

# A homeopathic approach to cancer in animals

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Sue obtained VetMFHom status in 1996 and RSHom status in 2007. She is a partner at the HPTG. Sue is the current president of the British Association of Homeopathic Veterinary Surgeons and president of The Canadian College of Animal Homeopathy. She lectures extensively internationally. In 2008 Sue set up the Balanced Being Foundation dedicated in part to clinical research into homeopathy and integrated medicine.

As a homeopath in the UK it is very rare to have the opportunity to treat human cancer patients with homeopathy in the broadest sense, including attention to nutrition and lifestyle without the addition of chemotherapy, radiotherapy and heavy conventional drug intervention. Homeopathy can still be used in these cases to support patients through the process and improve their health status, and can produce extraordinary results despite the suppression and debilitating therapies.

In animals, however, many owners decline the use of radiotherapy and chemotherapy or it is deemed inappropriate for the tumours involved. There is often little to offer such patients other than pain and infection management. I have been treating such animals in the clinic for the past six years with increasingly encouraging results as we improve our treatment protocols in the light of experience gained. We are currently seeking funding for our first research project: *A Homeopathic Approach to Lymphoma in the Dog* and hope to start the trial work this year which will provide both quantitative and qualitative data on 50 lymphoma dogs.

The number of animals diagnosed with cancer has increased considerably over the last decade with one in four dogs expected to develop some form of cancer. Conventional thinking attributes a large part of this occurrence to modern advanced care for animals in areas such as diagnostics and nutrition which contribute to a longer life, and hence a higher chance of developing cancer. Inbreeding, vaccination, suppressive drug regimes and nutrition are amongst some of the other possible factors recognised from the homeopathic viewpoint that could also greatly contribute to the increase in numbers seen.

## Species differences

I treat dogs, cats and horses predominantly in the practice and the profile of cancer expression varies considerably in the different species. The following are the main types of cancer treated within the practice as taken from case audit:

## Cats:

- Thyroid adenoma
- Lymphosarcoma
- Squamous cell carcinoma.

## Dogs:

- Mast cell tumour
- Haemangiosarcoma
- Osteosarcoma
- Lymphoma
- Mammary adenoma/carcinoma.

## Horses:

- Sarcoid
- Melanoma.

This profile has changed over the years and often reflects changes in potential causation. For example, it was common ten years ago for bitches to remain unspayed but have injections to suppress their seasons. Mammary tumours were by far the most common tumours seen in dogs at that time but are now a far less common occurrence. Other tumours such as haemangiosarcoma and other soft tissue sarcomas are showing strong breed predilection, for example in flat coat retrievers, and these have a very strong hereditary miasmatic component.

## Miasms and cancer

The current understanding and perception of miasms can be as individual to each homeopath as is the simillimum in a case, with some not accepting that they exist, some relating them to the suppression of known pathogenic diseases, some accepting Hahnemann's original three miasms, others Sankaran's 12 and so on. Within the cancer cases that I treat I see the expression of mixed Hahnemannian miasms in most cases, with each of the original three (psora, sycosis and syphilis) expressed with different emphasis in each case and, as noted by Owen in his book *Principles and Practice of Homeopathy*, many cases are exacerbated and compounded by suppression (2007). Many of our animals are now subjected to at least annual multiple vaccination which is now often generations on. Many of the other resultant disease expressions that we are seeing on the increase in the pet animal population, such as atopy (inherited allergy syndrome), epilepsy, and colitis, are often controlled by highly suppressive drug regimes, all of which place our animals firmly within the current understanding of the so-called cancer miasm.

Add to this the element of control and suppression of emotional and innate individual and species specific behavioural characteristics (for example the flight response of the horse as a prey animal), often created by the very nature of being 'owned' by a human and being made to fit into the human's lifestyle. Despite years of domestication, this can still leave animals in very suppressed states, and it should be no surprise that cancer

is so prevalent in our domesticated animal population, even just considering these few potential causations.

### Approach to therapy

I do not use a single blanket approach to the treatment of all cases of cancer. However, I have found that very few cases respond to a single remedy approach, mostly because many of the highly malignant forms present as complex disease with a two-sided expression. The majority of successful cases in my practice are treated using a dual (miasmatic nosode and cancer specific remedy) or less frequently a three remedy (miasmatic nosode, cancer specific remedy and patient totality remedy excluding the cancer) alternating approach.

There is a precedent for the use of alternating remedies in chronic disease in Hahnemann's writings and work, as has been researched and recorded in a number of books on Hahnemann such as Rima Handley's book *In Search of the Later Hahnemann* (1997). This remedy alternation method has also been used and adapted by the contemporary homeopath Dr AU Ramakrishnan where he uses a specific plussing method (2001). I have used the latter method in a large number of cases and have found issues with compliance with owners, in regard to the intensity of the treatment (the method requires repeat plussing and dosing of the animal every fifteen minutes for a period of two and a half hours every day). Ironically compliance is often the biggest issue in the most successful cases as it is suggested that treatment should continue once the cancer is healed for at least six months, albeit with a less intense regime.

What I think is important, in whatever method I am using for the individual patient, is to always success repeated remedies according to the vitality of either the tumour or the patient, so that the same potency is never impacting on the vital force.

It is also important to address any issues surrounding the diet of any animal with cancer. Commercial dog and cat foods in the UK are high in carbohydrate, often coming from rice or grains, neither of which are natural foods for the species, certainly in the amounts now fed in most diets. There is also evidence to suggest that cancer cells

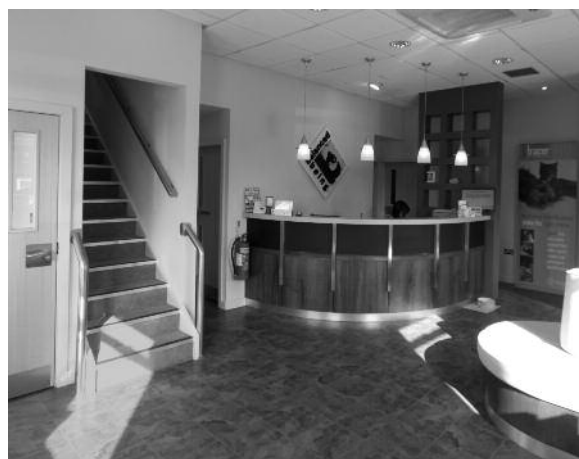
have a different metabolism and energy requirement to host cells. Higher carbohydrate diets can give an advantage to the cancer over the host, whereas a diet high in fat and protein provides a good supply of energy to the patient without giving any advantage to the cancer cells. Rations high in fat have been shown to normalise carbohydrate metabolism and modestly prolong survival times in dogs with lymphoma (Withow, 2007).

Whilst it is not always appropriate at a time of severe functional stress in the animal patient to completely alter the diet type (such as dry, cooked or raw), I do consider it important to alter the diet in favour of fat and protein, and restrict carbohydrate intake. I have also looked at the use of many different supplements in the diet over the years of treating cancer in the dog including various mushroom preparations, L-Arginine, Omega-3 oil and many others. However, in analysing my results, I have come to the conclusion that a good diet (ideally from raw ingredient sources) and aptly selected homeopathic remedies alongside some lifestyle modifications, are the ideal combination, just as Hahnemann wrote in the *Organon* all those years ago. The exception to this is the use of shark cartilage in osteosarcoma cases which I have

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found to be beneficial in addition of course to appropriate homeopathy, although this does present ethical issues in its own right.

Hahnemann also writes in Aphorism 204 of the *Organon* that it is unacceptable to remove the visible tumour, the external expression of the disease. However, in certain circumstances where the tumour is in itself immediately life threatening, such as an osteosarcoma



The Balanced Being waiting room

causing pain and loss of mobility in a limb, haemangiosarcoma threatening spleen haemorrhage and tumour dissemination, then I have no doubt that it is right to surgically intervene, or to use conventional pain relief or antibiotics where necessary (Hahnemann, 1842).

The most important factor, if any such measures are taken, is to take this into account when further assessing the case for the next homeopathic prescription. It is also well known in all circles that surgical intervention with some malignancies will run the risk of aggravating the tumour and may speed up the spread and enhance the aggressiveness of the cancer; for example certain types of equine sarcoid such as Type III fibroblastic sarcoid. If this happens it creates an added challenge for the homeopath and is extremely difficult to manage. To get some of these cases back in control requires the rapid changing of remedies, in accord with the cancer expression. It may also require organ drainage remedies if deep organs such as the liver are then targeted.

### Example from practice

'S' is an ongoing case who typifies the type of journey I have been privileged to join in my encounters with cancer in animals. 'S' presented to me in 2005 as a nine-year-old spayed female golden retriever with a 5cm long, 2cm wide firm rectal carcinoma (cobble stone type). Her father and a number of her known siblings had died of cancer between the ages of six and nine. She had previously had two occurrences of malignant osteosarcoma resulting in chemotherapy and eventually had her left forelimb amputated in 2003 with the owner's previous

➤ veterinary surgeon. At the time of presentation she had flattening of the stools with only mild straining. From the outset this case carried a poor prognosis with both a strong hereditary (miasmatic) trend and previous malignancy. The extent and position of the tumour in the dorsal wall of the rectum made surgical removal impossible without going in through the pelvis which was a major concern, particularly with this dog's mobility having already being compromised by the previous limb amputation.

'S' is an extremely happy and self-contained dog who takes her problems completely in her stride and gets on with life. She lives in a show home with other dogs and was described as 'quiet but good'. She would spend time sitting outside watching the world go by. She was slightly prone to episodes of mucoid soft stool and had periods of stiffness and tenderness in the neck and lumbar spine, mostly as a consequence of the amputation and her subsequent altered gait,

## Where the tumour energy is high, I have found it very important NOT to match the tumour remedy with the patient

and excess strain on the rest of her frame.

In 2005 I prescribed *Carcinosin* 30 fortnightly and *Ruta* 6 daily. *Carcinosin* not only fitted as a miasmatic prescription, but also

fitted her personality and the situation she was living in. *Ruta* was extremely well suited both in terms of tumour affinity in the rectum but also to support the strain on the dog's skeletal system. Over the past four years that has been refined and changed according to the symptom picture to its current position of *Carcinosin* 30 monthly succeeded and *Ruta* 200 succeeded three times before each daily dose. She has just had her 13th birthday and the tumour is virtually undetectable on manual palpation and has no external symptom manifestation. On several occasions when I reduced the *Ruta* there was an increase in tumour activity. This is a palliated case and in no way a curative response. However, her outcome is excellent, and she is continuing to enjoy a very good quality of life as a 13-year-old three-legged dog.

Other cases are far less simply managed and often the tumours themselves can alter their dynamic, exhibiting what are in essence acute symptom expressions that require

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Sue with 'S'

rapid changes in remedy to control them. For example, it is not uncommon for mixed mammary tumours to undergo periods of inflammation and potential growth and spread. In these cases it is vital to see the patient frequently and be prepared to change the remedy to regain control of the tumour. Relevant remedies might be:

#### *Asterias rubens*

- Mammary tumours which ulcerate
- Retraction of the nipple
- Swelling of the mammary tissue
- Neuralgia and sharp pains.

#### *Carbo vegetabilis*

- Indurations in the draining lymph glands
- Mammary tissue hard and swollen.

#### *Cundurango*

- Swellings around the nipple with suppuration
- Ulceration of the tumour.

#### *Phytolacca*

- Mammary tumours that have

- become hard and painful
- May have a purple discolouration
- A watery bloody discharge may be present.

These are suitable remedy examples – of course there are many more – and the information given only reflects the local tumour pathology and not the patient totality. An important point here is that in very devitalised patients where the tumour energy is high, I have found it very important NOT to match the tumour remedy with the patient. The match needs to be with the tumour expression and, provided that the remedy picture is not too close to that of the patient, it can be used in a relatively high potency without overwhelming the vital force of the patient. If it is too great a totality prescription it can do exactly that in very low vitality patients.

Another pitfall in the management of severe cancer pathology, such as advanced multicentric lymphoma, is management of the animal if tumours start to break down, as the body can be

overwhelmed with cell breakdown products. The emphasis of the therapy needs to be rapidly shifted from that of cancer treatment to organ support, particularly of the liver, and fluid therapy may be indicated at this stage to bring the animal through the crisis.

#### Conclusion

The treatment of cancer in animals is not for the inexperienced homeopath or the faint hearted, but can produce extraordinary results. I should also point out that the homeopathic treatment of animals in the UK is only permitted by veterinary surgeons who are qualified and registered with the RCVS (Veterinary Surgeons Act 1966). The management of cancer cases, more than any other disease expression, is where I am eternally thankful that I set up my practice in the way that I did. This is because occasionally surgical intervention is needed, as are drugs, plus the ability to carry out good diagnostics.

More than anything, we can provide a non-threatening place to come away from the home to discuss issues surrounding their animal's illness. One of the most important things that good homeopathic case management provides is good quality of life throughout the process and, where we are unable to cure, we can aim at achieving a good quality of death with the animal and the guardians centred and connected within the process.

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