



# HOMOE-O-VISION

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# NAGPUR 2016



# SOUVENIR



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NAGPUR

## Evidence based cured case of gall bladder cancer

Prof. (Dr.) L. K. Nanda.

Former Principal-cum Superintendent,

Dr. Abhin Chandra Homoeopathic Medical College & Hospital, Bhubaneswar.

Dr. (Mrs.) L. R. Chand. M.D. (Hom)

Lect. Mayurbhanj Homoeopathic medical college and Hospital, Baripada.

Dr. D. K. Das.

Reader. Mayurbhanj Homoeopathic medical college and Hospital, Baripada.

### Abstract

Gallbladder cancer, though generally considered rare, is the most common malignancy of the biliary tract, accounting for 80%–95% of biliary tract cancers. An early diagnosis is essential as this malignancy progresses silently with a late diagnosis, often proving fatal. This comprehensive review focuses on and explores the risks, management, and outcomes for primary gallbladder carcinoma. Epidemiological studies have identified striking geographic and ethnic disparities – inordinately high occurrence in American Indians, elevated in Southeast Asia, yet quite low elsewhere in the Americas and the world. Age, female sex, congenital biliary tract anomalies, and a genetic predisposition represent important risk factors that are immutable.

A Gall bladder cancer was treated which was occurred due to complication of long standing gall bladder stone; being untreated. The case was diagnosed by ultrasound, C.T. scan and confirmed by F.N.A.C. While drawing the portrait of the patient, the peculiar symptoms are cheerfulness in spite of suffering, dominating in the family even though illiterate, very active in both mental and physical sphere, irritable to slightest contradiction, fears crowd and ailments after mental shock, Lachesis, was prescribed. As only pain subsided but no further improvement and later revealed that she was very much afraid of crowd, lack of confidence, Lycopodium, complementary to Lachesis was prescribed with a little further improvement. Taking in to consideration ailments after shock & many polycrest medicines like Lyco, Lach., Chelidonium are indicated partially, Morgan geartner was prescribed.

Morgan geartner regressed the mass, which is confirmed by U. S. G. & F. N. A. C.. After the mass was regressed, the gall stone left behind responded to Morgan pure.

When many polycrest drugs indicated and could not recover the patient, Bowel nosode causes recovery even in cancer cases.

Keywords: Classical homoeopathy, early diagnosed case of gall bladder cancer, complete regression of the tumor

### Introduction

With better control of infection and increased life expectancy, cancer has emerged as a major health problem more so in elderly. The number of cancer recorded annually is increasing extremely fast & the world health organization predicts more than 10 million new cases of cancer in the year 2011. Currently in India almost one million new cancer cases are diagnosed yearly. It is estimated that this number is likely to increase significantly in next two decades. In fact presently cancer is the second common cause of death after cardiovascular disease.

The number of people using complementary and alternative medicine is also increasing day by day. Earnest and Cassileth's recent systemic review reported that 7 – 64% of patients with cancer are using alternative and complementary medicine with an average prevalence across all adult studies is 31.4%. The reason for increasing trend of popularity of alternative medicine is manifold. Patient feels that it is only homoeopathy which can revive immune system which is responsible to cause and cure cancer. In the conventional setting there has been an emphasis on cancer cell killing, with immune system relatively neglected. The chemotherapy agents are broadly non specific affecting healthy as well as malignant cells which may brings on immunosuppression. But there are exciting claims made by homeopaths in the treatment of cancer. A number of studies published in many journals revealed that most of the research studies are conducted for alleviating the complication of chemotherapy radiotherapy, oestrogen withdrawal in breast cancer survivors etc. The studies in this respect are interesting. Oberbaum et al tested the effect of complex homoeopathic preparation for the management of chemotherapy induced stomatitis in children undergoing bone marrow transplantation. Balzarini et al assessed the effect of Bell-7c and X-ray-7c in treatment of acute radio dermatitis due to radiotherapy for breast cancer. A randomised double blind placebo control-pilot study conducted by Thompson to investigate the effect of homoeopathy for symptoms of oestrogen withdrawal in breast cancer survivor. Schlappeack carried a study on radiation induced itching & its treatment by homoeopathy.

Though these studies found to have some effect in the process of treatment of cancer, but all these studies aimed at treatment of complication raised due to treatment of cancer by radiotherapy or chemotherapy.

A number of articles are also published in different journal on homoeopathic approach to treatment of cancer cases in first hand. Yuthlin et al carried a study on cancer patients collecting data on patient treated by Allopathic medicine and other group treated by homoeopathic medicine which are given as either complementary medicine or homoeopathy alone. The entire study aimed at comparing the quality of life (QOL) and survival status at the end of 3, 6, 9 and 12 months. But this cohort study shows no encouraging result in support of homoeopathy.

However many hypothesis, research studies etc. are published in different journals & their different approach to cancer cases. Mantofort's articles in this regard is fascinating, who claimed that potentised carcinogens when prescribed for that definite cancer brings very encouraging result. Monfort's experience of observing remedy response in a small number of patients, should stimulate further research to clarify what is possible. Some others claim that classical homoeopathy cures early case of cancer and also modify the course of disease & in case of advanced cases homoeopathy improves quality of life and longevity of the patient. A number of cases were treated in the author's clinic with variable results. But two clinical cases on cancer are worth of presenting. One case suffering from Gall bladder cancer and other cancer in situ in cervix. Both the cases are cured and still alive which are also documented by their investigation report.

**Material method**

*Case study*

A case named Mrs. K. B. Das aged 68 years came to author's clinic on 26.7.2003. She was suffering from agonising pain in right hypochondrium and the pain referred to back. The pain & discomfort <morning, afternoon, slight touch & after constipation > when the stool is clear accompanied with hot feeling of abdomen, flatulency, blood in stool, tight feeling in abdomen.

O/E :

Anaemic, Gall bladder-palpable & mass felt

*Physical general;*

Desire – pickle, sour, fatty food, sweet

Intolerance – fruit

Sweat – more, all over the body.

F/H – Mother died of cancer, Father – rheumatoid arthritis

*Mental symptoms –*

Maintains a cheerful disposition. Industrious to maintain her house perfectly, dominating. Prompt in answering questions in right manner though not so much literate.

H/o – Present complain – The patient was suffering from pain in abdomen 5 years back and on U/S abdomen gall bladder stone was diagnosed. She was under conventional treatment which palliates her pain and indigestion. On 25.6.2003 there was acute pain with vomiting which was difficult to control.

On 25.6.2003 – on U/S abdomen it is revealed that G/B stone with gall bladder mass. (U/s report for reference)

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NAME OF THE PATIENT: Mrs. K. B. Das (68 years old)  
 REGD. BY: Dr. N. N. Sharma, M.D.

**LEVEL OF SCOUT AND/OR POSITION**

**LIVER:** Normal in size, shape and paracystic morphology. No focal lesions. The hepatic hilum, caudate, fovea, and gallbladder are well demonstrated. Portal and hepatic venous system is normal.

**GALL BLADDER:** Well distended with multiple tiny calculi in the lumen. Wall is grossly thickened. In the early and middle stages, the wall of the gall bladder is thickened and the gallbladder is contracted. In the late stages, the gallbladder is contracted and the wall is thickened.

**C.B.D.s:** Dilated. Common bile duct is dilated.

**SPLEEN:** Normal in size, shape and echotexture. No focal lesions. Splenic hilum is normal.

**PANCREAS:** Normal in size, shape and paracystic morphology. No focal lesions.

**KIDNEYS:** Both the kidneys are normal in size, shape, position and echotexture. No focal lesions. The renal pelvis and calyces are well demonstrated. No hydronephrosis or other abnormalities.

**UTERUS:** Normal in size, shape and echotexture. No focal lesions.

**OVARIES:** Normal in size, shape and echotexture. No focal lesions.

**OTITIS:** No focal lesions.

**CONCLUSION:**

**CHOLELITHIASIS WITH 7 GALL BLADDER MASS.**

Dr. N. N. Sharma, M.D.  
 Chief Radiologist

On 09.07.2003 – CT scan report confirmed the diagnosis of enhancing gall bladder mass lesion extending to hepatic parenchyma probable infiltration to stomach and antral walls.

Commented neoplastic with enlarged aorta-level node. She was advised with FNAC of glass bladder mass

NAME OF THE PATIENT: Mrs. Kiranbala Das, Date: July 9, 2003  
 Age: 65 Yrs. Sex: F  
**PLAIN & CONTRAST  
 ENHANCED C.T. SCAN OF UPPER ABDOMEN**

**VISUAL RADIOGRAPHY:** Hepatic and splenic outlines within normal limits. Normal bowel gas component. No abnormal high-attenuated areas. Pre-peritoneal fat lines normal.

**LIVER: 6.00:** Mild hepatomegaly. There is presence of an inhomogeneously enhancing mass lesion (3.5 X 4.2 X 4.5 cm) in fundic region of GB. The lesion has intra and extraluminal component. Rest of GB lumen is filled with bile. No calculi seen. Adjacent hepatic parenchyma is infiltrated by the lesion. The hepatic lesion measures about 2.0 X 3.2 X 1.1 cm in size. Rest of hepatic parenchyma appears normal. Biliary channels not dilated. Vasculature appears normal. Common duct normal in calibre. Lumen clear.

**PANCREAS:** Normal in size. No focal lesion in parenchyma. Pancreatic duct not dilated.

**SPLEEN:** Normal in size. Parenchyma normal.

**BLADDER:** Normal in size, shape and outline. Pelvic/lymphatic system within normal limits. Ureters not dilated. Urinary bladder symmetrical and normal in outline.

**STOMACH & DUODENUM:** Stomach antral walls (thickened).

**METASPLENIC NODES:** Presence of enlarged aorto-caval nodes.

**OTHERS:** No intraperitoneal fluid collection.

**IMPRESSION**

THE ABOVE FINDINGS ARE SUGGESTIVE OF PRESENCE OF ENHANCING GB MASS LESION (3.5 X 4.2 X 4.5 CM) WITH INTRA & EXTRA LUMINAL COMPONENTS. THE LESION EXTENDS INTO ADJACENT HEPATIC PARENCHYMA, PROBABLE INFILTRATION INTO STOMACH ANTRAL WALLS SEEN.

NEOPLASTIC.

ENLARGED AORTO - CAVAL NODE. NO ASCITIS.

(DR. SOMJI KUMAR SARU, M.D.)  
 CHIEF CONSULTANT

*09.07.2003*

21.7.2003 –

FNAC of gall bladder mass.

Metastatic adeno carcinoma.

Oncologist report – On 03.07.2003, 11.07.2003 and 21.7.2003 confirming metastatic adenocarcinoma.

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**PATHOLOGY**

Card No. 1478.  
 Received on - July 21, 2003  
 Reported on - July 21, 2003

NAME OF THE PATIENT: Mrs. Kiran Bela Das  
 Age: 65 Yrs. Sex: F  
 Card Number: 1478  
 REF'D. BY: Dr. Saurajit Patraik, M.B. FRCGS.  
 Clinical Diagnosis: GB MASS.  
 Specimen: FNAC OF GB MASS.  
 Examination Required: cytology.

**(REPORT)**

Metastatic Adenocarcinoma.

(DR. S.K. DARPANDA, M.D.)  
 PATHOLOGIST

P.S: Appended 01 (One) Leishman's stained slide.

On 21.7.2003 Oncologist prescribed chemotherapy which < the patient condition. On further consultation to oncologist they withdrew chemotherapy and prescribed pain killer and vitamins.  
Patient came for homoeopathic treatment to me in this condition.

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Kalyani Market Complex, 2<sup>nd</sup> Block (1st floor), Unit 6  
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Phone: (0674) 403360 / 403366

Kiran Bala Das



2/7/03

Palpable GB mass  
with GB calculi

Adv

CE CT Scan of Abdomen.  
+ CT guided FNAC.

R  
o 1. Valproex - 20mg  
1 tab / daily.

11/7/03

Mass -  
FNAC - ? Neoplasmic.  
CT - ?

Plan - Antibiotics x 7 days  
→ Rpt US & guided FNAC.

o/o R  
1. Augmentin Duo - 1000mg  
1 tab thrice daily - after food  
x 7 days.

o/o 2. Seran forte (20mg)  
1 tab thrice daily  
in empty stomach.

o/o 3. Vi-bact - 1 cap <sup>twice daily</sup> daily

21/7/03

US guided FNAC - Liver - Metastatic adenoca.

R  
o 1. Zevit - 1 cap  
daily.

o 2. Profer - 1 tab  
daily.

thy stomach  
o Ixra - 40mg  
o/o Motilium - M-10mg.

**Selection of simillimum**

26.7.03

The case was repertorised to select the simillimum.  
On repertorisation

The screenshot shows a software window titled 'Analysis (Clipboard) - Mrs. Kiran Bala Das'. It displays a list of symptoms on the left and a grid of numerical values for various remedies on the right. The remedies listed at the top of the grid are: 1. 2, 2. 11, 3. 11, 4. 11, 5. 11, 6. 11, 7. 11, 8. 11, 9. 11, 10. 11, 11. 11, 12. 11, 13. 11, 14. 11, 15. 11, 16. 11, 17. 11, 18. 11. The symptoms listed on the left include: 1. MIND - INDUSTRIOUS, mania for work; 2. MIND - RELIGIOUS - affections; 3. MIND - CHEERFUL; 4. ABDOMEN - PAIN - Hypochondria - right - extendin; 5. ABDOMEN - PAIN - evening; 6. ABDOMEN - PAIN - morning; 7. ABDOMEN - PAIN - afternoon; 8. ABDOMEN - PAIN - burning; 9. ABDOMEN - PAIN - motion, on; 10. ABDOMEN - FLATULENCE; 11. ABDOMEN - PAIN - constipation - from; 12. GENERALS - FOOD and DRINKS - pickles - desir; 13. GENERALS - FOOD and DRINKS - fruit - egg; 14. MIND - INTELLIGENT.

Lycopodium was indicated in highest order and was prescribed in millesimal potency i.e. Lyco-0/1, 0/2

**Follow-up of the case****4.8.03**

Symptoms partially >, but relapse.

Lycopodium in ascending potency was prescribed. (Lyco-0/3, 0/4)

**25.8.03**

No > of symptom, modality changed i.e. pain < empty stomach & morning

Chelidonium in millesimal potency was prescribed. (Chel.-0/1, 0/2) taking into account the above modalities.

**10.9.03**

Partial > followed by relapse & pain gall bladder increases

On giving much intensity in repertorisation to peculiar and confirmed mental symptoms of the patient i.e. Cheerful, spiritual, witty, Lachesis come in highest order of importance and looking to family history – there was sycotic miasm. (Mother had cancer and father had rheumatoid arthritis)

Lachesis – 0/1, 0/2 was prescribed.

**16.10.03**

Follow up – gradual but steady improvement

Lach.- 0/3, 0/4, 0/5

**27.12.03**

Improvement continues. As improvement continues Lachesis was given in ascending order up to Lachesis-0/19 in suitable intervals for about one year.

**15.12.2004**

Patient feels better in all respects as regards pain, appetite, feeling of wellbeing & general well being but on U.S. there is little regression of the mass in the GALL BLADDER..

Lyco, Chel., Lachesis are ploycrest remedies but even with indications gave partial relief. Morgan P. a bowel nosode is the analogue medicine of those 3 medicines and covered the symptoms of these 3 medicines also. Morgan P, a deep acting anti-sycotic bowel nosode was prescribed in Millesimal scale.

**Result**

Symptomatically much better.

Advised for U.S.G.

U.S.G. report revealed G.B. mass not found, Liver normal, No infiltration to stomach



When this fact came to the notice of oncologist who treated previously they told all reports were wrong. Had it been cancer, homoeopathy could not have cured the case and convinced the son of the patient. The son persuaded the patient to discontinue the treatment to avoid further expenditure.

Then she left the treatment.

In 11.10.2009: after 5 years again the patient came to me not accompanied by his son who quarreled with me but with another attendant that she was all right but pain again recurs.

They have done U.S. and found no mass but the pain is due to gall bladder stone and the surgeon advised for operation.

So to avoid operation they consulted me. Morgan-p is indicated more for Cholecystitis/ thickening/infiltration of G. B. wall whereas Morgan-G is a drug for gall bladder stone. Morgan.G in millesimal scale was prescribed. After giving Morgan-g up to 0/5 patient improves steadily. But one day patient come with acute pain abdomen. On U.S. and E.R.C.P. the stone was found to shifted to C.B.D..



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A/84, Kharvel Nagar, Unit - III, Bhubaneswar - 751001  
Phone - 2536590 2536591 2536592

GR No. : IP-14308	Date : 21-Jul-2009
Patient Name : Smt Kiranbala Das	Age : 70 Year(s)
Referred By : Dr. P. C Dalai	Gender : Female

**E.R.C.P REPORT**

Indication: Choledocholithiasis

Pre Medication: Done under short G.A

Papilla: Normal, selective cannulation of CBD done

Cholangiogram: Revealed, dilated CBD of size 9-10mm with tiny filling defect, sphincterotomy done, tiny sludge removed with basket & ballone, 7 fr 7 cm double pigtail stent placed in CBD

Pancreaticogram: Not done

Procedure Done: Sphincterotomy, CBD sludge removal & stenting

Biopsy for Histopathology: Not taken

**IMPRESSION:**

\* **CHOLEDOCHOLITHIASIS**



*P. C. Dalai*  
Dr. Prakash Ch. Dalai (M.D., D.M.)  
Consultant Gastroenterologist,  
Hepatologist & Endoscopist

Morgan-G in ascending order was given to the patient. Patient feels steadily improvement and better in all respects. U. S. was advised the stone was not found in C. B. D.. Tiny particles and bile sludge were found in G. B. and C. B. D. and the bigger stone in C. B. D. was expelled out, which justified Morgan-g is giving steady improvement and will finally cure the patient.



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— Our Mission —

**SPEED, ACCURACY AND PERFECTION**

Name: Mrs. Kiranbala Das      Date: 12-Aug-09  
 Age: 70 yrs      Sex: Female  
 Referred by: Dr. P.C. Datar

Ultrasonography Report

Liver measures 11.7cm, normal in size & echotexture. No dilatation of IHBR / S.O.L. seen.  
 Gall bladder: is extremely contracted and shows few echogenic foci with sludge within its lumen. measures 2.0 x 1.0 cm. Wall is echogenic, measures 3-4mm.  
 CBD measures 8 mm, mildly prominent with sludge in situ & echogenic sludge noted within its lumen. Distal CBD could not be evaluated properly due to over lying bowel gas shadow. No e/o any ductal calculus / SOL noted within visualised segment.  
 PV measures 10 mm, Normal in course & calibre.  
 Spleen measures 8.1 cm, spleen is normal in size, outline & echopattern.  
 Pancreas: Normal in size & echotexture. No evidence of any SOL / calcification / pancreatic duct dilatation noted.  
 Right kidney measures 7.5X3.9 cm. & Left kidney measures 8.8X4.6 cm. Bilateral kidneys are normal in size, out line & echotexture. Cortical echoes are normal with preservation of Cortico-medullary differentiation. No calculus, hydronephrosis or mass lesion seen.  
 Ua is partially filled & normal in shape. No e/o any calculus / SOL noted.  
 ovaries: post menopausal.  
 Ovaries could not be visualised. However bilateral adnexa are free.  
 No retroperitoneal lymphadenopathy or collection seen.

- ✓ CHOLELITHIASIS ( SLUDGE & TINY CALCULI) WITH CHRONIC CHOLECYSTITIS.
- ✓ MILDLY DILATED CBD WITH ECHOGENIC SLUDGE

**Dr. Manas Ranjan Kar**  
 MD (radiology) FRCG (UK), MCh (Gastro)  
 Fellow in Gastrointestinal Radiology  
 (KSA & Yorkshire Institute of Health, Australia)  
 Consultant Radiologist

(This report is not valid for any medico legal purpose)

Address: 109, Narayan Nagar, Chhatrapati Sambhaji Maharaj Road, Nagpur  
 Ph: 262741, 262830, 262554, 264283 Fax: 262554  
 e-mail: neelachalhospital@gmail.com, Web: www.neelachalhospital.com

**Discussion\**

In this case the important cardinal principle of homoeopathy i.e. Hering's law of cure i.e. cure takes place in the reverse order of appearance of symptoms is established i.e.. pathology starts from gall bladder stone and ends in cancer gall bladder, infiltration into liver parenchyma etc. and in this case again the liver pathology, gall bladder mass first cured and the earliest pathology gall bladder stone is still persisting.

Bowel nosodes are proved to be more deep acting. Because it is observed that when poly crest drugs like Lyco., Chel., Lach. are indicated but unable to bring complete recovery, Morgan P found to regress the tumour. In Mat. Medica it is written that Morgan-P is for cholecystitis that is thickening/ infiltration of G.B. wall and Morgan-G is for Gall stone. These symptoms were verified in this case.

This reveals Homoeopathy has effects in treatment of cancer cases. This study will inspire the other Homoeopaths to be ambitious while treating their cancer cases. But we have to also assess our limitation because improvement in is one or two cases with failure in maximum number of cases as observed in practice requires a proper probing to scope and limitation of homoeopathy. In early diagnosed cases of cancer, Homoeopathy has a role to play.

We have also to explore the principle of approach to advanced cases of cancer as a complementary medicine to other pathies which can act as palliative reducing the complications of chemo / radio therapy and also improving the quality of life as observed in practice.

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Title of Manuscript/Article: \_Cancer pathology reversible if early diagnosed- A case study

Author: Prof. (Dr.) L. K. Nanda.

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Name and Title: Prof (Dr.) Laxmi Kanta Nanda

Date: 30.09.2011

Place: bhubaneswar, Orissa.

**Souvenir for the HomeopathicCongress, Nagpur, India, 12-14 february 2016-02-07**

**Homeopathic treatment of Malaria in Kenya, 2014-2015**

- Principal investigator: Martien Brands, MD PhD, Centre forIntegrative Care, Amsterdam
- Co-researcher: Suzanne van Berkel, BA, School forHomeopathy, Amstersfoort.
- Partners:

MakueniCounty, Ministry of Health

ToruhomeopathicClinics, Abha Light: Wote, Kibwezi, Matuu (MakueniCounty), Kendu Bay (HomaCounty)

Governmenthospital, Kibwezi

**Aim:**

To systematically record homeopathicpractice data in Kenya.

Comparison of homeopathywith standard treatment coartem, anartemisinederivative.

**Methods:**

We made three studies, two in 2014, andone in 2015.

The first one is a qualitativestudy in the prescriptionfor n =54 previouslytreated malaria patients, toassess the relationshipbetween the choice of specific remedies and the involvement of the specificorgans in the body.

The secon is a quantitive assessment of the results in a new group of patientswith malaria. And the thirdstudyalso compared a cohort in threehomeopathicclinicswith a cohort of patienttreatedwitharthemeter (co artem)in anoutpatientclinic of a governmenthospital in the sametown as one of the clinics

**Results:**

The results of the prescriptionstudywillbegraticallyshownin the presenation, we usedPrincipal Component analysis.

Second study: Tablewithcured cases

Pos tests for plasmodium parasitecount	Total tested		
	Manyanga	Kendu Bay	KambiMawe
86	45	11	30
Negative on first followup 69	29	11	29
Drop out rate	35%	0	3%

	Exposed group (homeopathy)	Control group Artemether
Positive for parasites	1 (a)	0 (c)
Negative for parasites	61 (b)	35 (d)

Analysis:

Odds ratio:

Number in exposed (homeo) group with positive outcome: 1 = a

Number in control group with pos outcome 0 = c

Negative outcome in exposed group 61 = b

Negative outcome in control group 35 = d

Odds ratio:

$a/b : c/d = 1.7317$  95 % CI 0.0687 – 43.6554

$P = 0.7388$ ; so there is no statistically significant difference between the two groups.

This confirms the hypothesis that homeopathy was not inferior to artemether in treatment results for malaria.

The discussion of the study will be held during our presentation.

In general we may assert that we attained our goal, that is showing in a total of 220 patients, the effectiveness of homeopathic treatment in malaria. This should be followed up after publication of the results by a discussion as to integrate homeopathy in health policies in countries with a high prevalence of this disease..