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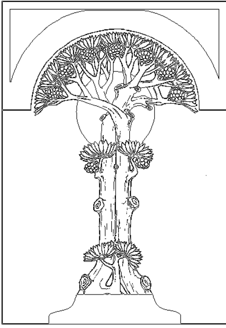

Pre-membership Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

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Unit 56

Presentations Week 12 DAY 3

Session1 - Carcinosin : **Dr Ileana Rîndașu**

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Case 1

Male, 9 years old
(weight=28 kg, height=1,34 m).

First consultation on 3 March 2021

He came for very strong emotional states, as his mother says, this started from kindergarden when he was 4 years old.
When they have to go somewhere, to the cinema or to holidays, he has a strong anticipation anxiety, with nausea, a lump in the throat and vomiting. Even before he has to go to school, this happens lately, almost every day. Because of this, he tends not to eat until he comes back from school, in the afternoon. He eats well during the weekends.
He cannot sleep well the night before they will travel, worries and wakes up early to be sure he will be not late. Wants to arrive earlier, with about half an hour when they go to a visit.
Because of his fear to eat and vomit, he started to loose weight.
Other fears:
- of the dark
- of unknown dogs.

Sympathetic, especially towards suffering animals.
Very good pupil at school, has very good grades. Ambitious and likes justice. Very affected by reprimands. Lacks self-confidence, thinks he is a fool at school, in spite of his good results and being among the first. Mother says she has a fault in this because she is perfectionist and has great demands from the child.
His father is a severe parent, reproaches him a lot, does not encourage him in anything. The child is afraid of his father, although they love each other.
During the pregnancy, there were quarrels between his parents, mother was upset by this and used to cry a lot.
He was born at term, through cesarian operation, requested by the mother. Development was normal. Breastfed until 2 years of age. Very attached to the mother.
Tendency to constipation.
Food and drinks: aversion to eggs (2) and milk (3); desires chocolate (3), meat (2).
Perspiration normal.
Warm blooded. Sleeps on left side mainly.
Is very much ameliorated at the seaside, enjoys to go to the sea.
Personal history: febrile seizures when he was two years old, it did not repeat afterwards.

Family history: maternal granmother with breast cancer and paternal grandfather with Alzheimer disease.

He received from another homeopath: Arsenicum album C 30, Nux-vomica C 30, Gelsemium C 30, with no result.

Case 2

Pacient female, 21 years old
(weight=57 kg, height=1,72 m).

First consultation on 11 September 2018

She comes for symptomatology triggered by strong emotions, feels very stressed from anything. When stressed, she has problems with her stools, gets diarrhea, at least two soft stools daily and abdominal pains (amel by bending forward). Because of these symptoms, she fears she might have cancer.
Other symptoms: rumbling and stinging pain in stomach. This started since she was 15 years old, in the college. She suffered from great anticipation before examinations. She feels sad and discontented.

Now, another cause of stress are the worries for her boyfriend. They are together since 2 years and he has health problems, also his father has cancer.
She is a student in the last year and now has to prepare the final exams, this is also a stress. One day before the exams she worries a lot, cannot sleep well.
Lacks self confidence. She thinks she might be laughed at because she does not know the answers. Reprimands make her feel guilty.
Other fears: to talk in public; of the dark (ghosts); spiders.
Perfectionist, things have to be done in the best way. Wants order in the room. She likes thunderstorms; likes to travel.
Weeps easily. Dislikes consolation.
Food and drinks: desires cheese (3), salty food (2).
Sleep is normal, position on side.
Lack of vital heat.
Personal history: allergy from sea water (eruptions like pimples). Pneumonia a few years ago, treated homeopatically with Bryonia by another homeopath.
Family history: maternal and paternal grandfathers had cancer; maternal grandmother has diabetes mellitus.

In past, she received Nat-m from another homeopath, no results.

Carcinosinum - Extracted and Compiled by Dr Tessa Katz

Introduction

First introduced to the Faculty in 1954 by Dr Foubister, although used previously by Kent, Burnett, J.H.Clarke (who used Carcinosin more than any other constitutional remedy), and others.
Useful for treating patients with deep seated problems, dysfunctions and diseases.

Origin

Original substance brought over from U.S.A., source unknown ? Epithelioma of breast. Newer versions of Carcinosin were taken from Specimens from RLHH operating theatre and potentised by Nelson's Pharmacy. Include Adeno.stom (epithelioma of stomach), Adeno- vesica (epith. of bladder), Intest. co.(epith. of intestine and bladder), Scir.mam. (scirrhus of breast), Squam.pulm (epith. of lung).
Current specimens in use at RLHH are original ? Epithelioma breast, and Adeno.stom.

Characteristics

Foubister by chance noted that 2 children born of mothers with CA breast, had certain features in common, i.e., blue sclerotics, cafe-au-lait complexion, numerous moles, and insomnia.
After documenting many cases of children with the above characteristics, also found FH of TB, Diabetes, and Pernicious anaemia.
Also found PMH of an inflammatory illness (whooping cough or pneumonia or glandular fever) early in life and severely.

Triad of

appearance,
insomnia,
PMH severe inflammatory disease or recurrent respiratory infections (and FHTB, CA, Pernicious anaemia).

(Combination of Templeton provings and Foubister's clinical work presented 1954)

Mentals

Mental inertia, with sense of constriction. May be apathetic. Annoyed that can't concentrate, finds brain work a trial. Averse to conversation.
Like Medorrhinum used to treat mentally retarded children.
Clarke: useful in psychotic patients, suicidal inclination, with a "cancerous tendency"

Prolonged fear and unhappiness, excessive parental control or abuse in childhood.

Anticipation, worried if child late, worried re exams. (Arg.nit, Ars., Carbo.veg, Carc., Gels., Lyc., Med., Plumb., Phos.ac, Sil., Thuja)
Attention to detail, fastidious (Ars., Nux.vom., Anac., Graph), yet can be untidy like Sulphur
Obstinate
Loves dancing like Sepia
Sensitive, weeping to music (Carc., Dig., Graph., Kreos., Kali-nit., Nat-carb., Nat.- sulph., Nux.vom., Thuja)
Likes thunder like Sepia, Sympathetic like Phos., Sensitive to reprimand like Med
Loves animals
Desires travel
Delusions of Martyrdom

Strong sense of duty, industrious, leading to undeserved feelings of guilt

Restless destructive children, refusing to accept authority, tendency to bite nails

Mental tiredness better for even a short sleep (Phos).

Generals

Warm-blooded
> or < seaside (like Nat.mur, Med., Sepia, Tub.)

Appearance

Insomnia especially in childhood, difficulty getting off to sleep, restless sleep, over- active ideas (Coffea)> May wake 4 a.m. (Lyc) Position: genu-flexed (Carc., Calc-phos.Lyc., Med., Phos., Sepia., Tub), or on stomach with arms raised (Puls).

Beating and throbbing sensations
Acrid and thick secretions if present
Worse for change of attitude, e.g. laughing, short sleep, undressing
Afternoon from 1-6 p.m.
Alternation of symptoms (Lac.can. Sepia)

Desires/
Aversions Butter and fat, chocolate, salt, milk, eggs, fruit

FH of CA, Diab., Pernicious anaemia, TB
Stuck between 2 or more polychrests
Never well since glandular fever.

Particulars

Skin	May have eczema, sternum, or between scapula. Keloid scars reduced. Severe reaction to vaccination (SIL., Thuja)
Digestion	Constipation, abdominal pain < 4-6 p.m. (Lyc) Tight feeling abdomen > pressure > bending > hot drink Constipation without desire (Opium) Vomiting alternating with diarrhoea, < anticipation
Head	After injuries
Eye	Twitching lids
Nose	Frequent coryza, burning discharge
Throat	Recurrent tonsillitis
Male/ Female	Masturbation tendency

Nucleus

Warm blooded
Fastidious, over-responsible
Sympathetic, oversensitive, romantic. Love nature and animals
Desire travel
< or > seaside
Desire butter, chocolate.

Indications

Constitutional remedy for children with a history of excessive parental control, or any patient with history where strong history of control through fear or strong sense of duty (Follic)
Chronic tonsillitis, sinusitis
Glandular fever epidemics
No response to indicated remedy in respiratory illness
Prolonged steroid use
Mental retardation

Arthritis
Asthma

Headaches
Mental Confusion
Constipation
Neuro-vegetative dystonias?
Ocular fatigue
Flatulence
Grimacing
Sexual impotence

Insomnia
Cough

Hepatic Insufficiency
Masturbation

Migraine
Mongolism
Styes
Palpitations
Facial palsy
Intestinal parasitosis
Sacral pain
Sciatica

Tics
Ulceration mucous membrane

Foubister: Carcinosin not very useful in treating cancer, it seems the further away you are from cancer, the more valuable it is as a constitutional remedy.

Foubister Indications

FH of or tendency to Cancer, diabetes, TB, Pernicious anaemia. A PMH of whooping cough or other severe acute infection at an early age.
< or > seaside
Desire/Aversion for salt, milk, eggs, fat, fruit
Genu-pectoral position in sleep
Associated remedies; covered by 2 or more, clearly indicated remedies don't work or have short action

Appearance: moles, blue sclerotics, cafe au lait complexion.

Related and Complementary Remedies

Tuberculins, Medorrhinum, Sepia, Syphillinum, Nat.mur, Calc-phos, Dys.Co., Lycopodium, Phosph, Psorinum, Ars.alb, Ars.iod, Pulsatilla, Sulphur, Nat-sulph, Opium, Alumina, Staphys, Nux.vom, Dioscorea, (Foubister)? Auto-isotherapy.

Consider Carcinosin if above well-indicated remedies fail, or if 2 above don't cover case completely.

REFERENCES

Dr J Hui Bon Hoa:
"Carcinosin- a clinical and pathogenetic study"
The British Homoeopathic Journal July 1963.

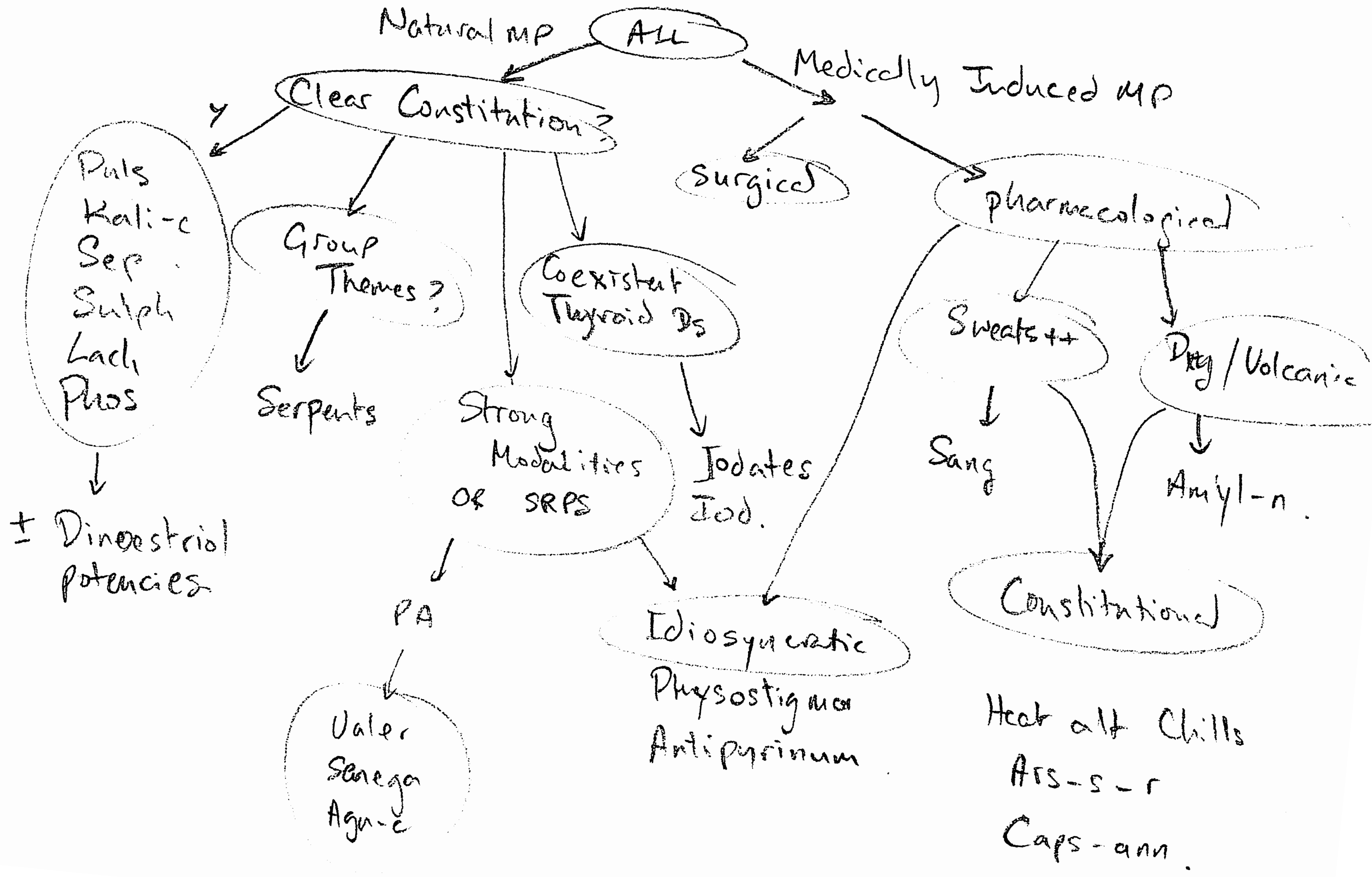
Dorothy J.Cooper:
"The Nosode Carcinosin"
BHJ October 1982.

Frans Vermeulen:
"Synoptic Materia Medica"
Merlijn Publish., Haarlem, Netherlands, 1992.

B.K. Sarkar:
"Up to Date with Nosodes"
Roy Publishing House, Calcutta, 1971.

Dr D.M. Foubister:
"The Carcinosin Drug Picture"
BHJ, July 1958.

Session 2: Oestrogen and Androgen Deprivation in Cancer Patients - Dr Russell Malcolm


Women : Oestrogen Deprivation
ALL
Natural MP
Medically Induced MP
Clear Constitution ?
Y
Puls
Kali-c
Sep
Sulph
Lach
Phos
± Dinoestriol potencies
Group Themes ?
Serpents
Strong Modalities or SRPS
PA
Valer
Senega
Agn-c
Coexistent Thyroid Ds
Iodates
Iod.
Surgical
pharmacological
Idiosyncratic
Physostigma
Antipyrinum
Sweats ++
Sang
Dry / Volcanic
Amyl-n.
Constitutional
Heat alt Chills
Ars-s-r
Caps-ann.

Men : Androgen Deprivation

Prostate Cancer

Post Rx
Low PSA's
No metastatic Spread

Heat without persp.

With persp

Constitution ?

Kali-c
Kali-i
Kali-s

Amyl-nit.

Sulphur

Capsicum annuum

Active Rx
Raised PSA's
± Metastatic Spread

Local

Thuj.

Bony

Con.

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doi:10.1016/S1475-4916(03)00035-3, available online at www.sciencedirect.com

ORIGINAL PAPER

The homeopathic approach to the treatment of symptoms of oestrogen withdrawal in breast cancer patients. A prospective observational study

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This paper reports on an investigation of the homeopathic approach to the management of symptoms of oestrogen withdrawal in women with breast cancer. Forty-five patients entered the study. The most common presenting symptoms were hot flushes (HF) ($n=38$), mood disturbance ($n=23$), joint pain ($n=12$), and fatigue ($n=16$). Other symptoms included sleeplessness, reduced libido, weight gain, cystitis, vaginal dryness and skin eruptions. The active intervention was an individualised homeopathic medicine. Forty women (89%) completed the study. Significant improvements in mean symptom scores were seen over the study period and for the primary end-point 'the effect on daily living' scores. Symptoms other than HF such as fatigue and mood disturbance appear to be helped. Significant improvements in anxiety, depression and quality of life were demonstrated over the study period. The homeopathic approach appears to be clinically useful in the management of oestrogen withdrawal symptoms in women with breast cancer whether on or off Tamoxifen and improves mood disturbance. A placebo-controlled trial would be the next stage in this line of inquiry.
Homeopathy (2003) **92,** 131–134.

Keywords: homeopathy; symptoms of oestrogen withdrawal; breast cancer

Introduction

Symptoms due to oestrogen withdrawal are common in both pre- and post-menopausal survivors of breast cancer. Symptoms include hot flushes (HF), vaginal dryness, mood disturbance and fatigue. In one study of 114 post-menopausal women treated for breast carcinoma, 65% reported HF, with 59% of those women rating the symptom as severe.[1] Menopausal symptoms, including HF were found to be associated with low quality of life.[2] Causes of oestrogen withdrawal include the menopause itself, cessation of hormone replacement therapy, chemotherapy-induced follicle cell death, ovarian ablation or the use of Tamoxifen, which has anti-oestrogen effects.

Conventional treatments for symptoms of oestrogen withdrawal include megestrol acetate which significantly reduces the frequency and severity of flushes. Adverse effects include weight gain and vaginal bleeding.[3] Clonidine has also been explored. In one study transdermal clonidine for alleviating tamoxifen-induced HF in women with a history of breast cancer was investigated. The clinical effect was moderate and side effects included dry mouth, constipation and drowsiness.[4] Dietary soy supplementation has also been shown to reduce the frequency of HF in climacteric women. Gastrointestinal upset was the commonest cause of withdrawal.[5] The antidepressant Venlafaxine

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Received 25 September 2002; revised 6 January 2003; accepted 24 March 2003

has been shown to substantially reduce HF.[6] Associated transient nausea, dry mouth and appetite loss were said to be well tolerated by most patients.

Hormone replacement therapy (HRT) in women who have been treated for, or who are undergoing adjuvant therapy for breast cancer is controversial and presently not recommended. This paper investigates the homeopathic approach to the management of these difficult symptoms.

There are two previously published studies to evaluate the use of homeopathy for menopausal symptoms in the non-cancer setting. Both found an improvement with homeopathy, but the number of patients was small and no statistically significant differences compared to placebo were detected.[7,8] In a recent study of 20 women with HF and breast cancer, 16 (82%) described an improvement in the severity of their symptoms after at least one follow up.[9]

In an observational study investigating the homeopathic approach to symptom control, women with breast cancer and menopausal symptoms were the most frequent attendees at the designated cancer clinic.[10] Symptom scores in general improved significantly over the study period ($P = <0.001$) and evaluable data on 26 women with HF showed significant improvements ($P = 0.046$). We now report a follow up to this study. We continued to recruit women referred with breast cancer and menopausal symptoms at the end of the prospective observational study, until data on 45 women could be analysed. This paper describes this sample of women and the improvements in menopausal symptoms over the study period.

Aims

To investigate the homeopathic approach to symptoms of oestrogen withdrawal in women with breast cancer and the impact on mood disturbance and quality of life. A secondary aim was to assess patient satisfaction with the homeopathic approach and perceived helpfulness.

Method

The study ran from June 1997 to June 2000. Forty-five consecutive patients referred to the out patient department of the Glasgow Homeopathic Hospital with breast cancer and symptoms of oestrogen withdrawal were invited to take part. Ethical approval was sought but deemed unnecessary by the local research ethics committee as the study observed normal clinic activity. None of the patients approached refused to enter the study.

The intervention under observation was the homeopathic approach, which comprises a consultation, lasting up to 60 min, and the prescription of an individualised homeopathic remedy. A maximum of three symptoms were targeted and rated by the patient as a problem, using a simple numerical self-rating scale, where 0 denotes no problem and 10 denotes a tremendous problem. The effect these symptoms have on daily life and overall sense of well-being were recorded using similar numerical scales (the well being score was reversed with 0 at the bottom of the scale with the words 'feeling lousy' and 10 at the top of the scale with 'feeling wonderful'). These scales were used at every consultation. Part of this questionnaire included the primary end-point for the study which was the 'effect on daily living score'. This question asked 'how great an effect are these symptoms having on your daily life?' with 0 at the bottom of the scale with the words 'no effect at all' and 10 at the top of the scale with the words 'a very big effect'. This tool was not validated but is very similar to the Measure Yourself Medical Outcome Profile which has since been validated and used in Complementary Therapy research.[11]

Secondary end-points included symptoms scores, the Hospital Anxiety and Depression Scale (HADs) and the European Organisation for Research and Treatment in Cancer-Quality of life Questionnaire-Core 30 (EORTC QLQ-30). Mood disturbance was assessed using HADS and quality of life using the EORTC-QOL, at the initial consultation and at 3–5 consultations later.

At the end of the study period patients completed a final assessment questionnaire asking about overall satisfaction with the homeopathic approach (0 = completely dissatisfied and 10 = completely satisfied) and how helpful they had found the approach for the targeted symptoms. They were asked what factors (chance, talking about the problem, the homeopathic remedy or other factors) they felt might have contributed to the changes perceived.

Data were collected on the choice of homeopathic medicine, dose and frequency of administration plus the therapeutic strategy used to select a remedy. Remedy reactions were recorded including symptom aggravations and the development during treatment of new or recurrence of old symptoms.

Results

Patients

Forty-five female patients entered the study. Age range was 34–71 with just over half of the population aged 50–59. Three women had metastatic disease at entry and one developed bone metastases during the study period. None of the 45 women were refusing conventional cancer treatments.

Sixteen patients (36%) had used CAM prior to their diagnosis of breast cancer a further 10 had used some form of CAM since diagnosis (total CAM use 44%). Types of CAM used to treat menopausal symptoms prior to the study included sage, ginseng, aloe vera, evening primrose, soya and red clover.

Twenty-two (49%) of the referrals came from the local oncology centre. Thirty-two (55%) women were taking Tamoxifen and 21 (48%) women had

Table 1 Mean outcome measures for the five items of the numerical self-rating scores, for the most common symptoms, for anxiety and depression as measures on HADs and for quality of life and quality of health as measured by the EORTC-c30 QOL score

Numeric self-rating scores	*Mean score at baseline (SD) (n)*	*Mean score at last visit (SD) (n)*	*Mean change (95% CI)*	P *value** *paired* t-*test*
Symptom one	7.8 (2.1) (*n*=45)	5.4 (2.8) (*n*=40)	2.5 (1.5–3.4)	<0.001
Symptom two	7.2 (2.0) (*n*=42)	4.1 (2.3) (*n*=37)	3.2 (2.3–4.0)	<0.001
Symptom three	6.8 (2.2) (*n*=30)	5.3 (2.8) (*n*=30)	1.5 (0.2–2.7)	0.022
Well being	5.5 (2.4) (*n*=45)	6.3 (2.2) (*n*=30)	−0.1 (−1.7 to 0.1)	0.092
Effect symptoms having on daily living	7.6 (1.9) (*n*=45)	4.6 (2.4) (*n*=40)	3.2 (3.9–2.4)	<0.001
Hot flushes	7.9 (2.2) (*n*=38)	5.4 (3.0) (*n*=34)	2.6 (1.6–3.7)	<0.001
Mood disturbance	7.5 (2.1) (*n*=23)	5.0 (2.3) (*n*=20)	2.4 (1.2–3.7)	0.001
Joint pains	6.6 (1.8) (*n*=12)	4.1 (3.2) (*n*=9)	1.1 (1.6–6.5)	1.82
Fatigue	7.4 (1.6) (*n*=16)	5.6 (2.0) (*n*=16)	1.8 (0.3–3.3)	0.020
Other symptoms	7.3 (1.6) (*n*=23)	4.1 (3.0) (*n*=20)	3.4 (2.0–4.9)	<0.001
Anxiety	9.1 (3.8) (*n*=45)	7.1 (4.7) (*n*=38)	2.1 (0.7–3.4)	0.004
Depression	5.8 (4.3) (*n*=45)	4.6 (4.3) (*n*=38)	1.0 (−0.1 to 2.1)	0.067
Quality of life	4.4 (1.5) (*n*=45)	4.9 (1.1) (*n*=38)	−0.4 (−0.9 to −0.03)	0.05
Quality of health	4.5 (1.4) (*n*=45)	4.8 (0.9) (*n*=38)	−0.3 (−0.7 to −0.002)	0.05

undergone adjuvant chemotherapy. Twenty (44%) women were on medication other than Tamoxifen, including antidepressants ($n = 11$) and clonidine ($n = 3$).

The most common symptoms were HF ($n = 38$), mood disturbance ($n = 23$), joint pains ($n = 12$), and fatigue ($n = 16$). Other symptoms included sleeplessness, lowered libido, weight gain, cystitis, vaginal dryness and skin eruptions. The symptom burden was heavy with nearly three-quarters of the women rating their symptom one as 7 or above on the 11-point numerical scale and 35 (77%) felt the symptoms were having a big affect on their daily living. Forty (89%) women completed the study (one woman did not complete the final assessment questionnaire). One patient died and four dropped out of the study before the third visit.

Table 1 outlines the results. There are significant improvements in symptom scores and the primary endpoint 'the effect on daily living scores'. Although improvements were seen for joint pain and stiffness with the numbers available for analysis, significant improvements were not demonstrable. Significant improvements were also seen for quality of life and quality of health as measured by the EORTC-QOL score.

Anxiety and depression

Levels of anxiety and depression were high. Twenty-seven (59%) women were found to be anxious using HADs, with 14 (30%) experiencing anxiety and 13 (29%) borderline anxiety. These scores improved significantly over the study period ($P = 0.013$). Seventeen (37%) women were depressed as measured by HADs with nine (20%) diagnosed with depression and eight (19%) with borderline depression. Significant improvements ($P = 0.039$) were seen over the study period for these scores.

Satisfaction with the treatment was high: 90% of women rated their satisfaction as 7 or above. Thirty (67%) women regarded the homeopathic approach as helpful, very helpful, or extremely helpful for their symptoms; a further seven (15%) found the approach a bit helpful. The factors that the women felt had contributed to their improvements were: nine (21%) women valued talking about the problem above the remedy, 16 (36%) valued talking about the problem and the remedy equally and 19 (43%) valued the remedy above talking. Forty-one (90%) women felt the improvements had little to do with chance. Other factors suggested as possibly contributing to improvement included exercise, weight loss and positive thinking.

Adverse effects

In seven (16%) women a new symptom could be identified following the remedy, old symptoms returned in 10 (22%) women. One woman experienced a difficult aggravation of symptoms, which settled on stopping the remedy.

Therapeutic strategies

Remedies were most commonly selected using the therapeutic strategy of the 'totality of symptoms'. No specific remedy for these symptoms emerged and a total of 25 remedies were used for the first prescription. However *Pulsatilla, Sepia* and *Sulphur* were each used on more than three occasions for the first prescription. The majority of prescriptions were given in the centessimal potency with 30% of prescriptions given as an LM potency.

Discussion

The numerical self-rating scales were useful in identifying problem symptoms and reflected a patient-led agenda. These were quick to complete within a consultation.

Despite nearly half of the study population being on Tamoxifen, a medicine known to exacerbate symptoms of oestrogen withdrawal, significant improvements were seen for a range of symptoms of oestrogen withdrawal, most commonly HF. Along with the significant improvements in menopausal symptoms, there was also a reduction in anxiety and depression and an improvement in quality of life.

Levels of anxiety and depression were higher in this cohort than in other studies of women with early breast cancer, where the mean incidence of anxiety or depressive illness, or both, was 33% compared to around 60% in this group.[12] Burstein and colleagues in one study suggested the new use of alternative medicine is a marker for psychosocial distress and worse quality of life.[13] However, other studies have disputed this, suggesting that CAM use is not related to emotional distress but to more active coping behaviour.[14] In our study rates of psychiatric morbidity were higher, and for 18% of patients, use of CAM was precipitated by their diagnosis. In a previous study at the Royal London Homeopathic Hospital which investigated 50 patients with a range of cancers, 39% had breast cancer.[15] Data on the 29 patients completing the study showed that levels of anxiety and depression were similarly high, with 60% having definite or borderline scores for anxiety and depression. There were significant improvements for HADs over the study periods along with improvements in psychological distress as measured by the Rotterdam Symptom Checklist. It is possible that increased levels of anxiety and depression could coexist with more active coping behaviour in a struggle to deal with distress. We hope to carry out a study assessing levels of anxiety and depression and coping activities in a group of cancer patients using CAM. The improvements in psychiatric morbidity seen in this study and previous studies suggest that the homeopathic approach may be a useful intervention for psychological distress but also highlight the need to involve other services such as clinical psychology or psychiatry if improvements do not occur.

An open trial such as this suffers from limitations. However, it is unlikely that the symptoms would have resolved spontaneously. One survey to discover the prevalence of menopausal symptoms in 108 patients treated for breast cancer showed that, during the first year after treatment 70% of women suffered symptoms and 63% still had symptoms 12–36 months later.[16] Adjuvant hormonal treatment was the largest contributing factor, 55% of the women in this study were on Tamoxifen.

This study suggests that the homeopathic approach can be successfully integrated into the National Health Service to offer useful symptom control for women with breast cancer and symptoms of oestrogen withdrawal particularly when HRT is contraindicated. The patients in this study had high levels of anxiety and depression and the significant improvements in HADs suggest the homeopathic approach can assist in adjustment to the diagnosis of cancer.

We have subsequently completed a randomised double-blind placebo-controlled trial of the homeopathic approach to symptoms of oestrogen withdrawal in breast cancer patients.

Acknowledgements

We thank all the women who took part in the study. We also thank Jim Paul, Senior Statistician, Beatson Oncology Centre, Glasgow and Alan Montgomery, Lecturer in Primary Care Research, Division Primary Healthcare University of Bristol.

References

1 Carpenter JS, Andrykowski MA, Cordova M, *et al.* Hot flashes in postmenopausal women treated for breast carcinoma: prevalence, severity, correlates, management, and relation to quality of life. *Cancer* 1998; **82**: 1682–1691.

2 Daly E, Gray A, Barlow D, McPherson K, Roche M, Vessey M. Measuring the impact of menopausal symptoms on quality of life. *BMJ* 1993; **307**: 836–840.

3 Loprinzi CL, Michalak JC, Quella SK, *et al.* Megestrol acetate for the prevention of hot flashes. *N Engl J Med* 1994; **331**: 347–352.

4 Goldberg RM, Loprinzi CL, O'Fallon JR, *et al.* Transdermal clonidine for ameliorating tamoxifen-induced hot flashes. *J Clin Oncol* 1994; **12**: 155–158.

5 Albertazzi P, Pansini F, Bonaccorsi G, Zanotti L, Forini E, De Aloysio D. The effect of dietary soy supplementation on hot flushes. *Obstet Gynecol* 1998; **91**: 6–11.

6 Loprinzi CL, Kugler JW, Sloan JA, *et al.* Venlafaxine in management of hot flashes in survivors of breast cancer: a randomised controlled trial. *Lancet* 2000; **356**: 2059–2063.

7 Bekkering GM van den Bosch. Bedriegt Schone Schijn? Een Onderzoek Om De Gerapporteerde Werking Van Een Homeopathisch Middel Te Objectiveren. Huisarts en Wetenschap 1993; **36**: 414–415.

8 Gautier J. Essai Therapeutique Comparitif De L'action De La Clonidine et Du Lachesis Mutans Dans Le Traitement des Bouffes et De Lia Chaleur De La Menopause. Thesis, Universite de Bordeaux, 1983.

9 Clover A. Homeopathic treatment of hot flushes: a pilot study. *Homp* 2002; **91**: 75–79.

10 Thompson EA, Reillly D. The homeopathic approach to symptom control in the cancer patient: a prospective observational study. *Palliat Med* 2002; **16**: 227–233.

11 Paterson C. Measuring outcomes in primary care: a patient generated measure, MYMOP, compared with the SF-36 health survey. *BMJ* 1996; **312**: 1016–1020.

12 Fallowfield LJ, Baum M, Maguire GP. Effects of breast conservation on psychological morbidity associated with diagnosis and treatment of early breast cancer. *Br Med J (Clin Res Ed)* 1986; **293**: 1331–1334.

13 Burstein HJ, Gelber S, Guadagnoli E, Weeks JC. Use of alternative medicine by women with early-stage breast cancer. *N Engl J Med* 1999; **340**: 1733–1739.

14 Sollner W, Maislinger S, DeVries A, Steixner E, Rumpold G, Lukas P. Use of complementary and alternative medicine by cancer patients is not associated with perceived distress or poor compliance with standard treatment but with active coping behaviour: a survey. *Cancer* 2000; **89**: 873–880.

15 Clover A, Last P, Fisher P, Wright S, Boyle H. Complementary cancer therapy: a pilot study of patients, therapies and quality of life. *Complement Ther Med* 1995; **3**: 129–133.

16 Canney P, Hatton MQ. The prevalence of menopausal symptoms in patients treated for breast cancer *Clin Oncol (R Coll Radiol)* 1994; **6**: 297–299.

Session 3: Menopause - Dr Ekaterina Mishanina

Session 4: Preparing for the Membership Exam and Outline of the Final Semester

Dr David Williams, Dr Russell Malcolm

1. Brief Review of the Post-Foundation Course - Dr Russell Malcolm
2. The Membership Exam - Dr David Williams
3. Discussion
4. The Final Semester - Outline Plans and Options - Dr Russell Malcolm
5. Final Discussion

Review of Post-Foundation Studies

Intermediate 1:

Practical Prescribing: GI Therapeutics
ENT Therapeutics

Principles / Practice Advanced Case Taking
Prescribing Methodology

Analysis Skills Set Repertorisation

Week 12 - Introduction to Remedy Families + Pharmacy Notes + Research Notes

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Intermediate 2:

Practical Prescribing: Respiratory Therapeutics
Cardiovascular Therapeutics
Urinary Therapeutics

Principles / Practice: Focus on Mineral Remedies

Analysis Skills Set: Group Analysis

Week 12 - Obstacles to Cure + The Bowel Nosodes

Premembership 1:

Practical Prescribing: Gynae Therapeutics
Therapeutics of Fertility,
Pregnancy and Motherhood

Principles / Practice: Focus on Plant Remedies
Animal Groups: Serpents & Sea Remedies

Analysis Skills Set: The Organon
Critical Thinking

Week 12 - Women's Health / Men's Health

Premembership 2: Now open for discussion!

Premembership 2: *The Final Semester*

Aims:

Prepare for Integration of Homeopathy:
- Options for Service Provision
- Options for Practice
- Options for Engagement
- Options for Activism
- Options for Academia / Research

Readiness for the Membership Examination:
- Qualification
- Recognition
- Community & Networking
- Professional Identity

- Options for Specialist Registration
- Options to Practice & Teach

Content outstanding:

Practical Prescribing:
- Neuro Therapeutics
- Endocrine Therapeutics
- Therapeutics of Cancer care

Principles / Practice:
- Animal Groups: Spiders & Insects

Analysis Skills Set:
- Strategic and Sequential Prescribing (Chronic and Multi-morbid Cases)
- Holistic Synthesis in Multi-factorial Conditions
- Advanced Repertory Method

Course Based Assessment:

- Student learning portfolio
- Student written-up cases
- One Marked Essay (see P&P topics from Semester 1)

Pre-membership 2: *Final Semester*

Mentoring / Learning Support:

Collaborative Learning (Weeks 1 - 5)
Week 6 Teaching Days (? Face to Face)
1:1 sessions (Week 3 & Week 9)
Student Case Presentations / Discussions (Weeks 9 - 11)
Assessment & Feedback (Week 12)

Options:

Week 6/7 (to discuss)

Manufacturing Pharmacy Visit?
Clinical Observership (CIC? / RLHIM?)
Botanical Field-Trip?
Organise and take-part in a proving?

Learner Responsibilities:

Review the Faculty's Guidelines for Candidates
Communicate with the Academic Officer at the Faculty
Register for the Membership Exam by the deadlines set by the Faculty
Identify and communicate your particular learning requirements - early
Regularly (?routinely) use / prescribe homeopathy
Participate actively in collaborative learning activities
Submit written work and cases by the course deadlines

Recommendations:

Share your learning tips and discoveries with your fellow learners.
Consider organising your own catch-up sessions / discussions.
Catch up with course reading over the summer break.
Use the reflection in the Q&A documentation to guide your studies.
Record your answers in the P&P Q&A worksheets and save in portfolio.
Refer to the additional recommended reading list and choose some readers for yourselves.
Make enquiries of suitably qualified practitioners concerning sitting in or observing clinics / supervising case-taking.

Dr David Williams - Biographical Note

Professional Biography 2022

After leaving the army :

David qualified as a dental surgeon and then went on to study medicine.

1966 BDS Dental Surgery

1970 MBBS St Bartholomew's

1971 DObst

1972 -1999 GP practice in Chiddingfold, Surrey.

From 1974 to 1984 clinical assistant Oncology, Guildford

1982 Dip Ac Nanjing China

2000 to present: Eclectic complimentary medical practice.

2006 to present: Appraiser Independent Doctors Federation

Other medical interests: Hypnosis; Micro-immunotherapy

Homeopathy

1979 First used homoeopathy in NHS practice in 1979.

1985 MFHom.

1998 FFHom

Faculty examiner MFHom every year 1986 - 2018