

Support of the patient during chemotherapy or radiation

The combination of biological and conventional medicine in cancer patients is often an area of controversy, as many oncologists are weary of mixing treatments which may have interaction with the chemotherapy. This is not unfounded, as a number of phytotherapeutic agents are known to interact with chemotherapy drugs, either by slowing the metabolism, preventing the action of the agent on the cancer cell or by increasing the toxicity. One such substance, which slows down the P450 to the point of irreversible damage is, for instance, grapefruit juice. Other phytotherapeutic agents have a known effect on the coagulation system, which also may put the patient at risk. It is thus wise for practitioners using phytotherapy to inform themselves accordingly.⁽¹⁻³⁾

Recent surveys have shown that up to 80% of all cancer cases use concomitant biological and conventional therapies.⁽²⁾ Microdose therapy (homeopathic remedies) is not thought to have any interaction with conventional chemotherapeutic agents. For instance, an extension of the study we publish in this issue is a multicentric trial currently being done on Traumeel by the Children's Oncology Group.⁽¹⁾

Support with anti-homotoxic medicine does not only imply detoxification as it has been mentioned before, but should be aimed at diminishing the effect of the chemotherapy on the healthy cell. The various groups of chemotherapy agents have different effects on the system. The most common side effects are seen in the fast dividing tissues such as the mucosae, the bone marrow, the gonads, and the hair follicles. As for nausea and vomiting, biological medicine can lend tremendous support to the patient without adding to the toxicity of the treatment regime. Fatigue is one of the most common side effects of chemotherapy. This is reported by the patients to be one of the most debilitating symptoms. It is usually very bad (the "nadir") a week to ten days after a chemotherapy treatment and coincides with a drop in the white cell count (WCC). The fatigue can continue for six months after treatment.

Side effect	Commonly used therapy regimes responsible	Anti-homotoxic treatment	Dose
 Fatigue	All, including radiotherapy (especially for brain tumors)	China-Homaccord	10 drops 3 times daily or 1 oral vial 3 times weekly
		Aletris-Heel	1 tablet 3 times daily
		Ginseng compositum*	10 drops 3 times daily
		Tonico-Heel/Tonico-Injeel (especially if concomitant depression is present)	1 oral vial daily
 Bone marrow suppression	ABVD, AC, BEP, CHOP, CMF (less frequent), FEC, MIC, MMM, PCV, Radiotherapy (total body irradiation)	Tonsilla compositum or Medulla ossis suis-Injeel and Glandula suprarenalis suis-Injeel	1 oral vial 3 times weekly
		Fever and chills	PCV (children), ABVD, BEP (with an allergic reaction)



Digestive system

Nausea and vomiting	Doxorubicin, AC (severe), BEP, CMF, FEC (severe), MIC (severe), MMM, PCV (gets better through course)	Nux vomica-Homaccord Ginger tea or Ginger tablets	10 drops up to five times a day or 1-3 oral vials daily (start on the day before) 2 tablets three times a day
Diarrhea	ABVD, CMF, FEC	Diarrheel/Areel	1 tablet 3-5 times daily
Stomatitis	ABVD, AC, CHOP, FEC, MMM	Traumeel	1 oral vial in water 5 times daily (see study on p. 8)
Constipation	PCV	Nux vomica-Homaccord	10 drops 3 times daily or 1 oral vial weekly
Mouth ulcers	ABVD, AC, CHOP, FEC, MMM	Gastricumeel/Astricumeel	1 tablet 3 times daily



Skin and hair

Temporary hair loss (alopecia)	Doxorubicin, AC, CHOP, CMF, FEC, MIC (can be complete, head and body)	Cutis compositum or Funiculus umbilicalis suis-Injeel	1 oral vial 3 times weekly
Burns	Radiotherapy	Causticum compositum	10 drops 3 times daily or 1 oral vial 3 times per week, start two days before radiation



*Caution: Contains Ginseng in mother tincture thus, do not use with anthracyclines (e.g. Mitozantrone), alkalyting agents (e.g. Cyclophosphamide, Dacarbazine), and podophyllum (epipodophyllins, e.g. Etoposide) agents.

REGIMES:

ABVD: Adriamycin, Bleomycin, Vinblastine, Dacarbazine (used for Hodgkin's lymphoma)

AC: Adriamycin (Doxorubicin), Cyclophosphamide (used for breast cancer)

CMF: Cyclophosphamide, Methotrexate, 5-FU (5-Fluorouracil) (used for breast cancer)

FEC: 5-FU, Epirubicin, Cyclophosphamide (used for breast cancer)

MMM: Mitozantrone, Mitomycin C, Methotrexate (used for breast cancer)

BEP: Bleomycin, Etoposide, Platinum (used for testicular cancer)

CHOP: Cyclophosphamide, Doxorubicin hydrochloride (Adriamycin), Vincristine (Oncovin), Prednisolone (used for non-Hodgkin's lymphoma)

MIC: Mitomycin C, Isofosamide, Cisplatin (used for non small cell lung cancer)

PCV: Procarbazine, Lomustine (CCNU), Vincristine (used for brain tumors)

References:

1. Kelly KM. Complementary and alternative therapies for children with cancer. *European Journal of Cancer* 2004;40:2041-46.
2. Wernecke KD et al. Potential health risks of complementary alternative medicines in cancer patients. *British Journal of Cancer* 2004;90:408-13.
3. Natural Medicines comprehensive database. At www.naturaldatabase.com