

Breast Cancer & Homoeopathy of AYUSH

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Received December 11, 2023; Revised December 23, 2023; Accepted January 15, 2024

ABSTRACT

The modern-day life style and breast cancer has a direct relationship. In that context, the current article deals with the subject of Breast Cancer (BCA) in detail and suggests a treatment protocol using Homoeopathy of the Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha, Homoeopathy & Sowa Rigpa (AYUSH) both at the center & state level.

The current approach on therapeutics in B ca focuses on the individualized approach and it is here that Homoeopathy fits the bill perfectly. The basic premise of Homoeopathy is individualization & numerous cases of BCA successfully dealt with application of Homoeopathy since its discovery in 1790 is another testimony.

As the topic of stem cell has been put forward as a new approach in BCA & various stakeholders being skeptical about the stem cell approach, Homoeopathy is a time-tested approach that is cost effective, therapeutically active & without any side effects. Masses can be easily covered & the poor women can benefit from the application of Homoeopathy on a large scale while relieving themselves through not only in relieving them from cancer but also in palliative care.

Keywords: Breast cancer, TNBC, HER2, Homoeopathy, Miasm, Individualization

INTRODUCTION

Of all new cases of cancer diagnosed every year, the world's most common cancer is the breast cancer. The breast cancer represents 12.5% of all new cancer diagnoses. As per Indian Council of Medical Research (ICMR) report, the Breast Cancer Rate is 105.4 per 1,00,000 women which indicates that 105.4 women were diagnosed with breast cancer in India [1-5].

The most common form of Breast cancer (BCA) is the invasive breast cancer that spreads from ducts or lobules &

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Citation: Tripathy T, Das S, Singh DP, Dwivedi R, Gautam M, et al. (2024) Breast Cancer & Homoeopathy of AYUSH. BioMed Res J, 8(1): 670-675.

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starts surrounding breast tissues. These types of invasive cancers do not have any distinguishing characteristics [1-5].

The next form of invasive cancer is 'Invasive Lobular Cancer' or known as 'Lobular Carcinoma'. This type of cancer starts in milk producing glands called as lobules of the breast. In this category, there is an early stage of cancer called 'Ductal Carcinoma in Situ (DCIS)'. In this stage, abnormal cells are seen in the lining of a breast duct. This type does not spread outside the duct [1-5].

The next type of BCA is Triple Negative Breast Cancer (TNBC). In this type, the receptors of estrogen, progesterone & Human Epidermal Growth Factor Receptor2 (HER2) proteins are not seen. This is why this type is more aggressive [1-5].

Inflammatory BCA is rare. In inflammatory type, the breasts appear swollen, red & warm. Other rare types of BCA include medullary, metaplastic & mucinous breast cancers [1-5].

Familial BCA has no universal definition & the accepted norms include the following [1-5]. These are

- At least three cases of breast &/or ovarian cancer in the patient's family.
- The patient has two cases of breast cancer in her immediate family at least one of which was diagnosed before 50 years of age.
- The patient has two family members who were diagnosed with breast cancer before 40 years of age
- BCA in men or early BCA in women with a family history of ovarian cancer.
- Ashkenazi Jews with BCA especially TNBC who are diagnosed before age 60.
- BCA & ovarian cancer in the same patient.

Those patients with family history go through a process of identification of specific predisposition genes. In less than 30% of cases, specific predisposition genes are identified. Similarly, around 25% of hereditary cases are caused by mutations in one or more highly transmissible genes. These genes are BRCA1, BRCA2, PTEN, TP53, CDH1 & STK11. All these transmissible genes contribute to the most significant life time risk of 80% for breast cancer [1-5].

STAGING OF BREAST CANCER

BCA staging involves clinical & pathological/surgical aspects. The pathological or surgical aspect is determined by histopathological assessment of tissue removed by surgery. The staging system is based on fundamental attributes as given below [1-5].

- Based on the extent or size of the tumor (T), the size of the initial tumor & whether it has spread to the skin or chest wall behind the breast are indicated by a number

ranging from 0 to 4. A larger tumor & or a broader dissemination to tissues close to the breast are characterized by higher T values.

- Based on the spread to nearby Lymph Nodes (N), the N is followed by a number from 0 to 3 indicates whether the cancer has spread to lymph nodes near the breast & if so, the number of lymph nodes involved.
- Based on the spread/metastasis (M) to distant sites, the M followed by 0 or 1 indicates whether the cancer has spread to distant organs such as lungs, liver & bones.
- Based on the Estrogen receptor status
- Based on the Progesterone Receptor (PR) expression status & HER2 expression status, the current attributes of both these status help classify cancer based on the characteristics of cancer cells & whether these cells have receptors for specific hormones.
- Based on the Grade (G) of cancer cells, the status of morphology of cancer cells are elicited vis-à-vis the morphology of normal cells.

The stage 0 is diagnosed as abnormal cells that have not spread to surrounding tissue. Stage 1 refers to an early stage where cancer has spread to nearby tissue in a localized manner. Stage 2 denotes that either the tumor is 20-50 mm in diameter & some lymph nodes are affected or the size is greater than 50 mm in diameter minus the involvement of lymph nodes. Stage 3 refers to that the tumor is greater than 50 mm in diameter with the involvement of lymph nodes covering a wider area. Here, the cancer may have spread to the skin or chest wall. Stage 4 is an advanced stage where metastasis has occurred [1-5].

MODERN MEDICINE APPROACH & PROGNOSIS

Based on the stages as mentioned above, a single strategy or a combination of surgery through lumpectomy or partial/total mastectomy, chemotherapy, hormonal therapy, radiation therapy is applied. As per the modern medicine approach, the 5year survival rate for stage 0 & stage 1 is 100%. Similarly, the 5year survival rates for stage 2 & 3 are 93% & 72% respectively. If the disease spreads throughout the body, the prognosis worsens further. Only 22% of stage 4 patients survive next 5 years [1-5].

Recent research advocates for personalized, risk-based screening to maximize benefits & minimize draw backs. This approach tailors screening recommendations to an individual's risk of developing the disease. Currently, approaches like predictive models powered by machine learning or Artificial Intelligence (AI) aim to identify HR women for tailored screening & prevention. However, further studies are required to validate this promising approach [1-5].

EPIDEMIOLOGY OF BCA

Globally, the incidence of BCA is second only to that of lung cancer & thus the disease represents the leading cause of cancer related deaths among women. Invasive Ductal Carcinoma with or without Ductal Carcinoma in Situ (DCIS) is the most common histology that accounts for 70% of cases while Invasive Lobular Carcinoma accounts for most of the remaining cases. DCIS is 20% of breast cancers that are detected by mammography screening. DCIS is multifocal in 1/3rd of women & has a high risk of becoming invasive which is @ 10% at 5 years following excision only. Pure DCIS does not cause lymph node metastasis & these are found in only 2% of cases where nodes are examined owing to undetected invasive cancer. Lobular Carcinoma in Situ (LCIS) is a predisposing risk factor for developing cancer in either breast @7% in 10 years [2].

As per the GLOBOCAN data 2020, in India, BCA accounted for 13.5% of all cancer cases & 10.6% of all deaths [2-5].

MOVING AHEAD

Awareness is critical to early detection of breast cancer which can lead to a favorable prognosis or even a cure. Women should regularly monitor any changes in their breasts & promptly seek medical advice in case of any abnormality. Women with a familial history of breast, ovarian or cervical cancer are advised to have regular checkups. Above all, a healthy life style supplemented with regular exercise will go a long way in preventing BCA [1-5].

HOMOEOPATHIC APPROACH

The first approach of Homoeopathy is the miasmatic approach. Miasms in homoeopathy 'are the disease-causing dynamic influences that are infectious in nature'. When the cancer diathesis/indisposition starts with in the body, the miasmatic affection in the body is 'Psoric' as the disorder is at the functional level. When the cells multiply unnecessarily in the body and forms tumor inside the body, the miasmatic affection is 'Sycotic'. When it spreads to other parts of the body & destroys tissues, the miasmatic affection is 'Sycotic'. Here, the homoeopath has to prescribe anti miasmatic medicines depending upon the prevalent Miasm in the body [6-15].

The main reference book that the article considers is the 'Concise Repertory of Homoeopathic Medicines by Dr. Shankar Raghunath Phatak (1896-1981), M.B.B.S. who practiced Homoeopathy in Pune, Maharashtra. He did his Medical Graduation from Grant Medical College, Mumbai [8].

The lead author has picked up the drugs that are mentioned in capital letters under cancer in the above-mentioned book. These are the drugs that act in all types of cancer. This condition leads to various complications in the body. The

drugs are 'Arsenic', 'Carbo Animals', 'Conium', 'Graphites', 'Nitric Acid' [8].

Further, under this rubric, there is mention of 'Cancer, Glands, of'. There are three drugs mentioned here. These are 'Aurum Mur', 'Carbo Animals', 'Conium'. This rubric is mentioned here since breasts are glands [8].

As mentioned above, the stages of Bca also include conditions when the breasts become hard & fibrous. This is mentioned under the rubric 'Cancer, Scirrhus'. The drugs mentioned in this rubric are 'Bellisper', 'Carbo Animalis', 'Clematis', 'Conium', 'Petroleum', 'Sepia', 'Silicea', 'Sulphur' [8].

Under the rubric 'Mammae, Cancer', the drugs mentioned are 'Asterias Rubens', 'Aurum Met', 'Badiaga', 'Bromium', 'Bufo', 'Conium', 'Cundurango', 'Graphites', 'Hydrastis', 'Mercurius', 'Phosphorus', 'Silicea' [8].

Under the rubric 'Mammae, Cancer, itching with', there is one drug named 'Silicea' [8].

Further under the rubric 'Mammae, Cancer, Stitches in shoulders & uterus with', 'Clematis' is the only drug [8].

Further under the rubric 'Mammae, Cancer, swelling of, Axillary Glands, with', 'Gossipium' is the only drug mentioned [8].

For decreased appetite, 'Gentiana Lutea' can be prescribed in potencies & Mother Tinctures also [6].

For Anorexia, 'Acid Mur' can be prescribed in potencies & Mother Tinctures [6].

For rapid weight loss, 'Tuberculinum' & 'Hydrastis' in potencies can be prescribed along with 'Myrica Cerifera' in Mother Tinctures [6].

These medicines are to be given along with the medicines for cancer as mentioned above.

Besides the potency medicines, the mother tinctures of Indian drugs can also be prescribed. Cancer is the leading cause of complicated issues here & because of these complications, various organs of the body get weakened & complications occur. Hence, the medicines that cover both cancer & complicated issues are to be prescribed. Under these two conditions, Indian drugs like can be prescribed in mother tinctures [10].

For prevention of BCA & related complications, Miasmatic prescribing should be done by the homoeopath based on the predominant Miasm in each case [13].

It is also equally critical to keep the Bach flower remedy known as 'Rescue Remedy' as these patients can be saved from cancer complications as well. The homoeopath can prescribe a single or a combination of the remedies from among all the 38 Bach Flower remedies that are prescribed for complications of the systems of the body & particularly

the nervous system. These medicines will help the BCA patients mentally & a positive mind helps in the recovery [15].

The preventive & curative medicines like the Bowel Nosode ‘Bacillus Number 7’ can be prescribed for mental & physical fatigue. As cancer is related to overall nutritional status in the body, the bowel nosode “Gartner Bach” can be prescribed. Besides these the homoeopath should choose the appropriate Bowel Nosode after selecting the ‘Polychrest’ based on the ‘Generalities’ of each case [12,16].

As the entire process is of inflammation inside the body, anti-inflammatory medicines like ‘Prednisone’, ‘Cortisone’, ‘Hydrocortisone’. ‘Curcuma Longa’ in potencies has to be prescribed. Besides the Morgan group of bowels nosodes can be prescribed as these are anti congestive [17,18].

Other specific medicines are ‘Carcinosin’ & ‘Aurum Ars’ in potencies. These drugs are prescribed in issues related to cancer [17,18].

As per Murphy’s Materia Medica, there are drugs mentioned in capitals under cancer in the medical repertory guide section of the book. These drugs that are to be given in potencies as well as in mother tinctures are ‘Arsenic’, ‘Asterias’, ‘Bromium’, ‘Bufo’, ‘Cadmium Sulph’, ‘Carbo Animalis’, ‘Carcinosin’, ‘Conium’, ‘Cundurango’, ‘Hydrastis’, ‘Lappa A’, ‘Lycopodium’, ‘Nitric Acid’, ‘Ornithogalum’, ‘Phosphorus’, ‘Phytolaca’, ‘Scirrhinum’, ‘Scrophularia N’, ‘Silicea’, Trif P’ [17,18].

Similarly, the drugs mentioned under the rubric ‘Scirrhus, cancer’, the drugs mentioned in capitals are ‘Carbo Animalis’, ‘Conium’, ‘Scirrhinum’ & ‘Silicea’ [17,18].

Similarly, under cancer, the drugs to check metastasis are ‘Viscum Album’ & ‘Condurango’ in Mother Tinctures. These drugs can also be given in potencies & as well as mother tinctures [17,18].

For palliative care & complications arising due to chemotherapy there are separate drugs. For palliative care, drugs like ‘Euphorbium’, ‘Morphine Aceticum’, ‘Chamomilla’, ‘Carbo Animalis’ can be prescribed in potencies & mother tinctures as well [17,18].

Cases having chemotherapy related issues, drugs like ‘Cadmium Brom’ & ‘Radium Brom’ can be prescribed [17,18].

BURDEN OF DISEASE

The largescale health survey called as National Family Health Survey (NFHS) in its 5th round in 2019-2021 mentions one indicator under breast cancer. The other indicator that the survey mentions is a risk related indicator. The risk is deduced from the indicator ‘non-breast-feeding children age 6-23 months receiving an adequate diet’. These mothers are expected to breast feed till the child becomes 2 years of age. Studies have shown that breast feeding reduces the risk of BCA [19].

Studies have shown that breastfeeding reduces the risk of BCA by 4.3% for every 12 months of breastfeeding, which is in addition to the 7.0% decrease in risk observed for each birth. Breastfeeding has been shown to primarily reduce the risk of Triple Negative Breast Cancer by 20% as well as carriers of BRCA1 mutations by 22 to 50% [20].

The following table (Table 1) gives the details of the indicators related to screening & risk of BCA as per NFHS 5 survey.

Table 1. BCA indicators for both screening & risk as per NFHS 5 survey in India [19].

NFHS Surveys	Indicators	Type of indicator & Target Group	Urban	Rural	Total
NFHS 4	Ever undergone a breast examination for breast cancer in percentage	(Screening) Screening for cancer among adults aged 30-49 years	NA	NA	NA
NFHS 5	Ever undergone a breast examination for breast cancer in percentage	(Screening) Screening for cancer among adults aged 30-49 years	1.2	0.7	0.9
NFHS 4	Non-breastfeeding children age 6-23 months receiving an adequate diet	(Risk) Based on the youngest child living with the mother	16.9	12.7	14.3
NFHS 5	Non-breastfeeding children age 6-23 months receiving an adequate diet	(Risk) Based on the youngest child living with the mother	14.2	12.0	12.7

From the above table we can see that only about 1% women go for breast cancer screening in India and fortunately the risk of BCA among mothers who do not breastfeed their children after the age of 6 months has decreased in urban area by 2.7 percentage points where as in rural, it has decreased by 0.7 percentage points. In total, the risk has decreased by 1.6 percentage points [19].

As there is very less screening, the burden of the disease can be gauged in a large country like India. This reflects the magnitude of the problem in the country from the perspective of NCDs as cancer is a NCD with an altered immunity in the body [19].

Currently, the Crude Death Rate includes Non-Communicable Diseases (NCD) deaths and this trend is catching up as NCDs have the upper hand than the Communicable Diseases (CD) as a result of epidemiological transition. Cancer is one such NCD with an improper immunity in the affected people [21].

In India, Homoeopathy is the third preferred system of treatment after Allopathy and Ayurveda. About 10% of the populations depend on Homoeopathy for their health issues.

Homoeopathy is used by 10% of the population in India. So, out of the 1300 million populations, 130 million use Homoeopathy or 130 million use Homoeopathy for their health issues. These 130 million consist of all age groups i.e. infant to old age [22,23].

A section among the 30-49 age group of females suffers from BCA & go for screening as per NFHS 5. Considering that, it is 1/4th of the population in India (30-49 year age group of females), they are about 30 crores in population as per the census break up. Out of this 30 crore use homoeopathy currently in India as per the data mentioned above. So, if homoeopathy is integrated in to the BCA battle in India, 30 million females in the age group of 30-49 years can be saved from being BCA cases. Application of these concepts in homoeopathy will reduce complications issues due to BCA & this step will be a boon for the nation [22,23].

CONCLUSION

As all drugs in homoeopathy have a group of mental as well as physical symptoms, Homoeopathy is and will be effective against all BCA cases in general as it takes care of not only the mental/psychological issues but also the internal inflammation as well. However, it should be also seen that along with constitutional/deep acting/polycrest Homoeopathic medicines, specific medicines that cover all aspects & complications of BCA are also required to deal with the cases [6-15].

It should be ensured that nutrition, counseling, physical activity and all psychic health modalities like life style modification, diet and stress reduction are adhered in each case. In fact, the detailed Materia Medica of Homoeopathy has drugs for each of the phenomenon or complications that

occur in the body during the BCA stages. Hence, as a part of treatment for BCA, the supportive therapy like reading, socializing, mobilizing activities are to be prioritized in each case for optimal overall health [1-15].

To get optimal results, the Homoeopathic fraternity should be ready to cover the BCA cohort among masses as there is no other therapeutic system that can cover the masses effectively both therapeutically & economically. Homoeopathy can play an active role currently as the BCA or cancer situation is already complicated by the Long COVID 19 issues in the community since the last 4 years. The therapeutic system can deal with the physical & mental issues exacerbated by COVID 19. It can thus reduce the risk & burden of BCA [16-19].

DECLARATION OF THE LEAD AUTHOR

Prof. Shankar Das, a co-author of the current article was the Ph.D. guide of the lead author at Tata Institute of Social Sciences, Mumbai. Prof. D.P. Singh was the teacher of the lead author at TISS, Mumbai during 1995-1997. The lead author also certifies that he has expressed his personal opinion based upon his public health and clinical experiences. The treatment approach or the medicines suggested are only suggestive in nature.

ACKNOWLEDGEMENT

The lead author thanks Dr. Umakant, Dr. Pramod, Dr. Jeevan, Dr. Dixit & Dr. Pandey for their inputs in the Homoeopathic section and all the other co-authors for their inputs in the Non-Homoeopathic section.

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