsenicum album* has produced the symptom in the proving or has clinically cured it several times. If it lies within the sphere of the remedy action, one should wait. (It might be an old symptom of the patient, which shows that the cure is developing in the right direction if the symptom disappears over time. Or it is a new symptom, which can be explained by the fact that remedies often 'insert' their own symptoms for a short time, which then disappear again. [17]) Only if the symptom stays or is disturbing and the general state deteriorates will a change of remedy be indicated; the subsequent remedy should have ideally a relationship with *Arsenicum album*. [4, 17].

In case of LM potencies one could stop taking the remedy. If it is a symptom which has been cured by the same remedy earlier (in this case *Arsenicum album*), it could be a late aggravation. The organism is saturated with the remedy and one stops giving it for a while (§§280, 281).

If the new symptom lies outside the sphere of action of *Arsenicum*, we know, according to §181 of the *Organon*, that *Arsenicum* has prompted the symptomatology of another remedy, and if this symptomatology persists, we should select a different remedy.

According to Spinedi the LM potencies are more capable of prompting new symptoms than the C potencies. (25) In the clinic he manages, the patients receive frequent doses of LM potencies; for example, five drops twice or thrice a day. (26) New symptoms, if they arise, tend to appear very quickly, indicating the subsequent remedy. This kind of dosage demands very precise observation of the patient in short intervals; e.g., two or three times daily. "We are dealing here with cases of cancer which often progress rapidly, and when metastases are in the process of growing, we cannot wait but must do something!" [35]

Critique of Kent's Evaluation of Pathological Symptoms

It seems appropriate at this stage to say a few words about J.T. Kent and his attitude towards the treatment of cancer. It is obvious that Kent had not had good experiences in this area, because he writes in his materia medica about *Carbo animalis*: "It has relieved in incurable cases, and has apparently removed the cancerous condition for years, even though it comes back afterwards and kills. This remedy is often a great palliative for the pains that occur in cancer, the inductions and the stinging, burning pains. Of course, we do not want to teach, nor do we wish to have you infer, that a patient with a well-advanced cancerous affection ... may be restored to perfect health and the cancerous affection removed... It is the patient that is sick, and whenever a patient is sick enough to

have a cancer, his state of order is too much disturbed to be cured." (27)

Furthermore, Kent was of the opinion, possibly influenced by the anthropology of Swedenborg, that the cancerous growth does not produce the symptoms which make it possible to find the homoeopathic remedy: "What if there are changes in tissue present? There is nothing in the nature of diseased tissue to point to a remedy; it is only a result of the disease ... There is nothing in the fact that it is a tumor, or in the aspect of the tumor, that would lead you to the nature of the change of state. The things that you can see; i.e., the changes in the tissues, are of the least importance, but what you perceive in the patient himself, how he moves and acts, his functions and sensations, are manifestations of what is going on in the internal economy ... the totality of the signs and symptoms presents to the intelligent physician the nature of the state and he is clear as to the remedy." (28)

Despite the great contribution Kent has made to homoeopathy, this statement has to be contradicted: Many cases in the literature show that the phenomena of the tumor provide important symptoms for the choice of a remedy and confirm Hahnemann's principles, which he has presented in various paragraphs of the *Organon*. It is particularly these end states in the form of a few symptoms (§173) which make cancer a one-sided disease. The physician prescribes for these end states a remedy which fits best; the symptom picture changes, and a remedy which is more similar to the fundamental disease shows itself.

Kent's statements neither conform with developments in the treatment of cancer by others at that time, nor do his assertions agree with the way he proceeded in at least some of his cases, as the previously quoted case shows. It is evident from his subsequent writing that Kent modified his view on the symptoms which indicate the remedy. [24]

'Constitutional Remedy' in the Treatment of Cancer

Most homoeopaths treat malignant tumors essentially like other chronic diseases: in accordance with the method of Kent, all complaints and peculiarities of the patient will be noted and then organized into a hierarchy before selecting the remedy. These can include symptoms which go back a long time, possibly even into childhood. Sometimes malignant early stage tumors can be cured or relapses can be prevented in patients who were operated on. However, individual successful cures, regardless of the method employed, (29) cannot hide the fact that the success rate overall is not impressive.

What are the causes of our moderate success rate in the treatment of cancer? Important reasons probably include a tendency of practitioners to focus on

the totality of symptoms (30) and their failure to take into account the sphere of action of the remedy. J. Compton Burnett was one of those physicians who cured many patients with tumors. In *Curability of Tumors* he wrote (31):

"The covering of the totality of symptoms can be often and is often nothing more than palliation... It is not enough to cover the totality of symptoms; because once we have done that we have to ask the following questions: What is the true nature, ... the pathology of the disease...? What has caused it? Is the cause still there...? Is the chosen remedy homœopathic to the pathological process? ... and does it affect it from beginning to end? If not, then we are on the wrong track, if we want to truly cure and not just palliate."

Schlegel, who was very experienced in the treatment of cancer, commented (32): "The constitutional simillimum can sometimes affect everything which is pathological, but often we have to remove the ultimate obstacles first. Usually we get considerable functional improvements, but the results remain unchanged."

These statements are of the utmost importance. When, in a case of a tumor, we choose the remedy according to the totality of symptoms of the patient and give the so-called constitutional remedy (33), the following often happens - the general state clearly improves, and the patient says, "I am better. I feel good since I have taken the remedy," but the tumor does not regress at all. Also, 'ultimate obstacles' (vaccinations, traumas, etc.) account for some failures of treatment.

It is also important to note, though, that there are cases in our literature that show that the 'constitutional simillimum' can affect 'everything which is pathological' when the remedy given is one which is capable of interfering with the pathological mechanism of the cancer.

The biggest mistakes in the treatment of cancer can be summarized as follows:

1. The local tumor symptoms (that which is individual about the cancer) are undervalued.
2. The totality of the patient's symptoms are included in the choice of the remedy. This can result in palliation if it doesn't cover the nature of the disease at the same time.
3. The sphere of action of the remedy, its capacity to interfere with the cancerous process itself, is not adequately taken into account.

Further sources of failure lie in neglecting etiological factors, in the area of dosage, and the evaluation of progress. We will discuss these in more detail in later articles.

Let us finish this installment with a remarkable

case by Schlegel (34) from 1901:

"Mrs. R., 45 years old, had above her right ear a wart..., which ... without any discernible reason, started to grow and changed its character. It ... became very painful, because it caused neuralgic complaints in the occiput and neck; it was strongly venously injected and behind the ear ... one could see an indurated swelling of the gland. It continued to grow, started to bleed and to secrete a ... terrible stench. The hair on the right side of the head was soaked constantly in bloody serum. I had indicated to the patient the acute danger and encouraged her to go to a surgical clinic [which means a lot in Schlegel's case!]. But she didn't want to do that under any circumstances and kept her confidence, which was not disappointed. With *Nitricum acidum*, *Arsenicum album*, *Calcarea carbonica*, *Belladonna*, *Hepar sulphuris*, *China*, *Lachesis* and other remedies which fitted her type of complaints, the stormy process took a good turn: one day the bad smell ... disappeared, a skin formed over the growth; gradually it reduced in size and finally disappeared without leaving a trace. This case taught me a lot, and since then my attitude towards complaints of this type is: Have no fear!"

Endnotes

- 1) Karkinos (gr.): (Cancerous) growth; cancer (lat.): Cancer. Von Galen (129-199 AD), called after a rare form of breast cancer, which metastasises along lymphatic pathways with crab-foot like tributaries.
- 2) Boenninghausen, AHP406
- 3) Burnett, 1991-a. 11
- 4) Schlegel, 1927. IX, 8
- 5) Risch, 1991
- 6) Schlegel, 1927. 120
- 7) Schlegel, 1927. 171
- 8) According to Hahnemann, the one-sided diseases include the 'internal suffering' as mentioned in §174, the 'local maladies' (§185) and the mental diseases (§210). All highlighted passages in italics, including the ones in the quotations, are the author's.
- 9) A different viewpoint, taken by some homœopaths, interprets the one-sided diseases as diseases which have essentially just one symptom, the chief symptom; as soon as other symptoms appear the disease is not a one-sided one anymore, even if these symptoms are known concomitants of the disease. One example would be the psoriatic patient, who apart from the skin eruption has no other associated symptoms, modalities or sensations. According to this opinion the advanced cases of cancer are not one-sided since the patients show more symptoms than cancer patients in the early stages; e.g., cachexia, sweats, icterus,

changes in temperature sensations, etc.

It would certainly be desirable to clarify with the help of the literature what Hahnemann meant exactly by a 'one-sided disease'. When reflecting on the latter view one should, in my opinion, consider the following:

1. Cases of disease with just one symptom are relatively rare. It does not seem logical to me that Hahnemann should have dedicated so many paragraphs in the *Organon* to such a rare occurrence.
2. Hahnemann speaks of 'all-too-few symptoms' and of 'one or two main symptoms' (§§172,173). Thus several symptoms can be present.
3. The lack of quantitative precision indicates that it is more a qualitative problem. According to the definition of Boenninghausen, who was in close contact with Hahnemann, there is not a lack of symptoms, per se, but of characteristic features, which allow the differentiation between the remedies (see footnote 9).
4. That these few symptoms 'almost obscure the rest of the befallments' (§173) is a reminder that in advanced cases of cancer the symptoms of the tumor define increasingly the total symptomatology of the patient.
At any rate, one has to ask why Hahnemann writes in §177 of one-sided diseases as being 'very rare.'
- 10) Boenninghausen, VHA.6. In this context it is essential to know that Boenninghausen's understanding of characteristic symptoms was not that they were original (Kent, 1985, 220), curious or peculiar. A symptom or symptom element is, according to Boenninghausen, characteristic when it either occurs in different locations of the body, when it occurs repeatedly, occurs with some intensity, or when it can only be found in one or a few remedies [15,30]. 'All-too-few' of these symptoms means probably that modalities (or secondarily sensations) which differentiate these remedies are missing. [31]
- 11) In Hahnemann they are diseases which are commonly treated externally (s. footnote to §§197,199,205). Although the local malady limits itself by definition to a particular location in the organism, it is an 'external sign of an inner disease,' even a local injury, if it is not completely insignificant ...has a pathological impact on the whole organism. (Boenninghausen, HOM. 18).
- 12) In the footnote to §205 Hahnemann shows that he classifies the 'lip or facial cancer' under the local maladies and one-sided diseases. The §§172-205 on one-sided diseases therefore refer among other things to malignant tumors of the bodily surface. In this context one has to ask the ques-

tion whether the other forms of cancer (cancer of the small intestine, etc.) are to be considered as local maladies.

- 13) Fungus (lat.): Sponge; a mostly flat, granulomatous growth with an inclination to bleed, which sits broadly on the skin.
- 14) *Thuja* 30C dil., 1 drop dissolved in 3 ounces of distilled water (1 ounce = 8 drachms = 29,2g; old Prussian weight used for medicines), one teaspoon to be taken three times a day. Moisten the tumor every two hours with a solution of *Thuja* 18C, six drops in four ounces of warm, distilled water.
- 15) *Complete Repertory* [37]: 1. Eye-cancer-fungus (p.588): Carb-an., Phos., Sil. 2. Generalities-wounds-bleeding-freely (p.2664): Carb.an., Phos., Sil. 3. Skin-dicolouration-bluish (p.2348): Carb. an., Phos., Sil./blackish: Phos. 4. Eye-pain-burning (p.624): Carb.-an., Phos., Sil./stitching (p.634): Carb.-an., Phos., Sil. / tearing (p.637): Carb.-an., Phos., Sil.; Eye-itching (p.609): Carb.-an., Phos., Sil. 5. This symptom is not in the repertory and has to be looked for in the materia medica.
The reason for the external dose of *Thuja* could be gonorrhoea, which was at that time very common among soldiers, and which Hartung treated right from the start as a possible obstacle to cure. *Thuja* has proven to be an excellent remedy for tumors.
- 16) Kent, 1985. 24,62-65; Kuenzli, 1986. XII-XIV.
- 17) Burnett, 1991-a.81; Risch, 1991.
- 18) This case from Kent's early phase (he started his homoeopathic practice in 1881) is remarkable for the high value which he gives to current and local symptoms. He only introduced the system of hierarchization in the 1890s (Post Graduate School, Philadelphia). [16].
- 19) *Carb.-an.*: 'The flow weakens her; she can hardly speak; blood dark.' (GS) *The Guiding Symptoms* were essentially the source materia medica for Kent. [16] He also includes the symptom 'menses when breast-feeding'.= However, this does not seem to be a characteristic symptom for the current state of disease since it also occurred at other times of breast-feeding. *Carb.an.* and *Phos.* are not in this rubric.
- 20) Unusual, because most cases of cancer in these case histories: 1) last for years, 2) in nearly all cases several remedies are given, and 3) they need repeated doses of remedies to effect a complete cure.
- 21) Burnett [6,7], Clarke [9], Schlegel [34] and others unfortunately gave only in a few cases hints as to the symptoms which indicated the remedy. Still, it is possible to see from the many case histories presented that especially those symptoms

are taken into consideration which developed during the course of the cancer, as for example in the following case by Schlegel: 'Mrs. F., 55 years old ... Later on a repeatedly recurring cancer of the stomach developed, which was cured with *Mezereum*, *Arsenicum*, *Hydrastis*, *Ornithogalum* and other remedies ... that means it was successfully combated both in the appearance of the ... digestive disturbances, of the vomiting and weakness, and in the appearance of a firm growth in the epigastrium. Patient is healthy.' (Schlegel, 1927.149).

22) Here the question arises: What are pathognomonic symptoms in tumors? Which symptoms are caused necessarily by the tumor and which are compared to these striking, peculiar and particular (according to §153)?

23) The distinction between the 'simile' and the 'simillimum' has only recently been introduced. A 'simile' we understand to be a remedy which produces an artificial disease which is only partially similar to the current disease, and will therefore not lead to a complete cure; symptoms will be left which only disappear after the administration of further remedies.

The 'simillimum' on the other hand denotes a remedy which is so completely similar to the current state of disease that this one remedy is sufficient for a cure. The homoeopaths from the 19th century and Hahnemann himself used the terms 'similarity' and 'simile.'

24) Boenninghausen, VHA.5,6. Practice has to show whether the subsequent remedies according to Boenninghausen are probable during the course of treatment in a case of cancer, or whether different laws of tumor progression exist.

25) Maybe this has nothing to do with LM potencies themselves, but with the frequent dosage. It is known that Hahnemann gave the C potencies also in chronic cases relatively frequently in his later years (e.g. *Bell.* 30C dissolved and stirred in 7 dessertspoons of water, of which 1 dessertspoon is stirred into a glass of water; from this solution a teaspoon is taken once a day in the morning).

26) Usually LM potencies are only given once a day or every two days; as long as the improvement of the complaints lasts without change of the symptomatology, yet it is justifiable to repeat the remedy more frequently. According to Kent it is possible to give even high potencies cumulatively (in repeated doses) as long as one stops repeating the dose once improvement has set in.

27) Kent, 1903. The original text reads: 'It has relieved in incurable cases, and has apparently removed the cancerous condition for years, even though it comes back afterwards and kills. This remedy is

often a great palliative for the pains that occur in cancer, the indurations and the stinging, burning pains. Of course, we do not want to teach, nor do we wish to have you infer, that a patient with a well-advanced cancerous affection ... may be restored to perfect health and the cancerous affection removed ... It is the patient that is sick, and whenever a patient is sick enough to have a cancer, his state of order is too much disturbed to be cured.' [25]

28) Kent, 1985.62. The original text reads: 'What if there are changes in tissue present? There is nothing in the nature of diseased tissue to point to a remedy; it is only a result of the disease ... There is nothing in the fact that it is a tumor or in the aspect of the tumor that would lead you to the nature of the change of state. The things that you can see; i.e., the changes in the tissues, are of the least importance, but what you perceive in the patient himself, how he moves and acts...'. [27]

29) Among the different methods in homeopathy (e.g. the evaluation of symptoms according to C.M. Boger or the keynote method by H.N. Guernsey) there are two ways of case analysis which have gained acceptance: Kent's method, as mentioned in the text, in which mostly one remedy, the chronic remedy, is given infrequently in a high potency, and which, as a rule, is time and again indicated; and the method according to Boenninghausen; here the mostly changing states of disease are treated with the indicated remedy according to each state, and the patient receives at times different remedies in comparatively quick succession; the symptoms of the present disease are taken into consideration, not the other symptoms of the patient.

30) The term 'totality of symptoms' is not defined consistently in homeopathy, and can have the following meanings [16]:

1. All symptoms of the current disease, that which is to be cured in the current case of disease, consisting of the chief and associated complaints (Hahnemann describes the 'totality of symptoms' as the 'entire complex of perceptible signs and befallments of disease' (§17)).
2. All symptoms of the patient (in relation to his/her whole life).
3. All (characteristic) symptoms, which are considered for the choice of the remedy. The homeopaths of the 19th century, such as Burnett, use this term as a rule in the sense of the first listed definition (Burnett, 1991-b. 22, 25, 95).

31) Burnett, 1991-b. 23, 25.

32) Schlegel, 1927. 158.

33) The term 'constitution' in homeopathy is used for different ideas. The 'constitutional remedy'

is prescribed according to the characteristics of the constitution. In the following overview we list some of the frequently used, poorly distinguished definitions [11].

- The innermost nature of man ('soul'); his type of thinking ('spirit'); personality, character of the person - which means that constitution refers solely to the emotional state.
- Characteristic features of a person, as for example a 'ragged philosopher'
- A particular 'type' who always presents similar disease pictures which need a particular remedy (e.g., *Pulsatilla*).
- In G.H.G. Jahr: Those physical characteristic, which are by and large constant (emaciated/obese; blonde/brunette, etc.), the temperaments (phlegmatic, sanguine, etc.), sex and age [22].
- In P.Schmidt: The totality of symptoms of the patient (Kent, 1986, 157, footnote by Schmidt).
- Synonymous with 'chronic'; 'constitutional disease' is equated with 'chronic disease'.

34) Schlegel, 1927. 139, 140.

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