

Homeopathy and hetero-isotherapy, an interesting response to the side effects of targeted therapies in oncology

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SUMMARY

In 2015, one in four anti-cancer drugs is a targeted therapy. These innovative molecules, bringing hope and therapeutic progress, also bring new side effects, sometimes difficult to relieve with conventional therapies. When they occur, the quality of life is greatly altered, the dosage must be reduced and stopping treatment is sometimes necessary, causing a significant loss of opportunity for the patient. Faced by these recurring problems, the use of classical homeopathy and homeopathic dilution of targeted therapy in 7c (1×10^{-14}), also called hetero-isotherapy, when available and necessary, is an appropriate response to improve tolerance to targeted therapies. With nearly 500 targeted therapies accompanied in this way, I have seen a significant decrease in side effects, allergic risk and late sequelae. Improved tolerance of targeted therapy and improved quality of life resulted in improved adherence to and, most often, maintenance of the initial posology. No disturbance of treatment activity was observed. The absence of toxicity and of drug interaction make homeopathy and hetero-isotherapeutics a supportive treatment of choice for the adverse effects of targeted therapies. This preliminary work should encourage carrying out randomised clinical studies.

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INTRODUCTION

Today, homeopathic practice is confronted with new pathologies and the emergence of unusual side effects. With 1000 new cases per day, cancer has become the leading cause of death in France. By 2015, one in four anti-cancer drugs is a targeted therapy. These innovative molecules, bringing hope and therapeutic progress, also bring new side effects, sometimes difficult to relieve with conventional therapies. When they occur, the quality of life is greatly altered, the dosage must be reduced and stopping treatment is sometimes necessary causing a significant loss of opportunity for the patient.

Confronted with these recurring problems, thanks to a good understanding of the mode of manufacture of the targeted therapies, the

way they act and the pathophysiology of the side effects, let us see how the use of classical homeopathy and homeopathic dilutions of the actual molecule can provide effective solutions.

PREAMBLE: HOMEOPATHY AND INTEGRATIVE MEDICINE IN ONCOLOGY

The acronym CAM for complementary and alternative medicine is more and more often replaced in medical literature by that of CIM for complementary and integrative medicine. By offering access to the best in western scientific medicine and the best of relevant complementary medicines, integrative medicine represents an optimal care offer for the patient

KEYWORDS

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[1]. By focusing on relief and support as well as healing, it considers the sick person as a unique, social, psychological, spiritual, communal and biological whole being. By placing patients at the heart of the system of care, they can now become actively involved in their own healing [2].

In France, 70% of patients with cancer use complementary medicines to improve their well-being (Mac-Aerio Study 2010) [3]. Fifty-six per cent of French people take homeopathy at least once a year and 36% report using it regularly (+ 15 points since 2004) [4]. What happens to these patients when they are hospitalised? Can they still have access to this type of care?

These are the questions the Saint Vincent Hospital Group (GHSV) has been addressing for more than 10 years. A pioneer in this field, it was the first hospital to offer a homeopathic consultation for both hospitalised patients and patients in chemotherapy or radiotherapy [5]. But beyond homeopathy, a whole new vision of care is proposed. Patients can benefit from a specific accompaniment which takes into account the lifestyle and the needs of each person. This concerns psychological well-being (stress, fatigue and emotional management) as well as physical well-being (physical activities, dietetics and aesthetic care). My work within the newly created Department of Integrative Medicine allows me, among other things, to evaluate my practice in supportive care.

The approach of the GHSV has caught on, since a dozen French anti-cancer centres today offer homeopathic care to their patients.

MANUFACTURE OF TARGETED THERAPIES

There are two distinct types of targeted therapies. Monoclonal antibodies, which are recognizable by their suffix in -mab for monoclonal antibody, administered intravenously or subcutaneously every two to three weeks, and tyrosine kinase inhibitors (TKI), recognizable by their suffix -inib for inhibitor, administered per os daily.

Monoclonal antibodies

They are biotherapeutics of murine origin resulting from genetic manipulation. After repeated immunisation of a mouse with a given antigen, the spleen is removed to extract the plasma cells secreting specific antibodies. These T cells are fused to myeloma cancer cells constituting immortal hybridomas allowing an infinite production of antibodies. Once isolated, the hybridoma clone secreting the desired antibody is cultured by intraperitoneal injection into the abdomen of another mouse which had been made ascitic. These antibodies are called "human" although they are manufactured via a mouse whose genome has been modified in order to produce only human antibodies, thereby decreasing the allergic risk.

For homeopaths, an interest in the mode of manufacture of the monoclonal antibodies makes it possible to retain the causality "injection of proteins of animal origin". Moreover, these antibodies are derived from cells called "immortal" since they are derived from myeloma. What a funny "similarity": treating cancer with cancer cells..

We can therefore use the headings of the "after vaccination" repertory [6]:

- Eye inflammation after vaccination: **thuj**¹;
- Epigastralgia after **vaccination: thuj** [1];
- Nausea after vaccination: **sil**;
- Diarrhoea after vaccination: **ant-t, sil, thuj**;
- Eczema and asthma after vaccination: **mez**;
- Asthma after vaccination: **mez, thuj**;
- Cough after vaccination: **thuj**;
- Emaciation of the upper limbs after vaccination: **malend, thuj**;
- Eruption lower limbs, rash, pustules, after vaccination: **sulph**;
- Felon or peri-onyxia after vaccination: **thuj**;
- Lower limbs paralysis after vaccination: **thuj**;
- Swelling of the upper limbs after vaccination: **sil, sulph, thuj**;
- Eruption after vaccination: **sars**;
- Eczema after vaccination: **thuj**;
- Convulsions after vaccination: **sil**;
- After vaccination: **acon, ant-t, apis, ars, bell, bufo, carc, crot-h, echi, hep, kali-chlr, kali m, maland, merc, mez, ped, psor, sabin, sars, sep, sil, sulph, thuj, tub, vac, vario**.

If *Thuya occidentalis* represents the main homeopathic medicine candidate for the side effects of monoclonal antibodies, one has to admit that it is not the only one. The other symptoms of the patient must be taken into account following the holistic principle. Homeopathy is an individualised therapy.

Since monoclonal antibodies are delivered only in hospitals, the manufacture of hetero-isotherapies is not allowed.

Tyrosine kinase inhibitors (TKIs)

TKI are small chemical molecules that inhibit enzymes called transferases. These enzymes catalyze phosphorylation reactions of the type:



This reaction allows the activation of the phosphorylation reactions necessary for the multiplication of cancer cells. The TKIs, by blocking these phosphor-dependent enzyme reactions, trigger the apoptotic cascade leading to cell destruction.

It is interesting to note that the repertorisation of the most frequently encountered side effects with TKIs most often show. *Phosphorus* (Fig. 1).

Metabolised by the hepatic cytochrome CYP3A4, the concomitant use of St. John's wort, a potent activator of this cytochrome, is contraindicated since it decreases the effectiveness of TKIs. Conversely, grapefruit juice, a CYP3A4 inhibitor, inhibits consequently the elimination of TKIs, which greatly increases their toxicity. Homeopathy does not interact with liver cytochromes. As the medication is taken orally at home, the manufactured and the prescription of a hetero-isotherapeutic is possible.

Mode of action of targeted therapies

Monoclonal antibodies are large molecules that block the extracellular domain of the receptor that they target on the surface of the cancer cell thus inhibiting the signaling pathways of cell multiplication. It is as if they prevented the key from entering the lock. Their size prevents them from passing the blood-brain barrier, so they do not protect against brain metastatic risk. They are wrongly called "immunotherapy" since

¹ *thuj* corresponds to 1st degree indication, *thuj* to second degree and **thuj** to 3rd degree

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