



Regione Toscana



Servizio  
Sanitario  
della  
Toscana

# Homeopatia y cancer

Oncología integrada en el Servicio Regional de  
Salud de la Toscana y la European Partnership  
Action Against Cancer (EPAAC)

Elio Rossi

Ambulatorio di omeopatia – Struttura regionale di riferimento

Azienda USL 2 Lucca

125° Aniversario de la fundacion de la Academia  
Medico Homeopática de Barcelona (AMHB)

Barcelona, 18 de Avril 2015

## **Characteristics of cancer patients using homeopathy compared with those in conventional care: a cross-sectional study**

C. Guethlin, H. Walach, J. Naumann, H.-H. Bartsch, M. Rostock.

**Patients and methods:** Six-hundred and forty-seven patients were included in this cross-sectional cohort study and had to fill in questionnaires [health-related quality of life (QoL) (Functional Assessment of Cancer Therapy—General Scale), depression and anxiety (Hospital Anxiety and Depression Scale), fatigue (Multidimensional Fatigue Inventory) and expectancies toward treatment]. Clinical data were extracted from medical records. This study presents the comparison of both cohorts.

**Results:** Patients in the homeopathy cohort are younger, better educated and more often employed than patients in the CC cohort. The most pronounced differences indicate longer disease histories and different diagnostic and clinical pretreatment variables. Despite the clinical differences, QoL as well as anxiety, depression and fatigue was similar in both the groups.

**Conclusions:** Homeopathic treatment is sought by cancer patients at a different phase during the course of the disease, which has particular implications for research. However, expectancies toward the benefit of the treatment as well as QoL data are similar.

## Use of Homeopathy in Pediatric Oncology in Germany

Alfred Langler, Claudia Spix, Friedrich Edelhauser, Genn Kameda, Peter Kaatsch, and Georg Seifert

- Homeopathy is a frequently used complementary and alternative medicine (CAM) treatment. **We present results comparing responses of homeopathy users (HUs) and users of other forms of CAM (NHUs) in pediatric oncology (PO) in Germany.**
- Differences between these two groups (usage, associated demographic characteristics, previous experience with CAM) are investigated. **186 (45.2%) of the 367 CAM users were exposed to homeopathy.** The treatment duration amounted to a **median of 601 days for HUs and 282 days for NHUs.** **Parents with p (127; 76.5%) also used homeopathy for their child's cancer.**
- Nonmedical practitioners played a considerably greater role as source of information than did treating physician. In the majority HUs received their prescriptions from nonmedical practitioners (56%; 29.4% of NHUs). HUs communicate more frequently with their physicians about the CAM-use (77.7% versus 65.2%) and recommend CAM more often than NHUs (94% versus 85.6%).
- **Homeopathy is the most frequently used CAM treatment in PO in Germany.**
- HUs sustain treatment and therapies considerably longer than NHUs. Most families who had used homeopathy before their child was diagnosed with cancer also used homeopathy for the treatment of their child's cancer. Compared to other CAM treatments, patient satisfaction with homeopathy appears to be very high.

# Homeopathic medicines for adverse effects of cancer treatments

Sosie Kassab, Mike Cummings,  
Saul Berkovitz, Robbert van  
Haselen, Peter Fisher

*Royal London Homoeopathic Hospital, London,  
UK. British Medical Acupuncture Society, London, UK.  
INTMEDI, Surrey, UK*

## Homeopathic medicines for adverse effects of cancer treatments (Review)

Kassab S, Cummings M, Berkovitz S, van Haselen R, Fisher P



THE COCHRANE  
COLLABORATION®

This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in *The Cochrane Library*  
2009, Issue 2

<http://www.thecochranelibrary.com>



Homeopathic medicines for adverse effects of cancer treatments (Review)  
Copyright © 2009 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

## **Homeopathic medicines for adverse effects of cancer treatments.**

Kassab S, Cummings M, Berkovitz S, van Haselen R, Fisher P

### **Selection criteria**

Randomised controlled trials (RCTs) of homeopathic medicines in participants with a clinical or histological diagnosis of cancer where the intervention was aimed at preventing or treating symptoms associated with cancer treatments. All age groups, and all stages of disease were included.

### **Main results**

Eight controlled trials (seven placebo controlled and one trial against an active treatment) with a total of 664 participants met the inclusion criteria. Three studied adverse effects of radiotherapy, three studied adverse effects of chemotherapy and two studied menopausal symptoms associated with breast cancer treatment.

### **Homeopathic medicines for adverse effects of cancer treatments (Review)**

Two studies with low risk of bias demonstrated benefit: one with 254 participants demonstrated superiority of topical calendula over trolamine (a topical agent not containing corticosteroids) for prevention of radiotherapy-induced dermatitis, and another with 32 participants demonstrated superiority of Traumeel S (a proprietary complex homeopathic medicine) over placebo as a mouthwash for chemotherapy-induced stomatitis. Two other studies reported positive results, although the risk of bias was unclear, and four further studies reported negative results.

### **Authors' conclusions**

This review found preliminary data in support of the efficacy of topical calendula for prophylaxis of acute dermatitis during radiotherapy and Traumeel S mouthwash in the treatment of chemotherapy-induced stomatitis. These trials need replicating. There is no convincing evidence for the efficacy of homeopathic medicines for other adverse effects of cancer treatments. Further research is required.

## The National Cancer Institute Best Case Series Program: A Summary of Cases of Cancer Patients Treated With Unconventional Therapies in India.

Olaku O, Zia F, Santana JM, White JD.

**Objectives.** The National Cancer Institute (NCI) Best Case Series (BCS) Program provides an independent review of medical records, imaging, and pathology of cancer patients treated with unconventional therapies. The goal of the NCI BCS Program is to identify preliminary evidence of tumor regression and assess whether there is sufficient evidence to move forward with NCI-initiated research. The objective was to review case reports submitted by 4 practitioners from India who used ayurvedic and homeopathic therapies to treat cancer. **Design.** Retrospective review of case reports of 4 practitioners from India who used ayurvedic and homeopathic therapies to treat cancer.

**RESULTS:** A total of 68 cases were submitted to the NCI BCS Program. Fifty-one percent of the cases represented homeopathy and 49% ayurveda. Of the 68 cases, 32 (47%) of the cases were collectively designated as "persuasive" (P) or "supportive"(S), and 36 (53%) as "not evaluable." Forty-one (60%) patients did not have any prior conventional treatment.

**CONCLUSION:** The challenge for submitters rests in their ability to supply sufficient documentation for the NCI BCS Program. The NCI BCS Program represents a unique avenue for the rigorous evaluation of "best cases" to identify complementary and alternative medicine modalities that are promising for prospective preclinical evaluation or prospective research.

# Il protocollo Banerji – Calcutta (India)

INTERNATIONAL JOURNAL OF ONCOLOGY 36: 395-403, 2010

## Cytotoxic effects of ultra-diluted remedies on breast cancer cells

MOSHE FRENKEL<sup>1</sup>, BAL MUKUND MISHRA<sup>2</sup>, SUBRATA SEN<sup>2</sup>, PEIYING YANG<sup>1</sup>, ALISON PAWLUS<sup>1</sup>, LUIS VENDE<sup>3</sup>, AIMEE LEBLANC<sup>2</sup>, LORENZO COHEN<sup>1</sup>, PRATIP BANERJI<sup>4</sup> and PRASANTA BANERJI<sup>4</sup>

<sup>1</sup>Integrative Medicine Program, <sup>2</sup>Department of Molecular Pathology, <sup>3</sup>Department of Melanoma Medical Oncology, The University of Texas M.D. Anderson Cancer Center, Houston, TX, USA;  
<sup>4</sup>P. Banerji Homeopathic Research Foundation, Kolkata, India

Received May 28, 2009; Accepted July 23, 2009

DOI: 10.3892/ijo\_00000512

**Abstract.** The use of ultra-diluted natural products in the management of disease and treatment of cancer has generated a lot of interest and controversy. We conducted an *in vitro* study to determine if products prescribed by a clinic in India have any effect on breast cancer cell lines. We studied four ultra-diluted remedies (*Carcinosin*, *Phytolacca*, *Comon* and *Thuja*) against two human breast adenocarcinoma cell lines (MCF-7 and MDA-MB-231) and a cell line derived from immortalized normal human mammary epithelial cells (HMLE). The remedies exerted preferential cytotoxic effects against the two breast cancer cell lines, causing cell cycle delay/arrest and apoptosis. These effects were accompanied by altered expression of the cell cycle regulatory proteins, including downregulation of phosphorylated Rb and upregulation of the CDK inhibitor p27, which were likely responsible for the cell cycle delay/arrest as well as induction of the apoptotic cascade that manifested in the activation of caspase 7 and cleavage of PARP in the treated cells. The findings demonstrate biological activity of these natural products when presented at ultra-diluted doses. Further indepth studies with additional cell lines and animal models are warranted to explore the clinical applicability of these agents.

### Introduction

The use of herbs, minerals, vitamins, homeopathic remedies and other complementary and alternative medicine (CAM) is on the rise worldwide, and patients with cancer are increasingly

opting to be treated with CAM therapeutic regimens (1-3). The safety and efficacy of many CAM approaches have not been well studied, especially in cancer care. Therefore, the US National Cancer Institute (NCI) developed the Best Case Series program inviting CAM practitioners worldwide to present their clinical experience and 'best cases' in the use of alternative medicine in the treatment of cancer, with the objective to develop further research toward rigorous scientific validation.

In 1999, the NCI evaluated a cancer treatment protocol developed at the P. Banerji Homoeopathic Research Foundation (PBHRF) in Kolkata, India. The 'Banerji protocol' used specific ultra-diluted natural substances to treat patients with different cancers. The NCI reviewed 10 patients treated on the Banerji protocol. In four of the cases with lung and oesophageal cancers, the NCI confirmed partial responses (4). All patients reviewed had appropriate pathology and imaging studies to confirm diagnosis and response. The patients only received the remedies prescribed at the PBHRF clinic and did not receive any additional conventional treatment, such as surgery, radiation, or chemotherapy. After rigorous evaluation, the NCI concluded that there was sufficient evidence of efficacy to warrant further research of the Banerji protocol.

As documented by the clinic, 21,888 patients with malignant tumors who were treated only on the Banerji protocol were followed at PBHRF between 1990 and 2005. Of the patients, 941 had breast cancer. Clinic physicians reported that in 19% of the patients, the malignant tumors completely regressed, and in 21% the tumors were stable or improved with treatment. For patients with stable tumors, follow-up continued for at least 2 years and for as long as 10 years (5).

In 2003, Pathak *et al* reported that an ultra-diluted dose of the homeopathic remedy *Ruta graveolens*, commonly prescribed as the standard Banerji protocol therapeutic agent for brain cancer, selectively induced death in glioblastoma multiforme cells while promoting the proliferation of normal peripheral blood lymphocytes (6).

Since those findings were reported, we have noticed that patients who come to M.D. Anderson's Integrative Medicine Clinic already use homeopathy or have a marked interest in integrating this treatment with their conventional therapies because the agents have no toxicity and are easy to use. Most of the information on the use of these agents is available to patients on the Internet and through support groups, and

**Correspondence to:** Dr Moshe Frenkel, Integrative Medicine Program-Unit 145, The University of Texas M.D. Anderson Cancer Center, 1515 Holcombe Blvd., Houston, TX 77030-4009, USA  
E-mail: frenkem@utsw.edu; moshefrenkelmd@gmail.com

Dr Prasanta Banerji and Dr Pratip Banerji, PBH Research Foundation, 10/31 Elgin Road, Kolkata-700 020, India  
E-mail: info@pbhrfindia.org; pbhrf@vsnl.com

**Key words:** breast cancer, breast cancer cells, cell cycle, apoptosis, homeopathy, cancer care, alternative medicine, complementary medicine, integrative medicine, integrative oncology

ONCOLOGY REPORTS 20: 69-74, 2008

## Cancer patients treated with the Banerji protocols utilising homoeopathic medicine: A Best Case Series Program of the National Cancer Institute USA

PRASANTA BANERJI<sup>1</sup>, DONALD R. CAMPBELL<sup>2</sup> and PRATIP BANERJI<sup>1</sup>

<sup>1</sup>PB Homoeopathic Research Foundation, Kolkata, West Bengal, India;  
<sup>2</sup>Saint Luke's Hospital and University of Missouri, Kansas City, MO, USA

Received February 21, 2008; Accepted April 23, 2008

**Abstract.** Although many studies have been conducted on the role of alternative medicine in the treatment of cancer, only a few reports have been published regarding the total regression of malignant tumors. At the PBH Research Foundation (PBHRF), two of the authors have used homeopathic therapy to treat many patients with various malignant tumors. The objective of the present study was to have their treatment procedures evaluated and validated by the United States (US) National Cancer Institute (NCI) Best Case Series (BCS) Program. Lung and oesophageal carcinoma patients were treated with homeopathic remedies at the PBHRF according to Banerji's protocol until there was complete regression of the tumors. Case records including pathology and radiology reports for 14 patients were submitted for review by the US NCI BCS Program. Four of these cases had an independent confirmation of the diagnosis and radiographic response and were accepted as sufficient information for the NCI to initiate further investigation. These four cases are presented in detail in this report along with follow-up and outcome information. This study describes the process and outcome of a selected case series review through the NCI BCS Program. The results of the review were deemed to be sufficient to warrant NCI-initiated prospective research follow-up in the form of an observational study.

### Introduction

Homoeopathy is a medical system whose underlying principle is based on the theory that 'like cures like'. Homoeopathic medications are produced by using solutions of compounds which, when ingested by healthy volunteers, produce symptom complexes that mimic various diseases e.g., ingesting quinine

**Correspondence to:** Dr Prasanta Banerji or Dr Pratip Banerji, PBH Research Foundation, 10/31 Elgin Road, Kolkata 700020, West Bengal, India  
E-mail: pbhrf@dataone.in

**Key words:** homeopathic medicines, lung and oesophageal cancers, National Cancer Institute Best Case Series

from cinchona bark induces symptoms similar to malaria (1). These solutions are serially diluted and succussed until the desired potency is produced. According to the World Health Organization (WHO), homoeopathy is the second most used medical system internationally, accounting for more than \$1 billion in costs. Twenty to thirty percent of French and German physicians use homoeopathy in clinical practice as cited by WHO, 2001. In Great Britain, 5 homoeopathic hospitals are part of the National Health System and >30% of general practitioners use this type of treatment (2). In the United States, >500 physicians use homoeopathy in clinical practice and 5.5 million Americans use homoeopathic medicines (2-5).

Since 1991, the NCI has had a process for evaluating data from complementary and alternative medicine (CAM) practitioners that involves the same rigorous methods used in evaluating treatment responses with conventional medicine. This process, called the National Cancer Institute (NCI) Best Case Series (BCS) Program, provides an independent review of medical records, medical imaging and pathology materials from patients treated with unconventional cancer therapies (5). The Office of Cancer Complementary and Alternative Medicine (OCCAM) was established in October 1998 in order to coordinate and enhance the activities of the NCI in the arena of CAM. The Practice Assessment Program within OCCAM currently manages the NCI BCS Program (6,7). Through this program, staff from OCCAM work with CAM practitioners to identify appropriate, well-documented cases. The primary goal of this program is to obtain and review sufficient information to determine if NCI-initiated research on a specific intervention is warranted.

### Patients and methods

Homoeopathy, like every scientific and efficient system of medicine, has evolved through the years and the method used to treat these cases is by specific medicines in specific potencies as per what is known today as 'The Banerji Protocols'. Initially, we selected 14 cases among 300 cancer patients who had been treated at the PBH Research Foundation (PBHRF) clinic in Kolkata (Calcutta), India for these studies. Among these 14 cases, only 10 cases were selected for review by the BCS Program. At that time we had in our records

## Cytotoxic effects of ultra-diluted remedies on breast cancer cells.

Frenkel M, Mishra BM, Sen S, Yang P, Pawlus A, Vence L, Leblanc A, Cohen L, Banerji P, Banerji P.

### Source

Integrative Medicine Program-Unit 145, Department of Molecular Pathology, The University of Texas M.D. Anderson Cancer Center, Houston, TX 77030-4009, USA.

### Abstract

The use of ultra-diluted natural products in the management of disease and treatment of cancer has generated a lot of interest and controversy. We conducted an in vitro study to determine if products prescribed by a clinic in India have any effect on breast cancer cell lines. We studied four **ultra-diluted remedies (Carcinosin, Phytolacca, Conium and Thuja) against two human breast adenocarcinoma cell lines (MCF-7 and MDA-MB-231) and a cell line derived from immortalized normal human mammary epithelial cells (HMLE). The remedies exerted preferential cytotoxic effects against the two breast cancer cell lines, causing cell cycle delay/arrest and apoptosis.**

These effects were accompanied by altered expression of the cell cycle regulatory proteins, including downregulation of phosphorylated Rb and upregulation of the CDK inhibitor p27, which were likely responsible for the cell cycle delay/arrest as well as induction of the apoptotic cascade that manifested in the activation of caspase 7 and cleavage of PARP in the treated cells. The findings demonstrate biological activity of these natural products when presented at ultra-diluted doses. Further in-depth studies with additional cell lines and animal models are warranted to explore the clinical applicability of these agents.

## **Induction of apoptosis of tumor cells by some potentiated homeopathic drugs: implications on mechanism of action.**

Preethi K, Ellanghiyil S, Kuttan G, Kuttan R.

**METHODS:** The following drugs were used in the study: **Ruta 200C, Carcinosinum 200C, Hydrastis 200C, Thuja 200C, and Thuja 1M.** These drugs were tested for their ability to induce apoptosis as seen by morphology, DNA laddering, expression of genes related to apoptosis, and TUNEL assay. Similarly, the effect of homoeopathic medicines on apoptosis was measured by microarray analysis. Activity of Ruta 200C was compared with that of the mother tincture.

**RESULTS:** Ruta 200C produced morphological changes in the Dalton's lymphoma ascites tumor cells and induced DNA laddering. Carcinosinum 200C increased apoptotic gene p53 and Ruta 200C decreased antiapoptotic gene Bcl2. Administration of potentiated homoeopathic drugs to tumor-bearing mice induced TUNEL-positive cells in the tumor, showing increased apoptosis of tumor cells. Microarray analysis of cells treated with homoeopathic drugs indicated that many enzymes related to apoptosis were increased by homoeopathic drugs.

**CONCLUSION:** These data indicate that apoptosis is one of the mechanisms of tumor reduction of homeopathic drugs. A comparison of potentiated drugs with their mother tincture indicated that the potentiated drugs have biological activity similar to that of their mother tincture in spite of ultradilution.



Clinica Santa Croce  
Homöopathische Klinik

CLINICA

TRATTAMENTO

SOGGIORNO

SEMINARI



Contatti



Clinica Santa Croce

Sei qui: Home ▶ Home

## Benvenuti alla Clinica Santa Croce!

Il Reparto di Omeopatia della Clinica Santa Croce, sotto la direzione del Dr. Dario Spinedi, è attivo dal 1997. La clinica gode di un'ottima fama internazionale.

Trattiamo pazienti con malattie cronico-degenerative sia solo con l'omeopatia classica che in accompagnamento a terapie mediche convenzionali.

Trattiamo principalmente malati oncologici, sulla base dell'esperienza decennale del Dr.

## **Classical homeopathy in the treatment of cancer patients--a prospective observational study of two independent cohorts.**

Rostock M, Naumann J, Guethlin C, Guenther L, Bartsch HH, Walach H

**Methods:** We conducted a prospective observational study with cancer patients in two differently treated cohorts: **one cohort with patients under complementary homeopathic treatment (HG; n=259), and one cohort with conventionally treated cancer patients (CG; n=380).** For a direct comparison, matched pairs with patients of the same tumour entity and comparable prognosis were to be formed.

**Main outcome parameter: change of quality of life (FACT-G, FACIT-Sp) after 3 months.**

Secondary outcome parameters: **change of quality of life (FACT-G, FACIT-Sp) after a year, as well as impairment by fatigue (MFI) and by anxiety and depression (HADS).**

**Results:** HG: FACT-G, or FACIT-Sp, **respectively improved statistically significantly in the first three months**, from 75.6 (SD 14.6) to 81.1 (SD 16.9), or from 32.1 (SD 8.2) to 34.9 (SD 8.32), respectively. **After 12 months, a further increase to 84.1 (SD 15.5) or 35.2 (SD 8.6) was found. Fatigue (MFI) decreased; anxiety and depression (HADS) did not change.** CG: FACT-G remained constant in the first three months: 75.3 (SD 17.3) at t0, and 76.6 (SD 16.6) at t1. After 12 months, there was a slight increase to 78.9 (SD 18.1). FACIT-Sp scores improved significantly from t0 (31.0 - SD 8.9) to t1 (32.1 - SD 8.9) and declined again after a year (31.6 - SD 9.4). For fatigue, anxiety, and depression, no relevant changes were found. 120 patients of HG and 206 patients of CG met our criteria for matched-pairs selection. Due to large differences between the two patient populations, however, only 11 matched pairs could be formed. This is not sufficient for a comparative study.

**Conclusion:** In our prospective study, **we observed an improvement of quality of life as well as a tendency of fatigue symptoms to decrease in cancer patients under complementary homeopathic treatment.** It would take considerably larger samples to find matched pairs suitable for comparison in order to establish a definite causal relation between these effects and homeopathic treatment.

# Life quality and subjective feeling with additional homeopathic treatment in cancer patients

M. Frass, H. Friehs, C. Marosi, K. Zedtwitz-Liebenstein, C. Zielinski

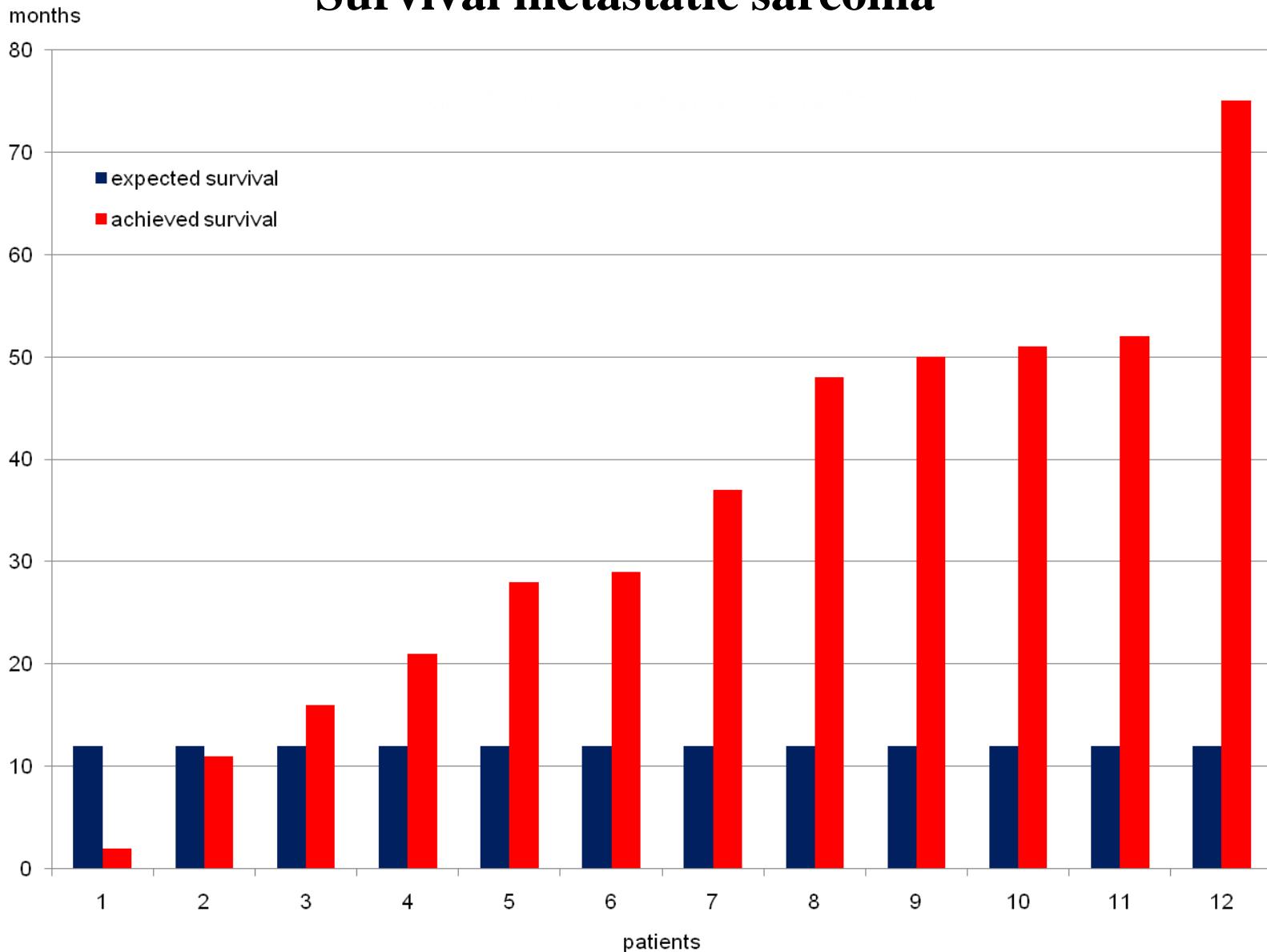
## Methods

In total 90 patients with breast (35), colorectal (10), renal (7), cerebral (7), and pancreatic (6) cancer; sarcoma (5); bronchial (4) cancer; lymphoma (4); pharyngeal (3) cancer; and others (9) underwent an elaborate medical history including questions relating to social and private circumstances. Symptoms given by patients were correlated with the signs of homeopathic evaluation of remedies as recorded in repertories (Zandvoort, Complete Repertory; MacRepertory®). Patients were requested to complete visual analogue scales as well as a specially developed form evaluating subjective existential orientation and, finally, EORTC QLQ-C30 form version 3.0.

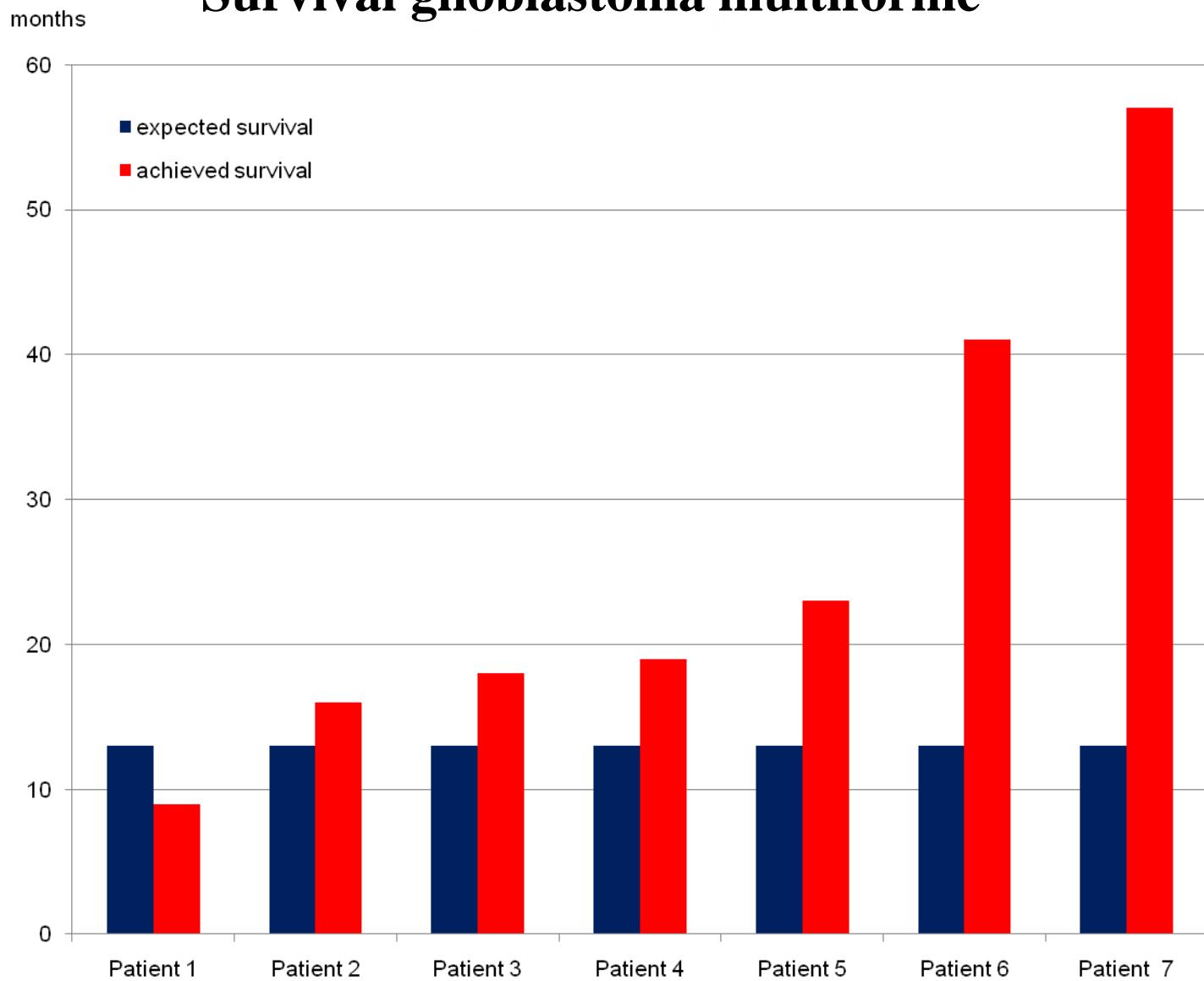
## Results

With respect to the latter, the mean QoL improved by 0.31 points ( $4.33 \pm 1.54$  before vs.  $4.64 \pm 1.59$  after additive homeopathic therapy;  $p=0.008$ , Student's-t-test for paired data) between first and last registered consultation which lay apart by a mean of 24 weeks. This result corresponded to an improvement of 11.6% in a seven part-series. Similar results were found for the specially developed form: the visual analogue scale showed a difference of 0.71 ( $5.60 \pm 2.06$  before vs.  $6.31 \pm 2.3$  at the third consultation,  $p=0.043$ ; corresponding to an improvement of 16.1% in a 10 part-series), and a difference of 0.59 ( $5.56 \pm 2.15$  vs.  $6.15 \pm 2.31$ ,  $p=0.007$ ; 13.3% improvement in a 10 part-series) between first and last consultation. Following the fourth consultation, analysis in 45 participants revealed that 80% ( $n=36$ ) felt an improvement of the general condition, while 20% ( $n=9$ ) experienced no effect. In total 24.4% ( $n=11$ ) sensed the improvement mainly physically; 51.1% ( $n=23$ ) physically as well as psychologically; 2.2% ( $n=1$ ) only psychologically; the remaining one patient did not comment. Improvement was ascribed to combination of homeopathy and conventional therapy by 23/36 (63.9%) of the improved patients; 10 (27.8%) ascribed improvement to homeopathic treatment only, 1 patient (2.8%) to oncologic therapy only, 1 to the season, 1 patient remained without comment. All patients were interested in continuing homeopathic treatment.

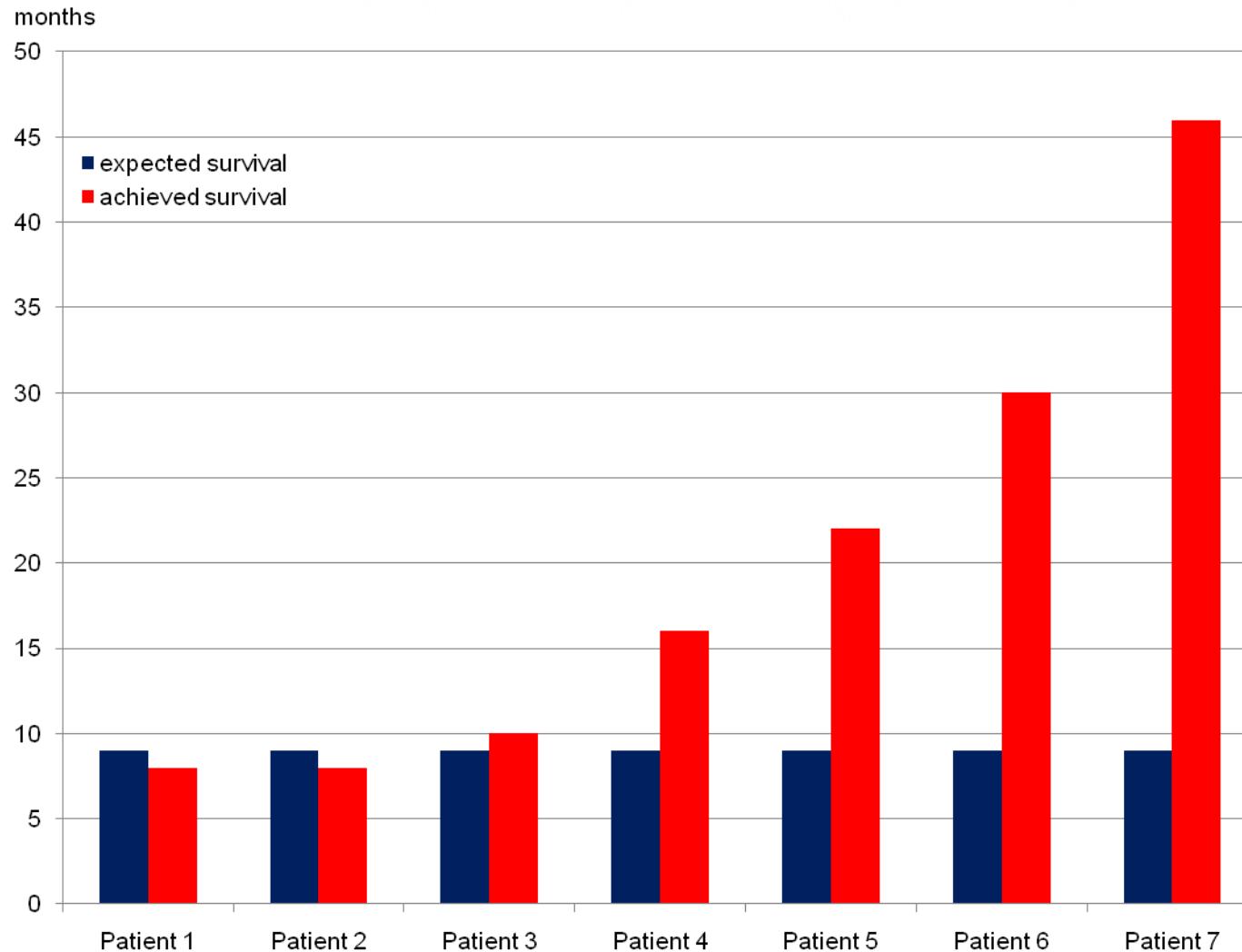
# Survival metastatic sarcoma



# Survival glioblastoma multiforme



# Survival non-small cell lung carcinoma



Complement Ther Med. 2014 Apr;22(2):320-32.

**Additive homeopathy in cancer patients: Retrospective survival data from a homeopathic outpatient unit at the Medical University of Vienna.**

Gaertner K, Müllner M, Friehs H, Schuster E, Marosi C, Muchitsch I, Frass M, Kaye AD.

In questo studio è stata valutata l'associazione dell'omeopatia al trattamento convenzionale presso l'Ambulatorio di omeopatia della Facoltà di Medicina di Vienna.

*Pazienti.* Nel corso di 4 anni sono stati registrati i dati di 538 pazienti, di cui il 62,8% donne e di questo circa il 20% con tumore della mammella. Del 53,7% (287) dei pazienti che avevano avuto almeno 3 visite omeopatiche in 4 anni, 54 (18,7%) rientravano nei criteri per l'analisi della sopravvivenza.

*Tipologia di tumore.* Le neoplasie esaminate sono state **glioblastoma, tumore del polmone, carcinoma del pancreas e colangiocarcinoma, sarcoma metastatizzato e carcinoma renale.**

*Risultati.* La sopravvivenza media generale, comparata con le aspettative di oncologi esperti e con gli outcome di sopravvivenza per ogni tumore riportati in letteratura, è stata più lunga in tutte le tipologie di tumore osservate ( $p<0.001$ ). Più della metà dei pazienti (65%) aveva tempi di sopravvivenza pari o superiori a quelli riportati in letteratura per soltanto il 20% di pazienti di quella tipologia di tumore.

*Significatività.* La significatività dei risultati è stata determinata con il test di Wilcoxon; **i risultati delle analisi erano significativi per i tumori nel loro insieme ( $p<0.001$ ), ma anche per colangiocarcinoma ( $p=0.043$ ), glioblastoma ( $p=0.043$ ) e sarcoma metastatizzato ( $p<0.001$ ).**

*Conclusioni.* **La sopravvivenza a 3 anni era superiore in tutte le tipologie di tumore rispetto a quanto riferito in letteratura, tranne che per il tumore del polmone non a piccole cellule. La sopravvivenza più lunga era correlata in modo positivo con la frequenza della terapia omeopatica, anche se questo rapporto non è stato mantenuto coerentemente in tutti i gruppi.**

# Medicinali omeopatici proposti come antitumorali specifici

## *Psorinum*

Negli ultimi anni alcuni lavori hanno valutato l'utilizzo di *Psorinum* sulla sopravvivenza di pazienti oncologici. Uno studio prospettico (Chatterjee et al. 2011) realizzato a Calcutta, ha preso in esame il trattamento omeopatico primario del tumore di pancreas, fegato, stomaco e colecisti; I risultati sono interessanti sotto più aspetti, soprattutto se si considera che ha riguardato pazienti oncologici in stadio avanzato della malattia neoplastica, quando la sopravvivenza a 5 anni tende a essere molto bassa. Vi hanno partecipato 158 pazienti con le seguenti tipologie di cancro: adenocarcinoma gastrico (42), adenocarcinoma della colecisti (40), carcinoma del pancreas (44) e carcinoma epatocellulare (32). Il trial ha valutato le percentuali di risposta radiologica del tumore e la percentuale di sopravvivenza dopo almeno 1, 2, 3, 4 e 5 anni. L'outcome secondario era la valutazione di eventuali effetti collaterali/aversi.

## *Carcinosinum*

Il rimedio omeopatico *Carcinosinum* è un nosode ottenuto attraverso i processi di preparazione omeopatica (diluizione, dinamizzazione) da cellule cancerose di vari tessuti umani che è stato utilizzato spesso dall'omeopatia tradizionale nel trattamento dei pazienti oncologici.

Il primo omeopata che ne descrisse l'utilizzo fu lo scozzese J. Compton Burnett (1840-1901). Anche l'omeopata britannico J. Clarke riportò diversi casi clinici di pazienti oncologici trattati con nosodi e soprattutto con *Carcinosinum*.

L'omeopata indiano A.U. Ramakrishnan utilizza nosodi tumorali su pazienti oncologici da circa 30 anni, trattandone circa 2000 ogni anno e fra questi nosodi c'è anche *Carcinosinum*.

*Carcinosinum* viene somministrato anche per eliminare la predisposizione alla patologia tumorale, dunque con finalità di prevenzione. L'omeopata statunitense James Tyler Kent (1849–1916) scrisse del rimedio che riesce ad alleviare il dolore nel malato di tumore e che, pur non curando questa malattia, svolge un'importante funzione palliativa.

# Embryos of Zebrafish 4D

- L'uso dei fattori di differenziazione embrionari nella crescita tumorale è iniziata da parte di **Biava P.M e coll. fin dal 1988**. In vari topolini insieme alle cellule del tumore di Lewis furono somministrati omogenati di embrione e utero gravido. Il risultato era un blocco del tumore primario e della formazione di metastasi polmonari. Gli autori evidenziarono come durante l'organogenesi avvengono tutti i processi differenziativi e questi sono in grado di opporsi a quelli che provocano il cancro. Esistono dei regolatori che impediscono la moltiplicazione indefinita della cellula, tipica dello sviluppo maligno. Le *stem cells* rappresentano a tutti gli effetti una popolazione di cellule embrionali che si differenziano nell'adulto sotto l'effetto di fattori di crescita (es interleuchina 3), ma è importante anche il microambiente per i destini differenziativi delle varie linee cellulari.
- Vari lavori sono stati effettuati in vitro, su animali ma anche in vivo (**Embrionyc Differentiation Factors Anticancer Properties:Preliminary Clinical Results in the therapy for Advanced Tumors**)  
**P.M.Biava, D.Bonsignorio, M.Impagliazzo, A.Frosi. et altri.**
- La terapia consisteva nella somministrazione sublinguale di estratti gliceroalcolici in D4 (9-12 microgrammi al giorno) di Embryo Zebrafish. Nella casistica rientravano solo quei casi più gravi, ai quali spesso gli oncologi avevano fermato la terapia tradizionale, oppure pazienti con gravi metastasi, ma ancora sottoposti a chemio o radioterapia. I pazienti allo stadio iniziale erano esclusi dallo studio.
- In tre anni furono trattati 200 pazienti con varie patologie tumorali (glioblastoma, epatocarcinoma, tumori ovarici, tumori del polmone, tumori del colon)

## Risultati:

- 1) l'80 % dei casi dimostrò un miglioramento della performance status valutazione secondo E.C.O.G.(Eastern Cooperative Oncology Group)
- 2) la curva di sopravvivenza dimostrò una stabilizzazione della malattia in un certo numerosi casi
- 3) l'8% dei casi dimostrò una regressione della massa tumorale. Il clinical trial rappresenta uno studio aperto, non si possono trarre conclusioni tranne che la non tossicità della terapia.

# Embryo Zebrafish nell'epatocarcinoma in stadio avanzato

Livragli T, Meloni F, Frosi A, Lazzaroni S et al.

*Treatment with Stem Cell Differentiation stage factors in intermediate- Advanced Hepatocellular Carcinoma.)*

Oncology Research, 15; 399-408 (2005)

Pazienti (n. 151)	Percentuale %	Risultati
4 pazienti	2,6%	Completa guarigione
26 pazienti	17,2%	Regressione della malattia
24 pazienti	16%	Stabilizzazione della malattia
97 pazienti	64,2%	Progressione della malattia
Periodo di osservazione da 3 a 21 mesi		

# **Cuban Scorpion Venom (Vidatox)**

Scientific Name: **Rhopalurus juncus;**

Common Name: **Blue scorpion;**

Brand Name: **Escozul®, Vidatox®**

**Purported Uses:** Analgesic, Anti-inflammatory, Cancer treatment, Chemotherapy side effects; Radiation side effects

**Constituents:** Varies according to several factors including species, geography, and environmental conditions

At least 50 components, including :

- Enzymes (phospholipase, hyaluronidase)
- Antimicrobials similar to other scorpion venoms
- Venom peptides: RjAa12f, a component similar to insect toxins in other scorpion venoms; Na<sup>+</sup> and K<sup>+</sup> ion channel components

**Mechanism of Action:** The sheer number of compounds and their diverse pharmacologic properties among different scorpion species leaves their mechanisms poorly understood. Most scorpion venoms are known to contain peptide toxins that mainly act on ion channels.

**NO CLINICAL EVIDENCE**

# Il preparato Canova

- Canova è un prodotto omeopatico preparato in Brasile secondo il metodo hahnemanniano utilizzando un complesso composto da **Aconitum napellus 11DH, Thuja occidentalis 19DH, Bryonia alba 18DH, Arsenicum album 18DH, Lachesis mutus 18DH** (dunque diluizioni la maggior parte delle quali ai limiti o anche di poco superiori al numero di Avogadro)
- Il suo ruolo in alcune patologie fra cui il cancro, nell'ematopoiesi nonché nell'attivazione di macrofagi e monociti è stato analizzato da un gruppo di ricercatori brasiliani, ma i risultati di questa attività di ricerca non sono stati pubblicati su riviste mediche indicizzate. Il preparato sembra essere in grado di stabilizzare la morfologia piastrinica in soggetti con HIV/AIDS. Non ci sono dati clinici disponibili ma sono stati pubblicati nel tempo alcuni studi in vitro (Smit E, 2009; Pretorius E, 2009; Cesar B, 2008; Abud APm 2006).
- In particolare è stato pubblicato (Camargo de Oliveira C, 2008) un lavoro che valuta Canova sull'attività dei macrofagi di topo. I topi vengono trattati con il medicinale omeopatico Canova (CA) ogni giorno per sette giorni alla dose sottocutanea di 7 microlitri/grammo di CA succusso vigorosamente prima della iniezione e confrontati con tre gruppi di controllo di topi cui vengono somministrati soluzione di etanolo dinamizzata (HS) e non succussa (H) e uno di topi non trattati (N). genica.



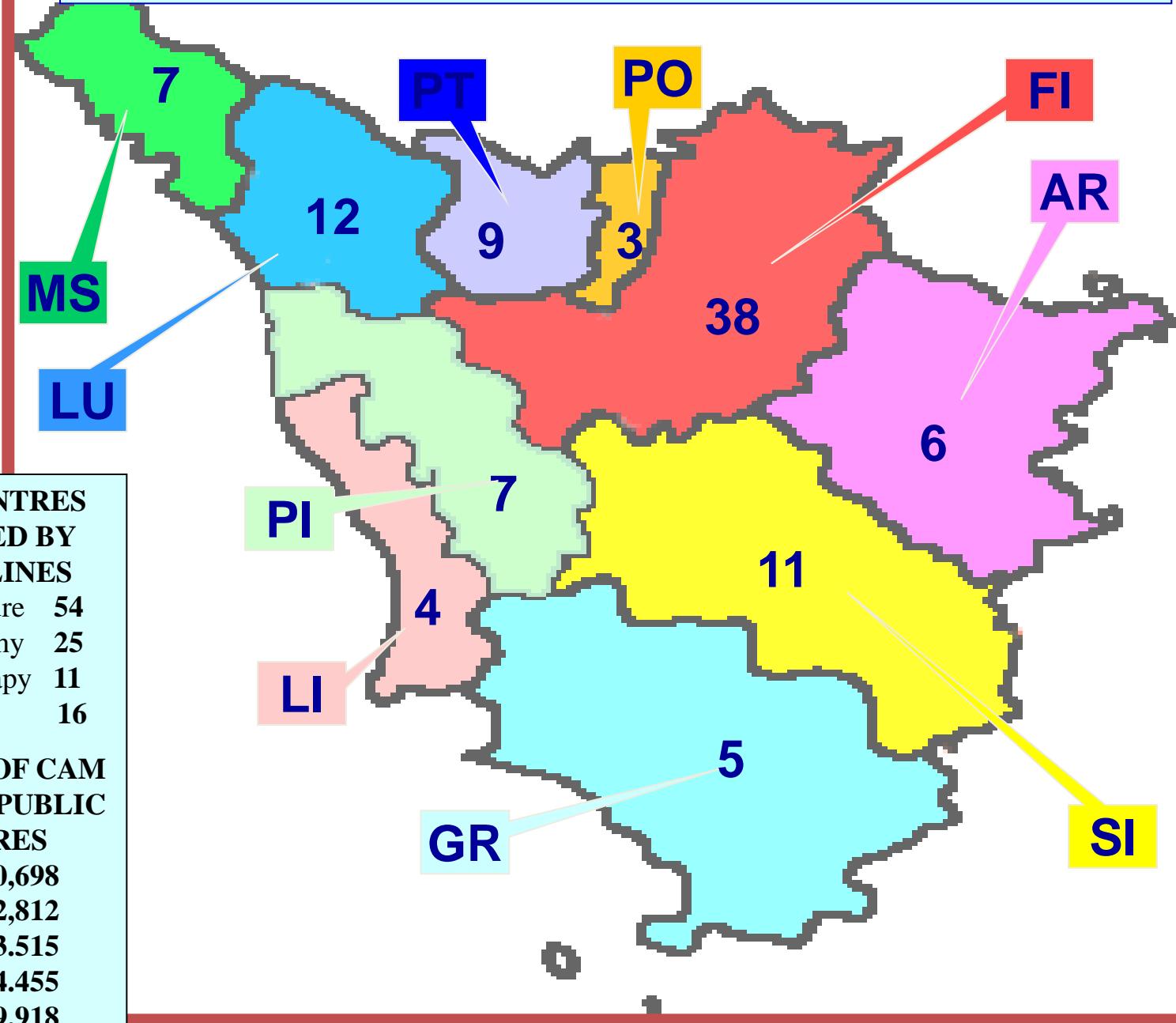
Regione Toscana



# Oncologia integrata in Toscana



## Tuscany, April 2014: 97 CAM clinics in 43 health services



### Lucca

- Homeopathic Clinic for women complains
- Clinic of CM and diet in oncology
- Acupuncture clinic for pain

### Prato

- Acupuncture clinic for pain
- Qigong for Hiv patients

### Firenze

- Phytovigilance Centre – University of Florence
- Smoking cessation acupuncture treatment
- Moxibustion for breach presentation of the fouthus.
- Menopause secondary symptoms acupuncture syptoms
- Integrative oncology
- M.C. in palliative care

### Pisa

- Homeopathic Centre for Mother and Child
- Acupuncture for hypogalactia infertility, pregnancy
- Acupuncture for breast cancer

### Arezzo

Zoo-prophylactic Institute of Tuscany and Lazio Region

### Livorno

Human and veterinary homeopathy in the Gorgona prison

### Siena

Manual Medicina Centre, U.O. Recupero Rieducazione. Funzionale – Tamburino

### Grosseto

- Hospital Petruccioli of Integrated Medicine Of Pitigliano
- Rehabilitation Hospital of Manciano

## Integrative approach to cancer patients

### Physical activity

### Diet

Art-therapy in palliative care

Psycho-oncology

Use of CAM in cancer patients

Narrative medicine

Music, dance, painting,... to improve quality of life and relieve the pain

The Tuscany oncologic regional call centre for cancer patients

Treatment of adverse effects of conventional therapy

Complementary treatment of cancer

Final document of the regional group «CM in oncology» promoted by Tuscan Network Integrative Medicine and Tuscan Tumors Institute

Complementary Medicine in oncology group:  
Gianni Amunni, Sonia Baccetti, Simonetta Bernardini, Alessandro Bussotti, Loredana Cassi, Franco Cracolici, Valerio del Ministro, Fabio Firenzuoli, Luisa Fioretto, Lucia Mangani, Teresita Mazzei, Maria Valeria Monechi, Duccio Petri, Maria Cristina Quaranta, Elio Rossi.

**Medicine complementari (MC) e Medicine non convenzionali (MNC) nella terapia oncologica evidenze cliniche**

versione 10.8.2009 **modificata Luglio 2010**

Redazione del testo a cura del gruppo tecnico regionale dell' Istituto Toscano Tumori - ITT e della Rete Toscana di Medicina Integrata – RTMI , "Medicine complementari in oncologia" composto da:

Gianni Amunni, Sonia Baccetti, Simonetta Bernardini, Alessandro Bussotti, Loredana Cassi, Franco Cracolici, Valerio del Ministro, Fabio Firenzuoli, Luisa Fioretto, Lucia Mangani, Teresita Mazzei, Maria Valeria Monechi, Duccio Petri, Maria Cristina Quaranta, Elio Rossi.

Revisione del testo a cura di Sonia Baccetti, Fabio Firenzuoli, Luisa Fioretto, Elio Rossi.

Editing a cura di Maria Valeria Monechi, Maria Cristina Quaranta

# Medicine Complementari in Oncologia

Rete Toscana per la Medicina Integrata – Istituto Toscano dei Tumori

Considerata la diffusione del ricorso alla MC in ambito oncologico, la Rete Toscana Medicina Integrata (RTMI) ha elaborato un progetto (in corso) che riguarda:

- **Analisi della letteratura scientifica (2005–2010) e valutazione delle esperienze cliniche circa l'uso delle Medicine Complementari in oncologia** e valutare il campo di applicazione delle terapie complementari nel trattamento delle patologie oncologiche, sulla base di prove di efficacia riscontrate in letteratura e in esperienze consolidate.
- **Individuazione di prove di efficacia EBM dell'uso delle MC nel trattamento dei tumori** ricerche saranno classificate con la scala prevista dal Progetto Nazionale Linee Guida aggiornato al 2009, fatto proprio anche dall'Istituto Toscano Tumori.

A partire da questo lavoro elaborato da un gruppo misto di esperti in MC e oncologi, sono stati attualmente attivati, o sono in corso di attivazione, alcuni ambulatori pubblici di “**Oncologia integrata**”:

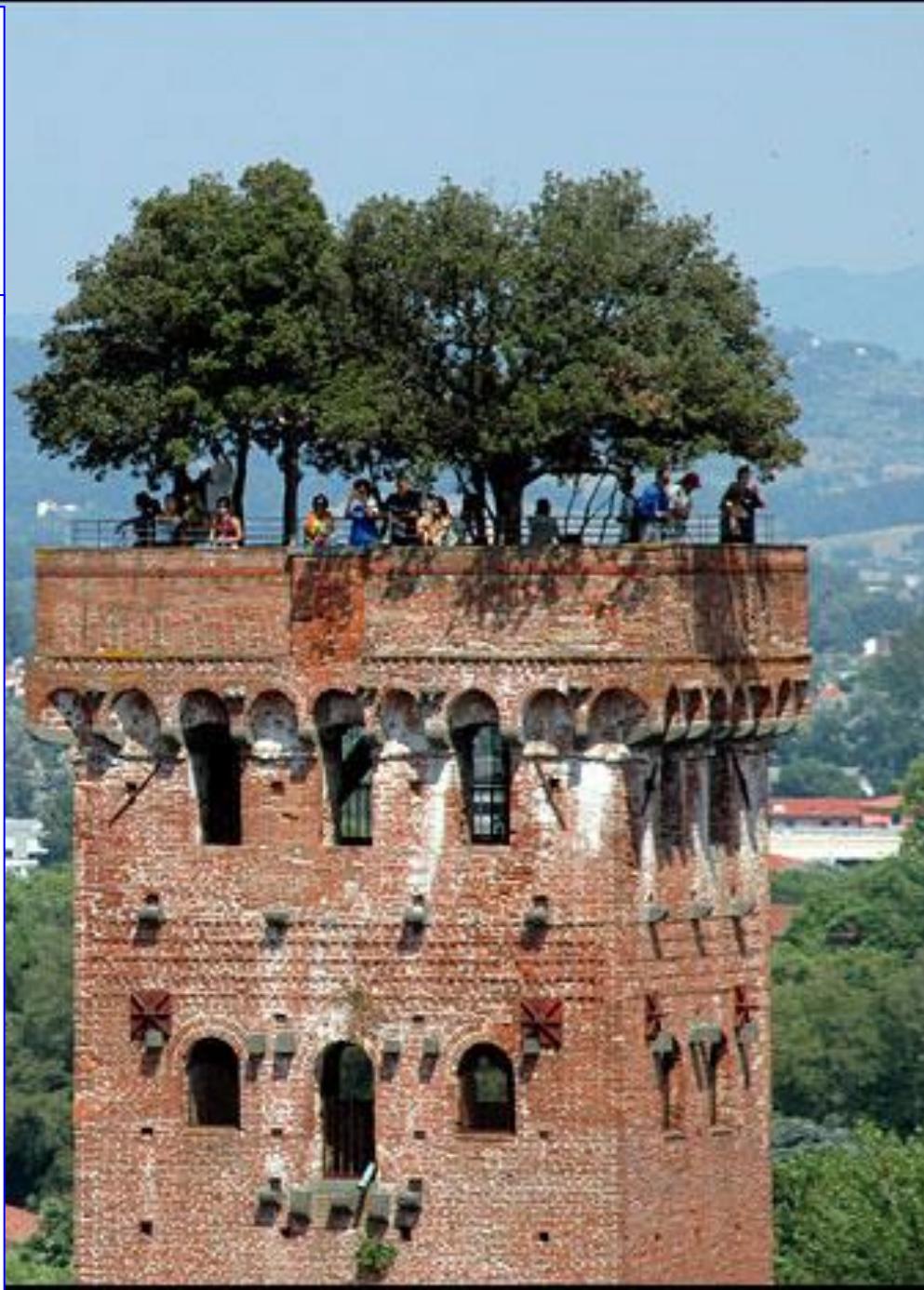
- **AUSL 2 Lucca: Ambulatorio di medicine complementari e alimentazione in oncologia**
- **AOU Careggi: Ambulatorio di medicina integrativa**
- **AUSL 10 Firenze: Ambulatorio di agopuntura e MTC in oncologia**
- **Hospice San Felice a Ema (Firenze)**
- **Ospedale di medicina integrata Petruccioli di Pitigliano**
- **Breast Unit - Azienda Universitaria Ospedaliera Pisa**

**Homeopathic Clinic  
Campo di Marte Hospital,  
Local Health District n. 2  
Lucca**

**It was founded in September 1998. A telephone information service has also been active since 2003.**

**It provides information on homeopathic therapy and pharmacovigilance.**

**A gynaecological homeopathic clinic has been active since 2002, directed by Dr. Alessandra Panozzo, dealing mainly with menopausal problems. In addition to clinical activity, the Lucca Clinic deals with the dissemination of information to the public with meetings and conferences; training for healthcare workers, with accredited CME courses; research projects and international cooperation activity in support of projects for the development of natural medicine in the Southern countries of the world.**



# Ambulatorio di medicine complementari e alimentazione in oncologia (da ottobre 2010 preso la Zona Distretto di Viale Giusti, Lucca)

**Finanziato con fondi regionali Delibera GR n.1255 del 28.12.2009**

## Obiettivi generali

Fornire informazioni qualificate e trattamenti di medicina complementare basati sulle prove di efficacia

## Obiettivi specifici del progetto

### **A livello di medicine complementari:**

- le possibilità di cure complementari al fine di ridurre gli effetti avversi delle terapie antitumorali: dove e a chi rivolgersi.
- le possibilità di cure complementari per migliorare la qualità di vita attraverso trattamenti complementari e anche pratiche Bio-naturali.





# Lifestyle and breast cancer recurrences: The DIANA-5 trial



Overweight and obesity, in particular the abdominal, and excessive consumption of refined carbohydrates and saturated fats, induce a state of insulin resistance by increasing the availability of many factors (tumor necrosis factor- $\alpha$ -TNF- $\alpha$ -and leptin) which in turn can influence secretion and insulin metabolism and its peripheral action.

**DIANA-5** has the potential to establish whether a Mediterranean-macrobiotic lifestyle may reduce breast cancer recurrences. We will assess evidence of effectiveness, first by comparing the incidence of additional breast cancer events (local or distant recurrence, second ipsilateral or contralateral cancer) in the intervention and in the control group, by an intention-to-treat analysis, and second by analyzing the incidence of breast cancer events in the total study population by compliance assessment score.

# **"Green Diet"**

**Fresh colored vegetables**

**Mixed salads**

**Fresh colored fruits**

**Fish**

**Extra-virgin olive oil**

**2 gr salt/die**

**Green tea**

**Only 1 carbohydrate portion/die**

# "Green Diet"

NutriAMOci consapevolMENTE

## LUNEDI'

### PRIMA COLAZIONE

caffè con zucchero dietetico

### PRANZO

120 gr carne alla griglia,  
insalata condita (7-8 foglie) con  
olio ev di oliva

### CENA

Fagiolini verdi conditi con olio ev di  
oliva, carne 120 gr

SPUNTINO (a metà mattino,  
pomeriggio.)

Tomino, Bresaola

## GIOVEDI'

### PRIMA COLAZIONE

caffè con zucchero dietetico

### PRANZO

120 gr carne alla griglia, insalata  
condita con olio ev di oliva

### CENA

Fagiolini verdi conditi con olio ev di  
oliva, carne 120 gr o pesce

SPUNTINO (a metà mattino,  
pomeriggio.)

1/2 mozzarella

Tonno sott'olio (cetriolini sott'aceto)

## MARTEDI'

### PRIMA COLAZIONE

caffè con zucchero dietetico

### PRANZO

2 uova (preparate a piacere) con  
zucchine (3) olio ex di oliva e  
limone

### CENA

Bresaola e tonino con insalata  
verde olio ex di oliva e limone

SPUNTINO (a metà mattino,  
pomeriggio.)

1/2 mozzarella

Tonno sott'olio (cetriolini sott'aceto)

## MERCOLEDI'

### PRIMA COLAZIONE

caffè con zucchero dietetico

### PRANZO

1 ricottina valletata o carne rossa a  
piacere

con zucchine cotte a piacere

### CENA

Pesce a piacere con finocchietti (2)  
condimento a piacere

SPUNTINO (a metà mattino,  
pomeriggio.)

Tomino, Bresaola

## SABATO

### PRIMA COLAZIONE

caffè con zucchero dietetico

### PRANZO

Pesce a piacere, zucchine (3) olio ex  
di oliva e limone

### CENA

Bresaola e tonino con insalata  
verde olio ex di oliva e limone

SPUNTINO (a metà mattino,  
pomeriggio.)

1/2 mozzarella

Tonno sott'olio (cetriolini sott'aceto)

ASSUMERE: ACQUA 1 litro e 1/2 AL GIORNO. POCO SALE (3 grammi al giorno).

NON ASSUMERE: PANE, PASTA, FARINE, ZUCCHERO, DOLCI, ACETO, LIMONE (USARNE POCHISSIMO), VINO, LEGUMI, PATATE, FRUTTA.

## PROGETTO ARCIMBOLDO

ALIMENTAZIONE  
& CHEMIOTERAPIA

www.progettoarcimboldo.it



# Decalogo di consigli alimentari per i pazienti oncologici

1. **EVITARE** carboidrati raffinati, in particolare zucchero bianco (anche di canna se non grezzo), la farine bianche di tipo industriale “0” e “00” per ridurre l’assunzione di alimenti ad alto indice glicemico e conseguentemente l’insulinemia. Quindi evitare o ridurre al minimo pane e pasta bianchi.
2. **EVITARE** la carne rossa per ridurre lo stimolo all’infiammazione cronica.
3. **EVITARE** alimenti e sostanze nocive quali alcol, tabacco, in particolare superalcolici e sigarette, e droghe ricreative di ogni tipo.
4. **EVITARE** gli alimenti per i quali esiste una documentata intolleranza alimentare comprovata da una dieta a esclusione per almeno 4 settimane.
5. **CONSUMARE** pesce, possibilmente non di allevamento, quindi azzurro e di piccola taglia (sgombro, acciuga, sardina, sarda, triglia, ecc.). Utile anche l’uso di spezie tipo curcuma, pepe e zenzero, presenti nel *curry* indiano tradizionale.
6. **CONSUMARE** pasta e pane biologico integrale e/o di farro e kamut o altre farine come amaranto e quinoa. Utilizzare al posto del riso brillato il riso integrale biologico, utile come tutti i cibi integrali, anche per favorire la motilità intestinale.
7. **CONSUMARE** modiche quantità di vino rosso, non più di 2 bicchieri al giorno, possibilmente biologico e senza solfiti; inserire nell’alimentazione ortaggi della famiglia delle Crucifere (cavoli, broccoli, verze, cavolini di Bruxelles,...) dalle spiccate proprietà antiossidanti.
8. **CONSUMARE** alimenti che contengono *lignani* utili per la loro attività antiestrogenica, quindi semi o olio di lino e di sesamo, e/o le crucifere, i particolare le verze, e alcuni tipi di frutta (albicocche).
9. **CONSUMARE** alimenti contenenti acido ellagico in grado di inibire l’angiogenesi tumorale, ad esempio i frutti di bosco (lamponi, more, ribes e mirtilli) e il melograno.
10. In sintesi **CONSUMARE** almeno 600 grammi giornalieri di frutta e verdura, alimenti prevalentemente freschi, possibilmente biologici e variamente colorati; pesce fresco, pane e pasta integrali.  
**PRATICARE** almeno 30 minuti al giorno di attività fisica, anche semplicemente evitando di prendere l’auto per fare la spesa e l’ascensore per salire le scale. Pensare alla bicicletta come prevalente mezzo di trasporto sulle brevi distanze.

**TABELLA RIASSUNTIVA OMEOPATIA E OMEOTERAPIE IN ONCOLOGIA**

Prodotto Medicinale	Possibili indicazioni	Studi disponibili	Livello di Prova PNLG	Forza di raccomandazione PNLG	Avvertenze	Note
<b>Calendula</b>	Prevenzione radiodermiti	1 RCT	II	B		Raccomandazione di tipo A come alternativa nei casi che non rispondono al trattamento convenzionale
<b>Traumeel S (TRS. New York NY:USA)</b>	Nella stomatite indotta da chemioterapia dopo trapianto autologo o allogenico di cellule staminali	1 RCT	II	B		Raccomandazione di tipo A come alternativa nei casi che non rispondono al trattamento convenzionale
<b>Vischio</b>	Tumori del colon retto Tumori del pancreas Altri tipi di tumore	Vari RCT review sistematiche e meta-analisi	I	B	Comparsa di ipertermia dopo trattamento	
<b>SCDS estratti di Embryo Zebrafish</b>	Glioblastoma, epatocarcinoma, tumori ovarici, tumori del polmone, tumori del colon	Vari studi osservazionali su casi avanzati in cui la terapi. conven. era stata sospesa o praticata con intenzioni palliative	II	B		Raccomandazione di tipo A come alternativa nei casi di epatocarcinoma che non rispondono al trattamento convenzionale

# Therapeutic homeopathic protocol of ASL 2 Homeo Clinic: an example

<b>Terapia per sintomo</b>				
<b>Sintomatologia</b>	<b>Terapia convenzionale</b>	<b>Omeopatia</b>	<b>Fitoterapia</b>	<b>Alternative ulteriori</b>
Nausea e vomito post chemioterapico		<p><b>Nux vomica 6 CH</b> 3 gr. x 3-4 volte al di almeno 1 giorno prima della terapia e nei giorni successivi.</p> <p><b>Sepia officinalis 6 CH</b></p>	<p><b>Ficus carica T.M 40-50 gtt x 2-3 volte al di prima dei pasti.</b></p> <p><b>Ulce (Santiveri)</b> 1 cucch. x 2 volte prima dei pasti (reflusso gastroesofageo)</p>	
Radio-terapia		<p><b>Radium bromatum 6 CH</b> 3 gr. x 3-4 volte al di almeno 1 giorno prima della terapia e nei giorni successivi.</p> <p><b>X-Ray 6 CH</b></p> <p><b>Belladonna 6 CH</b> 3 gr. x 3-4 volte al di almeno nei giorni successivi.</p>	<p><b>Calendunmed pomata</b></p> <p><b>Ciderma pomata</b></p>	
Sintomi secondari della menopausa		<p><b>Lachesis 30 CH</b> 3 gr. x 2-3 volte al di</p> <p><b>Sepia officinalis 30 CH</b></p>	<b>No fitoterapia sostitutiva</b>	
Mucositi e stomatiti		<p><b>Traumeel S</b> 10 gocce x 3 volte al giorno.</p>	<p><b>Ratania balsamo (Weleda)</b> 2-3 applicazioni die</p> <p><b>Ratania collutorio</b> 20-30 gtt in acqua, 2-3 sciacqui die</p>	

# Methods and patients

- Patients access to the clinic by appointment, and come **mainly** from Tuscany and other Italian regions.
- Near all the patients were referred by their medical oncologists.
- Baseline history and physical examination were performed and biochemistry required: all concomitant medications were registered and potential interactions among them were analyzed.
- **173** patients (**36 male and 137 female**) were visited till December 2014;
- Mean age **56.2** (35–89) years;
- **38.2%** of patients were using homeopathy for other purposes before cancer diagnosis and they needed to continue it during anticancer treatments: most of them are women with high level of education.
- **17%** of patients were asking also for “alternative therapy”; in particular 3 patients were taking **Cuban** scorpion venom (**Vidatox** or **Escozul**) together with treatment.

**Pazienti  
oncologici  
consecutivamente  
visitati e trattati  
con omeopatia e  
Medicine  
complementari:  
N. 173**



Cancer localization		
	Frequency	%
Breast	105	60,7
Stomach	4	2,3
Nasopharynx	1	0,6
Uterus	4	2,3
Brain	1	0,6
Colon	12	6,9
NSCLC	4	2,3
Ovaries	5	2,9
LH	2	1,2
Endometrium	2	1,2
Lung	5	2,9
Mediastinum	1	0,6
Prostate	7	4,0
Plasmacytoma	1	0,6
LLC	1	0,6
Rectum	4	2,3
Pancreas	2	1,2
LMC	1	0,6
Testa	1	0,6
Liver	1	0,6
Lymphoma non Hodgkin	1	0,6
Kidney	2	1,2
Thyroid	1	0,6
Others	5	2,9
Tot.	173	100

# Age

	Min	Max	Mean
Age	35	89	56,18

# Sex

Sex		
	Frequency	%
<b>Male</b>	36	20,8
<b>Female</b>	137	79,2
<b>Tot.</b>	<b>173</b>	<b>100,0</b>

Metastases (first visit)	Frequency	Validity %
No	129	74,6
Yes	44	25,4
Total	173	100,0

Previous use of homeopathy	Frequency	Validity %
No	107	61,8
Yes	66	38,2
Total	173	100,0

Anticancer therapy	Frequency	Validity %
Absent or suspended	55	31,8
Chemotherapy	57	32,9
Hormone therapy	39	22,5
Radiotherapy	2	1,2
Chemotherapy and radiotherapy	11	6,4
Chemotherapy and hormone therapy	5	2,9
Chemotherapy, radiotherapy and hormone therapy	3	1,7
Hormone therapy and radiotherapy	1	0,6
Tot.	173	100,0

# Other clinical data

<b>Other symptoms</b>	<b>No</b>	<b>Yes</b>
	<b>%</b>	<b>%</b>
Anorexia	94,7%	5,3%
Dysgeusia	59,6%	40,4%
Hepatic steatosis	80,9%	19,1%
Altered lipid profile	97,9%	2,1%

<b>Diet</b>		
	Frequency	%
No	71	41,0
Yes	96	55,5
Prescribed	6	3,5
Tot.	173	100,0

<b>Acupuncture</b>		
	Frequency	%
No	164	94,8
Yes	9	5,2
Tot.	173	100,0

# Pazienti oncologici trattati con omeopatia e MC in follow up: N. 85/173 (49.1%)



Cancer localization		
	Frequency	%
Breast	54	63,5
Stomach	1	1,2
Uterus	2	2,4
Brain	1	1,2
Colon	6	7,1
NSCLC	1	1,2
Ovaries	4	4,7
LH	1	1,2
Endometrium	2	2,4
Lung	3	3,5
Mediastinum	1	1,2
Prostate	2	2,4
Plasmacytoma	1	1,2
Rectum	1	1,2
Pancreas	1	1,2
LMC	1	1,2
Kidney	2	2,4
Thyroid	1	1,2
Tot.	85	100,0

# **Patients in follow up**

<b>At least one follow up</b>		
	<b>Frequency</b>	<b>%</b>
No	<b>88</b>	<b>50,9</b>
Yes	<b>85</b>	<b>49,1</b>
Tot.	<b>173</b>	<b>100,0</b>

<b>Sex</b>		
	<b>Frequency</b>	<b>%</b>
Male	<b>12</b>	<b>14,1</b>
Female	<b>73</b>	<b>85,9</b>
Tot.	<b>85</b>	<b>100,0</b>

<b>Metastases (follow up visit)</b>		
	<b>Frequency</b>	<b>%</b>
No	<b>66</b>	<b>77,6</b>
Yes	<b>19</b>	<b>22,4</b>
Tot.	<b>85</b>	<b>100,0</b>



# Grading for evaluating the intensity of menopausal symptoms (Hot flashes)

Menopausal symptoms	Grading
Hot flashes/die	G0 = No hot flushes
Hot flashes/die	G1 = From 0 to 10 hot flashes
Hot flashes/die	G2 = From 10 to 20 hot flashes
Hot flashes/die	G3 = More than 20 hot flashes

# Performance status

Performance status							
	Absent or mild symptoms	Normal activities difficult or impossible	Need some help and medical assistance	Need qualified help or hospital	Intensive life support	Death	Significance
	Conteggio	Conteggio	Conteggio	Conteggio	Conteggio	Conteggio	
Performance status (quality of life) (first visit)	73	8	4	0	0	0	p=0,034
Performance status (quality of life) (latest follow up)	78	4	3	0	0	0	

# Visual Analogical Scale (VAS)

Pain Visual Analogic Scale (VAS)									Significance
	0	1	2	3	4	5	6	9	
	N. pazienti								
Pain Visual Analogic Scale (VAS) - min 0 max 10 (first visit)	64	6	5	3	0	5	1	1	
Pain Visual Analogic Scale (VAS) - min 0 max 10 (latest follow up)	62	6	5	3	1	5	1	1	p=0,793

# Hot flushes

	Hot flashes				
	G0 N. pazienti	G1 N. pazienti	G2 N. pazienti	G3 N. pazienti	
Hot flashes (first visit)	52	9	14	8	
Hot flashes (latest follow up)	60	17	7	1	p=0,000
Significance at Wilcoxon t-test (2 tales)					

# Nausea

	Nausea				
	G0 N. pazienti	G1 N. pazienti	G2 N. pazienti	G3 N. pazienti	
Nausea (first visit)	68	9	6	2	
Nausea (latest follow up)	76	8	1	0	p=0,004
Significance at Wilcoxon t-test (2 tales)					

# Asthenia

Asthenia					
	G0	G1	G2	G3	
	N. pazienti	N. pazienti	N. pazienti	N. pazienti	Significance
Asthenia (first visit)	37	26	14	8	
Asthenia (latest follow up)	51	25	8	1	p=0,000
Significance at Wilcoxon t-test (2 tales)					

# Anxiety

Anxiety					
	G0	G1	G2	G3	
	N. pazienti	N. pazienti	N. pazienti	N. pazienti	Significance
Anxiety (first visit)	49	17	12	7	
Anxiety (latest follow up)	60	19	5	1	p=0,000

# Depression

Depression					
	G0	G1	G2	G3	
	N. pazienti	N. pazienti	N. pazienti	N. pazienti	Significance
Depression (first visit)	52	12	20	1	
Depression (latest follow up)	65	10	9	1	p=0,000

Significance at Wilcoxon t-test (2 tales)

# Insomnia

Insomnia					
	G0	G1	G2	G3	
	N. pazienti	N. pazienti	N. pazienti	N. pazienti	Significance
Insomnia (first visit)	62	18	2	3	
Insomnia (latest follow up)	70	12	1	2	p=0,029

Significance at Wilcoxon t-test (2 tales)

# Constipation

Constipation					Significance
	G0	G1	G2	G3	
	N. pazienti	N. pazienti	N. pazienti	N. pazienti	
Constipation (first visit)	79	3	2	1	p=0,722
Constipation (latest follow up)	80	3	1	1	
Significance at Wilcoxon t-test (2 tales)					

# Conclusion

- A outpatient clinic of integrative oncology **could contribute to decrease the adverse effects of anticancer therapy; to investigate the interactions between CAM and antiblastics and to advise patients about the potential harmful effect of alternative treatment** when used instead of fully proven anticancer therapy, and **to improve the quality of life of cancer patients.**
- Further, **possibly randomized and controlled, studies** are required to evaluate the long term outcome of complementary/integrative treatments in oncology.



## European Partnership for Action Against Cancer

Health Promotion & Prevention

Screening & Early Diagnosis

Healthcare

Cooperation & Coordination In  
Cancer Research

Cancer Data And Information

National Cancer Plans

**The European Partnership for Action Against Cancer (EPAAC) was launched in 2009, after the European Commission published its Communication on Action Against Cancer: European Partnership.**

The specificity of the Partnership is that it brings together the efforts of different stakeholders into a joint response to prevent and control cancer. In its initial phase, until early 2014, the work of the Partnership will be taken forward through a Joint Action (cofinanced by the EU Health Programme). The National Institute of Public Health in Slovenia has assumed the role of leader of the EPAAC Joint Action, which encompasses 36 associated partners from across Europe and over 90 collaborating partners.

**!!NEW!! To see the EPAAC GANTT chart with all of the latest updates on project milestones and deliverables, please click [here](#).**

Survey

*How do you like our new website?*

Great

Good

Could Be Better

VOTE

Latest Tweets

A smoker's license: Too radical for tobacco control? [goo.gl/Lp5mg](http://goo.gl/Lp5mg)  
13 hours ago via Visibl



European Partnership for Action Against Cancer (EPAAC)

## D5: Complementary and alternative medicine (CAM) in cancer care Development and opportunities of Integrative Oncology

January 2014

### Authors:

Sonia Baccetti<sup>1</sup>, Mariella Di Stefano<sup>1</sup>, Maura Di Vito<sup>1</sup>, Fabio Firenzuoli<sup>1</sup>, Alberto Laffranchi<sup>2</sup>, Valeria Monechi<sup>1</sup>, Emanuela Portalupi<sup>3</sup>, Tania Re<sup>1</sup>, Elio Rossi<sup>1</sup>, Alberto Zanobini<sup>4</sup>

In collaboration with: Barbara Cucca<sup>1</sup>, Angelo Raffaele De Gaudio<sup>5</sup>, Paolo Fedi<sup>1</sup>, Luigi Gori<sup>6</sup>, Carmelo Guido<sup>5</sup>, Rita Maffei<sup>7</sup>, Barbara Meyer<sup>1</sup>, Vania Sabatini<sup>7</sup>, Alfredo Vannacci<sup>8</sup>

<sup>1</sup> Tuscan Network for Integrative Medicine – Region of Tuscany

<sup>2</sup> IRCCS Foundation National Cancer Institute of Milan

<sup>3</sup> Italian Society of Anthroposophic Medicine

<sup>4</sup> Department Research, Innovation and Human Resources – Region of Tuscany

<sup>5</sup> Careggi University Hospital – Florence

<sup>6</sup> Local Health Unit 11 Empoli – Region of Tuscany

<sup>7</sup> Regional Agency for Health – Region of Tuscany

<sup>8</sup> University of Florence, Neurofarba Department

We would like to acknowledge and thank Sara Diacciati, Lucia Ferretti and Chiara Menicalli for their contribution to the preparation and editing of this work.

Special thanks to Hans-Ullrich Albonico, Erik Baars, Luigi Bellavita, Anja Glockmann, Harald Hamre, Jenny Josephson, Helmut Kiene, Gunver Kienle, Matthias Kröz, Daniele Nani, Friedemann Schad, Konrad Urech, Ginette Zaretti for their contribution to the chapters on anthroposophic medicine.

<b>Gra do</b>	<b>Raccomandazione</b>	<b>Benefici vs rischi e oneri (1 -2)</b>	<b>Forza di evidenza (definisce A B C)</b>	<b>Implicazioni</b>
<b>1A</b>	Forte raccomandazione, evidenza di qualità alta	I benefici superano chiaramente i rischi e gli oneri, o viceversa	RCT senza limitazioni importanti o con evidenze importanti da studi osservazionali	Forte raccomand. si può applicare a molti pazienti in molte circostanze senza riserve
<b>1B</b>	Forte raccomandazione, evidenza di qualità moderata	I benefici superano chiaramente i rischi e gli oneri, o viceversa	RCT con limitazioni importanti (risultati incoerenti, metodol. imperfetta, indiretta o imprecisa) o evidenza eccez. forte da studi osservaz.	
<b>1C</b>	Forte raccomandazione, evidenza di qualità bassa o	I benefici superano chiaramente i rischi e gli oneri, o viceversa	Studi osservazionali o serie di casi	La forte raccomandazione può cambiare quando si trova

# **Proposal of EPAAC grading for homeopathic treatment for cancer/anticancer therapy symptoms**

<i><b>Homeopathy/homotoxicology</b></i>	
<b>Symptoms / Paragraphs</b>	<b>Grading (SIO)</b>
<b>Anxiety and depression</b>	1B
<b>Cancer Related Fatigue</b>	2B
<b>Diarrhea</b>	1B
<b>Oedema</b>	2B
<b>Hot flushes</b>	1B
<b>Insomnia</b>	1B
<b>Mucositis</b>	1B
<b>Neuropathy</b>	2C
<b>Pain</b>	2C
<b>Radiodermatitis</b>	1B

# Proposal of EPAAC grading for herbal medicine treatment for cancer/antican- cer therapy symptoms



Herbal Medicine		
Symptoms	Plant	Grading
<b>Anxiety and depression</b>	<i>Crocus sativus</i>	1B
	<i>Hypericum perforatum</i>	1A
	<i>Lavander</i>	1B
<b>Cancer Related Fatigue</b>	<i>Panax spp.</i>	1A
	<i>Paullinia cupana</i>	2B
	<i>Rhodiola rosea</i>	2C
<b>Constipation</b>	Anthraquinones Plants	2C
	<i>Plantago ovata</i>	2B
<b>Diarrhea</b>	<i>Musa paradisiaca</i>	1B
	Tannin Plants	2C
<b>Edema</b>	<i>Boswellia serrata</i>	2B
<b>Hot flashes</b>	<i>Cimicifuga racemosa</i>	2B
	<i>Glicine max</i>	1B
	<i>Trifolium pratense</i>	2B
<b>Insomnia</b>	<i>Valeriana officinalis</i>	2B
	<i>Humulus lupulus</i>	2B
	<i>Lavandula officinalis</i>	2B
<b>Mucositis</b>	<i>Aloe barbadensis</i>	1B
	<i>Rhodiola algida</i>	1B
<b>Nausea and vomiting</b>	<i>Zingiber officinalis</i>	1A
	<i>Cannabis sativa</i>	2B
<b>Pain</b>	<i>Cannabis sativa (THC)</i>	1A
<b>Radiodermatitis</b>	<i>Silybum marianum</i>	2B

# Agopuntura/MTC

Sintomi	Grading SIO/EPAAC*
Nausea e vomito	1A Forte raccomandazione evidenza di qualità alta
Dolore	1A Forte raccomandazione evidenza di qualità alta
Vampate di calore	1B/ <b>1A*</b> Forte raccomandazione evidenza di qualità moderata / <b>alta*</b>
Xerostomia	1B Forte raccomandazione evidenza di qualità moderata
Ansia e depressione	<b>2B*</b> Debole raccomandazione evidenza di qualità moderata
Insonnia	<b>2B*</b> Debole raccomandazione evidenza di qualità moderata
Fatica cancro-correlata	2C Debole raccomandazione evidenza di qualità bassa o molto bassa

# Ambiti di intervento con Grading 1A e 1 B

- **AGOPUNTURA:** nausea e vomito, dolore, disturbi vasomotori, xerostomia.
- **OMEOPATIA/OMOTOSSICOLOGIA:** disturbi vasomotori, radiodermatiti, mucositi.
- **ANTROPOSOFIA:** cancro del pancreas, del polmone, del colon-retto.
- **FITOTERAPIA:** Curcumina (in tutti i tumori), Boswellia serrata (Ca. cerebrale.), Astragalo (Ca. polmone), Epigallocatechina gallato (Ca. testa e collo, prostata)
- **ALIMENTAZIONE:** alimentazione mirata (vedi Decalogo)

# Agopuntura, fitoterapia, omeopatia, omotossicologia e antroposofia in oncologia

**Manuale in corso di  
pubblicazione a cura di**  
**Sonia Baccetti,**  
**Mariella Di Stefano,**  
**Elio Rossi**

*Rete Toscana di Medicina  
Integrata*

**Editore Felici – Firenze**  
(in uscita a **marzo 2015**)



European Partnership for Action Against Cancer (EPAAC)

D5: Complementary and alternative medicine (CAM) in cancer  
care Development and opportunities of Integrative Oncology

January 2014



Proposta di  
Delibera Giunta Regionale

**Integrazione delle medicine complementari nella  
Rete oncologica dell'Istituto Toscano Tumori**

Valtere  
Giovannini



- **di garantire, nel rispetto del concetto di equità di accesso alle cure, ai pazienti oncologici l'opportunità di usufruire di tali trattamenti, che sono sicuri, efficaci e con scarsi effetti collaterali, a integrazione della medicina ufficiale, nella Rete toscana dei Dipartimenti oncologici dell'ITT, attivando sinergie fra gli stessi, le strutture pubbliche di medicina complementare di comprovata esperienza, con il coordinamento delle strutture di riferimento regionali per le medicine complementari ....**
- **di inserire le prestazioni di medicina complementare in campo oncologico nell'offerta terapeutica del Servizio Sanitario Regionale;**
- **di sviluppare la ricerca clinica per valutare l'efficacia dei trattamenti proposti, gli effetti collaterali e le interazioni con la terapia ufficiale relativamente ai trattamenti di MC per i quali la ricerca EPAAC ha dimostrato minor evidenza di efficacia**

# **Complementary and alternative medicine for cancer patients: results of the EPAAC survey on integrative oncology centres in Europe**

**Elio Rossi - Alessandra Vita –  
Mariella Di Stefano - Sonia Baccetti**

Tuscany Network of Integrative Medicine



# Aim of the study

The aim of this study is to **map** the centres that provide services of IO to cancer patients across Europe to promote the creation of a **European network of centres, experts and professionals** constantly engaged in the field of IO in order to **increase, share and disseminate the knowledge and provide evidence based care to patients**.

# Material and methods

- ✓ Questionnaire design
  - ✓ Identification of cancer centres across EU
  - ✓ Questionnaire sending by email up to three times
  - ✓ Contact by phone twice in different times of the day
    - ✓ Possible inclusion in the survey
  - ✓ Data analysis, synthesis and dissemination of results

# Summary data of the survey: centres contacted, respondents, respondent meeting inclusion criteria of the survey, and respondents meeting inclusion criteria and providing integrative oncology therapies.

	total		Italy		other EU countries	
	n	%	n	%	n	%
Contacted	236	-	74	31.4	162	68.6
Respondents	123	52.1	53	43.1	70	56.9
Respondents meeting inclusion criteria	99	80.5	41	41.4	58	58.6
Respondents meeting inclusion criteria and providing IO/ respondent centres	47	47.5	24	51.1	23	48.9
Respondents meeting inclusion criteria and providing IO /contacted centres	47	19.9	24	32.4	23	14.1

*6,5% (3) of centres included in the survey were identified thanks to cooperation of associated/collaborating partners of EPAAC.*

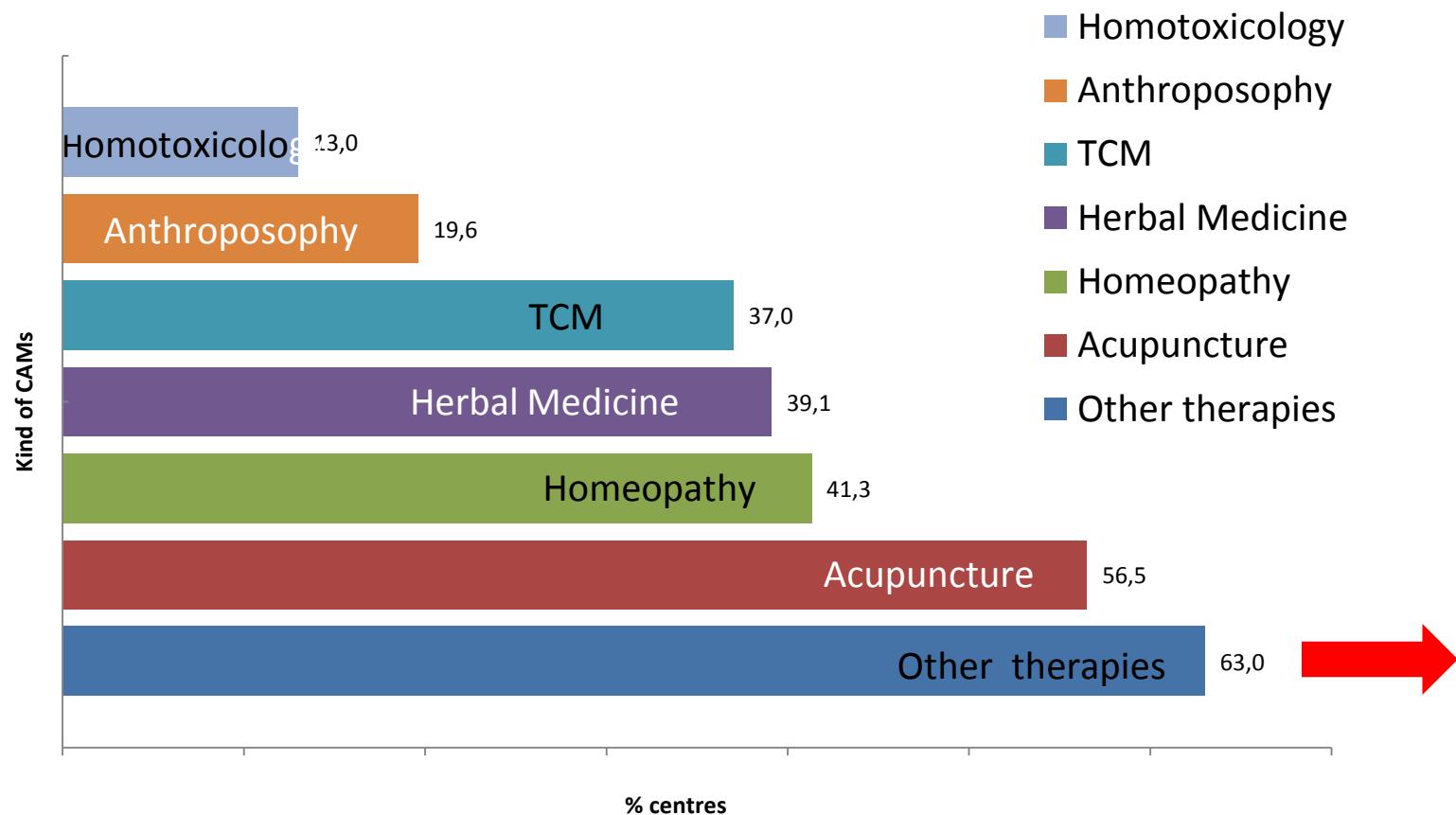
# Distribution of IO centres in EU



# Frequency of CAMs provided to cancer patients by the surveyed centres

CAMs	Total		Italy		Other EU countries	
	n	%	n	%	n	%
Acupuncture	26	55.3	17	70.8	9	39.1
Anthroposophic medicine	10	21.3	2	8.3	8	34.8
Herbal medicine	18	38.3	12	50.0	6	26.1
Homeopathy	19	40.4	10	41.7	9	39.1
Homotoxicology	6	12.8	5	20.8	1	4.3
Traditional Chinese medicine	17	36.2	12	50.0	5	21.7
Other therapies	30	63.8	13	54.2	17	73.9

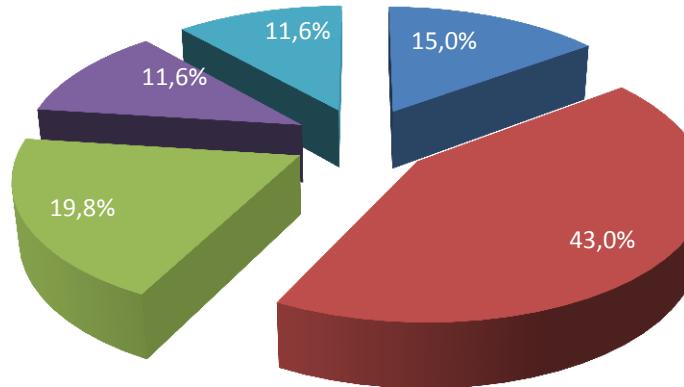
# CAMs offered to cancer patients



*10,9% (5) of centres included in the survey offer only therapies classified as “other”.*

# Other therapies\*

\* CAM's classification proposed by SIO (modified)



- **Biologically based methods:** aromatherapy, Bach flowers and other flower therapies, immunotherapy, micronutrients, naturopathy, nutrition, orthomolecular therapy.
- **Mind-body techniques:** art therapy, autogenic training, beauty specialist, counselling, hypnosis, meditation, music therapy, physical activity, psychology, psychooncology, psychotherapy, relaxation, self-care, singing bowl massage, self-help groups, sophrology, yoga.
- **Energy therapies:** cryotherapy, healing touch, hyperthermia, laser therapy, pulsed electromagnetic field therapy (PEMFT), Reiki, Shiatsu, transcranial electrical stimulation (TENS).
- **Manipulation and body-based practices:** kinesiology, osteopathy, physiotherapy, reflexology.
- **Health promotion:** advices of health promotion, lifestyle advices, lifestyle modification.

Rossi E, Vita A, Baccetti S,  
Di Stefano M, Voller F,  
Zanobini A

# Complementary and alternative medicine for cancer patients: results of the EPAAC survey on integrative oncology centres in Europe.

Support Care Cancer. 2014 Dec 4;

**Complementary and alternative medicine for cancer patients: results of the EPAAC survey on integrative oncology centres in Europe.**

*Support Care Cancer.* 2014 Dec 4;

Authors: Rossi E, Vita A, Baccetti S, Di Stefano M, Voller F, Zanobini A

## Abstract:

**BACKGROUND:** The Region of Tuscany Health Department was included as an associated member in WP7 "Healthcare" of the European Partnership for Action Against Cancer (EPAAC), initiated by the EU Commission in 2009.

**AIMS:** The principal aim was to map centres across Europe prioritizing those that provide public health services and operating within the national health system in integrative oncology (IO).

**METHODS:** A cross-sectional descriptive survey design was used to collect data. A questionnaire was elaborated concerning integrative oncology therapies to be administered to all the national health system oncology centres or hospitals in each European country. These institutes were identified by convenience sampling, searching on oncology websites and forums. The official websites of these structures were analysed to obtain more information about their activities and contacts.

**RESULTS:** Information was received from 123 (52.1 %) out of the 236 centres contacted until 31 December 2013. Forty-seven out of 99 responding centres meeting inclusion criteria (47.5 %) provided integrative oncology treatments, 24 from Italy and 23 from other European countries. The number of patients seen per year was on average  $301.2 \pm 337$ . Among the centres providing these kinds of therapies, 33 (70.2 %) use fixed protocols and 35 (74.5 %) use systems for the evaluation of results. Thirty-two centres (68.1 %) had research in progress or carried out until the deadline of the survey. The complementary and alternative medicines (CAMs) more frequently provided to cancer patients were acupuncture 26 (55.3 %), homeopathy 19 (40.4 %), herbal medicine 18 (38.3 %) and traditional Chinese medicine 17 (36.2 %); anthroposophic medicine 10 (21.3 %); homotoxicology 6 (12.8 %); and other therapies 30 (63.8 %). Treatments are mainly directed to reduce adverse reactions to chemo-radiotherapy (23.9 %), in particular nausea and vomiting (13.4 %) and leucopenia (5 %). The CAMs were also used to reduce pain and fatigue (10.9 %), to reduce side effects of iatrogenic menopause (8.8 %) and to improve anxiety and depression (5.9 %), gastrointestinal disorders (5 %), sleep disturbances and neuropathy (3.8 %).

**CONCLUSIONS:** Mapping of the centres across Europe is an essential step in the process of creating a European network of centres, experts and professionals constantly engaged in the field of integrative oncology, in order to increase, share and disseminate the knowledge in this field and provide evidence-based practice.

PMID: 25471177 [PubMed - as supplied by publisher]



**Arrivederci a Milano Expo 2015**

**Chiostri dell'Umanitaria dal 3 al 9 agosto**

Le Medicine Complementari saranno presenti

**lunedì 3 e martedì 4 agosto 2015**

**Grazie  
per la  
vostra  
cortese  
attenzione**

[omeopatia@usl2.toscana.it](mailto:omeopatia@usl2.toscana.it)

