

Regione Toscana **M&C** TOSCANA **SS1** Servizio Sanitario delle Toscani


**Omeopatia e ricerca
in oncologia
integrata**

Elio Rossi
Ambulatorio di omeopatia – Struttura
regionale di riferimento
Azienda USL 2 Lucca

SIOMI
SOCIETA' ITALIANA DI OMEOPATIA
E MEDICINA INTEGRATA
VIII Convegno Nazionale Trimestrale
**Omeopatia, tra Medicina
delle evidenze
e Medicina narrativa**
Lucca, 29-31 marzo
Hotel Baglioni, Piazza dell'Orto all'Orto, 51100 Lucca



UN DESCUBRIMIENTO INCREÍBLE!!!. ESTA FRUTA MATA EL CÁNCER SÓLO EN UNOS MINUTOS



Blushwood

¡ONCÓLOGO DESCUBRE CÓMO CURAR EL CÁNCER CON BICARBONATO DE SODIO!



TRUFFA
Il "Metodo Simoncini" contro il cancro usando il bicarbonato è una falsa cura
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E' UFFICIALE! LA MARIJUANA UCCIDE LE CELLULE TUMORALI



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NAPOLI Napoli ore 12:15 del 15/08/2015 - Curiosità, Salute



CANCER DE MAMA Y RADIOTERAPIA. EL ARBOL KAKI TE PROTEGE!!



FOTO DEL ARBOL KAKI SOBREVIVIENTE

J Altern Complement Med. 2013 Nov;19(11):876-81. doi: 10.1089/acm.2012.0964. Epub 2013 Jun 18.

Complementary and alternative medicine use and benefit finding among cancer patients.

Garland SN, Valentine D, Desai K, Li S, Langer C, Evans T, Mao JJ.

METHODS: We conducted a cross-sectional survey of medical oncology outpatients in an urban academic cancer center. Patients completed measures of CAM use and benefit finding following a diagnosis of cancer. A hierarchical regression, adjusting for covariates, was performed to evaluate the unique contribution of CAM use on benefit finding. The relationship between specific CAM modalities and benefit finding was explored.

RESULTS: Among 316 participants, 193 (61.3%) reported CAM use following diagnosis. Factors associated with CAM use were female gender ($p=0.005$); college, or higher, education ($p=0.09$); breast cancer diagnosis ($p=0.016$); and being 12 to 36 months post-diagnosis ($p=0.017$). In the hierarchical regression, race contributed the greatest unique variance to benefit finding (23%), followed by time from diagnosis (18%), and age (14%). Adjusting for covariates, CAM use uniquely accounted for 13% of the variance in benefit finding. Individuals using energy healing and healing arts reported significantly more benefit than nonusers. Special diet, herbal remedies, vitamin use, and massage saw a smaller increase in benefit finding, while acupuncture, chiropractic, homeopathy, relaxation, yoga, and tai chi were not significantly associated with benefit finding.

CONCLUSIONS: Patients who used CAM following a cancer diagnosis reported higher levels of benefit finding than those who did not. More research is required to evaluate the causal relationship between CAM use, benefit finding, and better psychosocial well-being.

Annals of Oncology 21: 1094–1099, 2010 doi:10.1093/annonc/mdp421

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.

Evidence-Based Complementary and Alternative Medicine
Volume 2011, Article ID 867151, 7 pages doi:10.1155/2011/867151

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.

Cochrane Database Syst Rev. 2009 Apr 15;(2):CD004845. doi: 10.1002/14651858.CD004845.pub2.

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 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.

Homeopathic medicines for adverse effects of cancer treatments

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

Royal London Homeopathic
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
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This is a review of a Cochrane review prepared and maintained by The Cochrane Collaboration and published in The Cochrane Library 2009, Issue 2



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Publishers Since 1807

Homeopathic medicines for adverse effects of cancer treatments (Review)
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J Pain Symptom Manage. 2014 Jan;47(1):26-34. doi: 10.1016/j.jpainsymman.2013.03.014. Epub 2013 Jul 31.

Use and perceived benefits of complementary therapies by cancer patients receiving conventional treatment in Italy.

Bonacchi A, Fazzi L, Toccafondi A, Cantore M, Mambrini A, Muraca MG, Banchelli G, Panella M, Focardi F, Calosi R, Di Costanzo F, Rosselli M, Miccinesi G.

Una recente ricerca è stata effettuata da un gruppo di oncologi, internisti ed epidemiologi toscani su 803 pazienti oncologici in trattamento presso 6 Dipartimenti oncologici della Toscana (CERION-ISPO, AUSL 10 Firenze, AUSL 4 Prato, AUSL 1 Massa Carrara, Azienda Ospedaliero Universitaria Careggi) secondo la quale il 37,9% di essi stava utilizzando una o più MC, il 66,3% informava il medico sull'uso delle MC e ne sperimentava i benefici l'89,6% e il malato di cancro che ricorre all'oncologia integrata mostra una maggiore compliance al trattamento.



The Association of European Cancer Leagues: Advice for CAM patients

Given the mixed evidence about different CAM treatments and therapies, cancer patients are advised to:

- **always consult their GPs and oncologists** before embarking on any complementary or alternative treatments
- **avoid alternative treatments that replace evidence based treatments** offered by fully qualified healthcare services
- look for **reliable information** (HON code: Health On Net certified)
- ensure that **CAM providers are registered** with established professional bodies and have appropriate qualifications and always seek to get recommendations
- **use patient support groups to discover other patient's experiences** and to find information on who are the good (and perhaps not so good) practitioners and,
- consider the financial concerns when using certain complementary or alternative treatments. It is possible to spend a considerable amount of money on such therapies. **Check out the likely cost of the full course of treatment beforehand.**

Il protocollo Banerji – Calcutta (India)

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.

Int J Oncol. 2010 Feb;36(2):395-403.

Cancer patients treated with the Banerji protocols utilizing homeopathic medicines: A Best Case Series Program of the National Cancer Institute USA

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

Integr Cancer Ther. 2013 Jan 25.

Integr Cancer Ther. 2013 Jan 25.

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.

Int J Oncol. 2010 Feb;36(2):395-403.

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.

Integr Cancer Ther. 2012 Jun;11(2):172-82


Induction of apoptosis of tumor cells by some potentiated homeopathic drugs: Implications on mechanism of action.

Preeti K, Ellanghvil 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 homeopathic 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 homeopathic drugs to tumor-bearing mice induced TUNEL-positive cells in the tumor, showing increased apoptosis of tumor cells. Microarray analysis of cells treated with homeopathic drugs indicated that many enzymes related to apoptosis were increased by homeopathic 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.



Evidence of an Epigenetic Modification in Cell-cycle Arrest Caused by the Use of Ultra-highly-diluted *Gonolobus Condurango* Extract

Kausik Biswas, Sourav Sikdar, Anisur Rahman Khuda-Bukhsa*

Cytogenetics and Molecular Biology Laboratory, Department of Zoology, University of Kalyani, Kalyani, India

Research Article

Ultra-highly diluted plant extracts of *Hydrastis canadensis* and *Marsdenia condurango* induce epigenetic modifications and alter gene expression profiles in HeLa cells *in vitro*

Sourav Roy, Sourav Roy, Anisur Rahman Khuda-Bukhsa*

INTERNATIONAL JOURNAL OF ONCOLOGY

Sulphur alters NFκB-p300 cross-talk in favour of p53-p300 to induce apoptosis in non-small cell lung carcinoma

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ORIGINAL PAPER

Testing the nanoparticle-allostatic cross-adaptation-sensitization model for homeopathic remedy effects

Iris R Bell^{1,2,3,*}, Mary Koithan^{1,2,3} and Audrey J Brooks²

June 2013, 12:202-252, 2014
 Faculty of Homeopathy, University of Manchester
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 ISSN: 1539-526X
 DOI: 10.2209/ijhp.15.025.Bell

International Dose-Response Society

NONLINEAR EFFECTS OF NANOPARTICLES: BIOLOGICAL VARIABILITY FROM HORMETIC DOSES, SMALL PARTICLE SIZES, AND DYNAMIC ADAPTIVE INTERACTIONS

Iris R. Bell, MD PhD □ University of Arizona College of Medicine
 John A. Ives, PhD and Wayne B. Jonas, MD □ Samueli Institute

□ Researchers are increasingly focused on the nanoscale level of organization where biological processes take place in living systems. Nanoparticles (NPs, e.g., 1-100 nm diameter) are small forms of natural or manufactured source material whose properties differ markedly from those of the respective bulk forms of the "same" material. Certain NPs have diagnostic and therapeutic uses; some NPs exhibit low-dose toxicity; other NPs show ability to stimulate low-dose adaptive responses (hormesis). Beyond dose, size, shape, and surface charge variations of NPs evoke nonlinear responses in complex adaptive systems. NPs acquire unique size-dependent biological, chemical, thermal, optical, electromagnetic, and atom-like quantum properties. Nanoparticles exhibit high surface adsorptive capacity for other substances, enhanced bioavailability, and ability to cross otherwise impermeable cell membranes including the blood-brain barrier. With super-potent effects, nanoparticles can evoke cellular stress responses or therapeutic effects not only at lower doses than their bulk forms, but also for longer periods of time. Interactions of initial effects and compensatory systemic responses can alter the impact of NPs over time. Taken together, the data suggest the need to downshift the dose-response curve of NPs from that for bulk forms in order to identify the necessarily decreased no-observed-adverse-effect-level and hormetic dose range for nanoparticles.

Homeopathy (2013) 104, 211-216
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<http://dx.doi.org/10.1093/ijhp/104.2.211>, available online at <http://www.oxfordjournals.org/>

ORIGINAL PAPER

Homeopathic remedies with antineoplastic properties have immunomodulatory effects in experimental animals

Valsakumari Remya^a and Girija Kuttan^a

Amala Cancer Research Centre, Affiliated to the University of Calicut, Amala Nagar PD, Thiruvananthapuram, Kerala, India

Background: Our previous work suggests that *Thuja occidentalis*, *Carotinum* and *Ruta graveolens* have antineoplastic properties. The mechanism of this action has not previously been studied. We studied the hypothesis that the mechanism of action is through the immune modulation.

Methods: We evaluated the effects of *Thuja occidentalis*, *Carotinum* and *Ruta graveolens* IM, 200x and 50x on the immune system of Balb/c mice. The homeopathic preparations were administered orally for ten consecutive days. Haematological parameters (Total White Blood Cell (WBC) Count, Differential Count and Haemoglobin content), haematopoietic parameters (bone marrow cellularity and α -esterase positive cells) and immune parameters for antibody response and lymphoid cell proliferation were assessed using standard methods. Results were analysed by statistical comparison with the control.

Results: We observed significant enhancement of haematological parameters including total WBC count, haematopoietic parameters such as bone marrow cellularity and the number of α -esterase positive cells, other parameters of immune response such as circulating antibody titre and the number of plaque forming cells (PFC) particularly with higher dilutions of *Thuja* and *Ruta*. Enhanced proliferation of B and T lymphoid cells was also observed. No toxic effects were observed.

Conclusion: The results suggest immunomodulatory activity of homeopathic preparations in *Thymus* mice. This may be a mechanism through which homeopathic preparations act. Homeopathy (2013) 104, 211-216

Clinica Santa Croce
 Homöopathische Klinik

CLINICA TRATTAMENTO SOGGIORNO

SEMINARI

Benvenuti alla Clinica Santa Croce!

Il Reparto di Omeopatia della Clinica Santa Croce, sotto la direzione del Dr. Dario Spinelli, 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 malattie neurologiche, sulla base dell'esperienza personalizzata del Dr.

Remedies related to pathological tissue changes
 J.T. Kent (August 1912)

Remedies Related to Pathological Tissue Changes
 by James Tyler Kent, M.D.
 [The Homeopathist, Journal for Pure Homeopathy, No. 2, August 1912]

Proving of remedies are not confined to the extent of producing tissue alterations—indurations, infiltrations, suppurations, canes, etc. The most of the indications for the use of remedies in these conditions must be found classically from the use of remedies in patients when these conditions have developed. When a remedy has been prescribed for a patient in whom tissue-changes have occurred, the prescription being based on the symptomatology, resolution of the existing tissue-changes has occurred, as a result of the reaction to the remedy. These become reliable clinical symptoms of the remedy—demonstrations of the power of the remedy over the altered tissue.

These remedies are then recognized to be acted by conditions in which these pathological changes can develop. Hence they are as important to the prescriber as though they had appeared actually in the proving.

In many instances such case of pathology has occurred as a delightful surprise to the physician, who realizes in this evidence the accuracy of the prescription, which not only relieved the functional activities but altered the structure to the extent of removing the product of disorder.

The difficulty in prescribing for patients with such altered tissue—character, leucorrhoea (in pneumonia), induration of glands, serous-sclerous rheumatism, cancer, etc.—rests in the fact that when these tissue-changes occur the symptoms on which a prescription should be based—the symptoms of the patient—have disappeared. The symptoms present at the time are not symptoms of the pathology. If the symptoms that preceded this condition can be traced, and remedies prescribed which alter the reaction of the pathological tissue—it may be possible to select a remedy that is sufficiently related to both the patient and his pathology, to effect a cure of both, provided always that the reaction and vitality of the patient are sufficient to permit the resolution.

Canst., Graph., Lyc., Nit-Ac., Staph., Thuja and many other remedies relate to excretions. Skin indurations are met by Ant-C., Calc., Con., Ext., Flu., Hahn., Sep., Sil., Sulph. and similar remedies. Italicized fluid stable remedies in Ben-Ac., Brom., Calc., Calc-F., Canst., C., and Lyc. are found suited to acute indurations.

Acon., Berg., Gels., Ipec. and remedies of this scope have never been known to produce any alteration by induration and infiltration, hence the wise prescriber will not select these remedies for patients with the aforementioned conditions, when he has those, from which to select, which are presently related to the exact condition present. The final selection of a remedy, when these conditions are present, is to be determined by the character of symptoms that preceded, or what may be present and indicative of the patient himself.

In pneumonia, in leucorrhoea period, when the symptoms point to Arsenicum, the patient will die if Arsenicum is prescribed, for this remedy is not deep enough to include that induration: Sulphur, K. yopellium, Phosphorus, Calcarea, etc., must take up the work where Arsenicum could not proceed. One of these remedies will clear out the lungs, in a few hours, with a disappearance of all the symptoms, dependent upon the induration, and the patient, freed of the burden, will be restored to health promptly, instead of succumbing to the mechanical interference and consequent asthenia.

In arterio-sclerosis, in contract, in induration of liver or other glandular functions, the same principle holds. Ars., Bry., Puls. and other inert and insidiously-acting remedies are insufficient because they have not power to take hold of this condition, while Silica, Calcarea Fluviatilis, Sulphur and such deep-acting remedies have been known to remove the tissue change by their deeper action, hence more similar, and from them one may be selected which will prove curative.

BMC Cancer 2011 Jan 17;11:19. doi:10.1186/1471-2407-11-19.

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, FACT-Sp) after 3 months.

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

Results: HG: FACT-G, or FACT-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 (MF) 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). FACT-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.

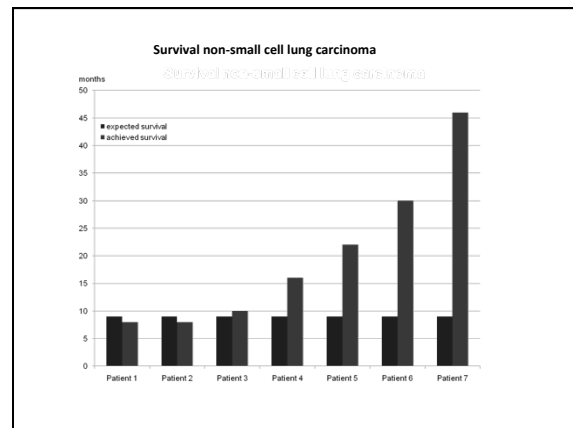
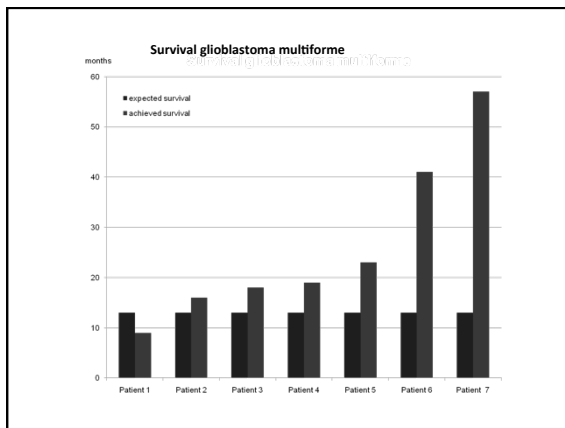
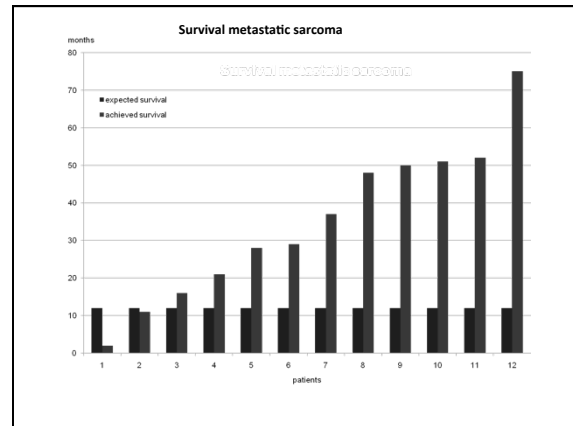
Conclusion: in our prospective study, we observed an improvement of quality of life as well as a tendency of fatigue symptoms to decrease in cancer patients under complementary homeopathic treatment. It would take considerably larger samples to find matched pairs suitable for comparison in order to establish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

European Journal of Integrative Medicine, Volume 1, Issue 4, December 2009, Pages 223-224

Life quality and subjective feeling with additional homeopathic treatment in cancer patients
M. Frass, H. Friehs, C. Marosi, K. Zedwitz-Liebenstein, C. Ziellinski

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 repertoires (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±1.54 before vs. 4.64±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±2.06 before vs. 6.31±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±2.15 vs. 6.15±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.



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.

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Influence of adjunctive classical homeopathy on global health status and subjective wellbeing in cancer patients – A pragmatic randomized controlled trial¹

Michael Frass^{1,2}, Helmut Friehs³, Christiane Thallinger⁴, Narinderjit Kaur Sohal⁵, Christine Marosi⁶, Ise Mutschlitz⁷, Katharina Gaertner⁸, Andreas Gletsch⁹, Ernst Schuster¹, Menachem Oberbaum¹⁰

Main outcome measures: The main outcome measures were global health status and subjective wellbeing as assessed by the patients. At each of three visits (one baseline, two follow-up visits), patients filled in two different questionnaires.

Results: 373 patients yielded at least one of three measurements. The improvement of global health status between visits 1 and 3 was significantly stronger in the homeopathy group by 7.7 (95% CI 2.3–13.0, $p=0.005$) when compared with the control group. A significant group difference was also observed with respect to subjective wellbeing by 14.7 (95% CI 8.5–21.0, $p<0.001$) in favor of the homeopathic as compared with the control group. Control patients showed a significant improvement only in subjective wellbeing between their first and third visits.

Conclusion: Results suggest that the global health status and subjective wellbeing of cancer patients improve significantly when adjunct classical homeopathic treatment is administered in addition to conventional therapy.

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/avversi.

Carcinosinum

Il rimedio omeopatico *Carcinosinum* è un nosode ottenuto 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. *Carcinosinum* nella sua forma attuale di prescrizione è dovuto a D.M. Foubister; i sintomi mentali e generali e l'immagine del rimedio furono pubblicate in un articolo del Luglio 1958 in The British Homeopathic Journal. Le osservazioni iniziarono dall'esame di due neonati le cui madri avevano sofferto in gravidanza di carcinoma della mammella. È utilizzato, quando i sintomi concordano, quando esiste una familiarità per cancro.

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 differenziali 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 differenziali delle varie linee cellulari.
- Vari lavori sono stati effettuati in vitro, su animali ma anche in vivo (Embryonic 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 numero di 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

Livraghi T, Meloni F, Frosi A, Lazzaroni S et al.
Treatment with Stem Cell Differentiation stage factors in intermediate- Advanced Hepatocellular Carcinoma. J 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 junceus*;
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⁺ and K⁺ 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.




Trattamento omeopatico dei sintomi tumorali e delle reazioni avverse al trattamento chemio-radio-ormonale



TRATTAMENTI DI SUPPORTO IN ONCOLOGIA Perché l'omeopatia?

Eurocancer 22-24 giugno 2010

"Tumore: le armi di supporto" L'Express, numero 3077
L'Express dichiara che **"in aggiunta ai trattamenti, il 60% dei pazienti fa ricorso alle medicine alternative e complementari (MAC)"**.
La rivista affronta così il lavoro di Emmanuel Rodriguès, specializzando presso l'Institut Gustave-Roussy a Villejuif (Val-de-Marne), realizzato **"su 844 pazienti, curati in 18 centri distribuiti su tutto il territorio francese"** e presentato durante il congresso Eurocancer a Parigi.
L'Express nota che **"il 60% dei pazienti oncologici fa ricorso alle CAM, ma la metà di loro vi si è avvicinata soltanto il giorno in cui ha scoperto di essere malata"**.
Il settimanale aggiunge che **"i pazienti ricorrono a più CAM contemporaneamente, con una predilezione tutta francese per l'omeopatia"**, come sottolinea Manuel Rodriguès.
In effetti **"l'omeopatia è citata da un terzo dei pazienti, davanti agli acidi grassi omega-3 (28%), ai probiotici (23%), al tè verde (22%) e alla pratica di uno sport (20%)"**.
L'Express dichiara che **"per giustificare il ricorso a queste pratiche, i pazienti menzionano spontaneamente gli effetti collaterali dei trattamenti, la ricerca di benessere e il desiderio di aiutare "il loro sistema immunitario a lottare contro il tumore"**



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03 25 73 12 68 <http://je.free.fr/jckarp001@rssi.fr>

2
Dott. Jean-Claude Karp

Homeopathy. 2016 Feb;105(1):119-25. doi: 10.1016/j.homp.2015.08.001.

Using hetero-isotherapies in cancer supportive care: the fruit of fifteen years of experience.
Bagot JL.

METHODS:
Based on experiments conducted for over 50 years by many authors, we have offered our patients, since 1998, a protocol of hetero-isotherapy chemotherapy starting the day after each cytotoxic infusion. It involves taking a daily dose of a dilution of the chemotherapy used, using the increased dilution technique from 5c to 15c.

RESULTS:
We observed a significant decrease in side effects, allergic reactions and late sequelae in the more than 6000 hetero-isotherapeutic treatments given to some 4000 patients. The better tolerance to chemotherapy and the improvement in quality of life led to an increase in treatment adherence. No interference with chemotherapy was observed. When it was necessary to prescribe another homeopathic medicine, combination with hetero-isotherapy generally improved its effectiveness.

CONCLUSION:
In a large population, followed for over 15 years, we observed that hetero-isotherapies, well tolerated and easy to use, reduced the side effects of chemotherapy, targeted therapy or hormone therapy, and so improve the quality of life of patients.

Ambulatorio di omeopatia Azienda USL 2 Lucca – Centro regionale di riferimento

Insomnia e omeopatia

Tipi di studio	Protocollo terapeutico	N. pazienti (nazione)	Endopunti e criteri di valutazione	Risultati	Autore, anno
Studio randomizzato in doppio cieco con placebo comparabile	Non-verba DMS o Colloidal CCM	50 (Francia)	Comparato rispetto del tempo di addormentamento e qualità del sonno	Il verba ha avuto un effetto di riduzione del tempo di addormentamento e un aumento della qualità del sonno rispetto al gruppo placebo.	Barthelemy et al., 2010
Studio randomizzato in doppio cieco con placebo comparabile	Non-verba DMS o Colloidal CCM	50 (Francia)	Comparato rispetto del tempo di addormentamento e qualità del sonno	Il verba ha avuto un effetto di riduzione del tempo di addormentamento e un aumento della qualità del sonno rispetto al gruppo placebo.	Barthelemy et al., 2010
Studio randomizzato in doppio cieco con placebo comparabile	Non-verba DMS o Colloidal CCM	50 (Francia)	Comparato rispetto del tempo di addormentamento e qualità del sonno	Il verba ha avuto un effetto di riduzione del tempo di addormentamento e un aumento della qualità del sonno rispetto al gruppo placebo.	Barthelemy et al., 2010

Ambulatorio di omeopatia Azienda USL 2 Lucca – Centro regionale di riferimento

Ansia e omeopatia

Tipi di studio	Protocollo terapeutico	N. pazienti (nazione)	Endopunti e criteri di valutazione	Risultati	Autore, anno
Studio randomizzato in doppio cieco con placebo comparabile	Non-verba DMS o Colloidal CCM	50 (Francia)	Comparato rispetto del tempo di addormentamento e qualità del sonno	Il verba ha avuto un effetto di riduzione del tempo di addormentamento e un aumento della qualità del sonno rispetto al gruppo placebo.	Barthelemy et al., 2010
Studio randomizzato in doppio cieco con placebo comparabile	Non-verba DMS o Colloidal CCM	50 (Francia)	Comparato rispetto del tempo di addormentamento e qualità del sonno	Il verba ha avuto un effetto di riduzione del tempo di addormentamento e un aumento della qualità del sonno rispetto al gruppo placebo.	Barthelemy et al., 2010
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Ambulatorio di omeopatia Azienda USL 2 Lucca – Centro regionale di riferimento

Diarrea e omeopatia

Tipi di studi	Protocollo terapeutico	N. pazienti e settings	Esposizione e criteri di selezione	Result	Autore, anno
Studio clinico controllato in doppio cieco	Compresse omeopatiche di <i>Colobacium</i> 150 granuli per 7 giorni o placebo	200 bambini (100 gruppi per omeopatia e 100 per placebo)	Disturbi diarroici per 7 giorni o più	Percentuale di bambini guariti entro 72 ore di trattamento è superiore nel gruppo omeopatico rispetto al gruppo placebo (80% vs 70%)	Jacobs, 2008
Studio clinico controllato in doppio cieco	Medicini omeopatiche di <i>Colobacium</i> 150 granuli per 7 giorni o placebo	242 bambini (121 gruppi per omeopatia e 121 per placebo)	Diagnosi di diarrea da infezione batterica	La durata media della diarrea è di 5,2 giorni nel gruppo omeopatico rispetto a 6,5 giorni nel gruppo placebo	Jacobs, 2008
Studio clinico controllato in doppio cieco	Medicine omeopatiche di <i>Colobacium</i> 150 granuli per 7 giorni o placebo	111 bambini (55 gruppi per omeopatia e 56 per placebo)	Diagnosi di diarrea da infezione batterica	Il tempo medio di guarigione è di 3,2 giorni nel gruppo omeopatico rispetto a 4,1 giorni nel gruppo placebo	Jacobs, 2008
Studio clinico controllato in doppio cieco	Traattamento omeopatico individualizzato	41 bambini (20 gruppi per omeopatia e 21 per placebo)	Diagnosi di diarrea da infezione batterica	Il tempo medio di guarigione è di 3,2 giorni nel gruppo omeopatico rispetto a 4,1 giorni nel gruppo placebo	Jacobs, 2008
Studio clinico controllato in doppio cieco	Traattamento omeopatico individualizzato	51 bambini (25 gruppi per omeopatia e 26 per placebo)	Diagnosi di diarrea da infezione batterica	Il tempo medio di guarigione è di 3,2 giorni nel gruppo omeopatico rispetto a 4,1 giorni nel gruppo placebo	Jacobs, 2008

Ambulatorio di omeopatia Azienda USL 2 Lucca – Centro regionale di riferimento

Radiodermiti e omeopatia

Tipi di studi	Protocollo terapeutico	N. pazienti e settings	Esposizione e criteri di selezione	Result	Autore, anno
Studio prospettico	Composto di <i>Colobacium</i> 150 granuli per 7 giorni o placebo	200 bambini (100 gruppi per omeopatia e 100 per placebo)	Disturbi diarroici per 7 giorni o più	Percentuale di bambini guariti entro 72 ore di trattamento è superiore nel gruppo omeopatico rispetto al gruppo placebo (80% vs 70%)	Jacobs, 2008
Studio prospettico	Medicine omeopatiche individualizzate	41 bambini (20 gruppi per omeopatia e 21 per placebo)	Diagnosi di diarrea da infezione batterica	Il tempo medio di guarigione è di 3,2 giorni nel gruppo omeopatico rispetto a 4,1 giorni nel gruppo placebo	Jacobs, 2008
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Ambulatorio di omeopatia Azienda USL 2 Lucca – Centro regionale di riferimento

Vampate di calore e omeopatia

Tipi di studi	Protocollo terapeutico	N. pazienti e settings	Esposizione e criteri di selezione	Result	Autore, anno
Studio clinico controllato in doppio cieco	177 donne (88 gruppi per omeopatia e 89 per placebo)	177 donne (88 gruppi per omeopatia e 89 per placebo)	Disturbi di vampate di calore	Il tempo medio di guarigione è di 3,2 giorni nel gruppo omeopatico rispetto a 4,1 giorni nel gruppo placebo	Abraham, 2008
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Ambulatorio di omeopatia Azienda USL 2 Lucca – Centro regionale di riferimento

Vampate di calore e omeopatia

Tipi di studi	Protocollo terapeutico	N. pazienti e settings	Esposizione e criteri di selezione	Result	Autore, anno
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Studio clinico controllato in doppio cieco	177 donne (88 gruppi per omeopatia e 89 per placebo)	177 donne (88 gruppi per omeopatia e 89 per placebo)	Disturbi di vampate di calore	Il tempo medio di guarigione è di 3,2 giorni nel gruppo omeopatico rispetto a 4,1 giorni nel gruppo placebo	Abraham, 2008

Ambulatorio di omeopatia Azienda USL 2 Lucca – Centro regionale di riferimento

L'omeopatia per i disturbi della menopausa (iatrogena)

L'uso delle terapie complementari sembra essere molto diffuso fra le donne in menopausa e, almeno in Europa e in Italia, fra le terapie maggiormente utilizzate abbiamo l'omeopatia. In omeopatia esistono molta pratica clinica ma non molti studi, e molto spesso non si tratta di trials randomizzati in doppio cieco, che riguardano il trattamento dei sintomi secondari della menopausa.

Nei 5 ospedali omeopatici del Servizio sanitario nazionale del Regno Unito, un terzo delle richieste di trattamento riguardava i disturbi della menopausa (Thompson e coll., 2008), mentre in un altro studio inglese condotti fra omeopati liberi professionisti le pazienti con questa richiesta erano il 12.6%.

Dati USA (Newton KM, 2002) dimostrano invece che sarebbero il 2.0% delle donne ad usare l'omeopatia

Ambulatorio di omeopatia Azienda USL 2 Lucca – Centro regionale di riferimento

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ORIGINAL RESEARCH ARTICLE

Efficacy of a Non-Hormonal Treatment, BRN-01, on Menopausal Hot Flashes: A Multicenter, Randomized, Double-Blind, Placebo-Controlled Trial

Jean-Charles Collet, Stéphane Vincent, Philippe Marquet, and François André Allard*

Abstract

Background: Homeopathic medicines have a place among the non-hormonal therapies for the treatment of hot flashes during the menopause.

Objective: The objective of this study was to evaluate the efficacy of the non-hormonal treatment BRN-01 in reducing hot flashes in menopausal women.

Study Design: This was a multicenter, randomized, double-blind, placebo-controlled study carried out between June 2010 and July 2011.

Setting: The study was conducted in 15 centers across France (geographical diversity).

Patients: One hundred and eight menopausal women, 40 years of age, were enrolled in the study. The eligibility criteria included menopause for >24 months and 25 hot flashes per day with a significant negative effect on the women's professional and/or personal life.

Intervention: Treatment was either BRN-01 tablets, a registered homeopathic medicine containing *Actaea racemosa* (4CH), *Arnica montana* (4CH), *Glonoinum* (4CH), *Lachesis mutus* (5CH), and *Sanguinaria canadensis* (4CH), or identical placebo tablets. Oral treatment (2 to 4 tablets per day) was started on day 3 after study enrollment and was continued for 12 weeks.

Results: One hundred and one women were included in the final analysis (intent-to-treat population: BRN-01, n = 50; placebo, n = 51). The global HFS over the 12 weeks, assessed as the area under the curve (AUC) adjusted for baseline values, was significantly lower in the BRN-01 group than in the placebo group (mean ± SD 88.2 ± 6.5 versus 107.2 ± 6.4; p = 0.0411). BRN-01 was well tolerated; the frequency of AEs was similar in the two treatment groups, and no serious AEs were attributable to BRN-01.

PLOS ONE | DOI:10.1371/journal.pone.0118440 March 13, 2015

Individualized Homeopathic Treatment and Fluoxetine for Moderate to Severe Depression in Peri- and Postmenopausal Women (HOMDEP-MENOP Study): A Randomized, Double-Dummy, Double-Blind, Placebo-Controlled Trial.

Emma del Carmen Macías-Cortés, Lidia Llanes-González, Leopoldo Aguilar-Faisal, Juan Ashun-Bojalil.

Methods/Design. A randomized, placebo-controlled, double-blind, double-dummy, superiority, three-arm trial with a 6 week follow-up study was conducted. The study was performed in a public research hospital in Mexico City in the outpatient service of homeopathy. 133 peri- and postmenopausal women diagnosed with major depression according to DSM-IV (moderate to severe intensity) were included. The outcomes were: change in the mean total score among groups on the 17-item Hamilton Rating Scale for Depression, Beck Depression Inventory and Greene Scale, after 6 weeks of treatment, response and remission rates, and safety. Efficacy data were analyzed in the intention-to-treat population (ANOVA with Bonferroni post-hoc test).

Results. After a 6-week treatment, homeopathic group was more effective than placebo by 5 points in Hamilton Scale. Response rate was 54.5% and remission rate, 15.9%. There was a significant difference among groups in response rate definition only, but not in remission rate. Fluoxetine-placebo difference was 3.2 points. No differences were observed among groups in the Beck Depression Inventory. Homeopathic group was superior to placebo in Greene Climacteric Scale (8.6 points). Fluoxetine was not different from placebo in Greene Climacteric Scale.

Ann Oncol, 2015, 5 (Suppl 6), vi25

Homeopathy in the treatment of menopausal symptoms in patients with early breast cancer.

F. Desiderio, B. Rudnas, I. Panzini, E. Pini, L. Gianni, E. Tamburini, A. Ravaoli, G. Drudi and D. Tassinari.

- Un trial clinico randomizzato in doppio cieco, recentemente ultimato e ancora in fase di pubblicazione, sull'uso dell'omeopatia nel trattamento dei sintomi menopausali in pazienti operate per carcinoma mammario sembra fornire risultati interessanti.
- Nella fase pilota dello studio sono stata trattate con il rimedio omeopatico 10 pazienti i cui sintomi sono stati valutati al tempo 0 (prima dell'inizio del trattamento) e al tempo 1 (dopo 3 mesi di trattamento). I sintomi valutati secondo la scala NCI-CTC sono stati: vampate, sudorazioni notturne, perdite vaginali, perdita ematiche atipiche, secchezza/prurito vaginale, dispnea, disturbi gastrici, alterazioni dermatologiche, cefalea, ritenzione idrica, ansia/depressione, altro. Si è osservata una riduzione dei sintomi in tutte le pazienti con una differenza statisticamente significativa (test t per dati appaiati, p < 0,001).
- Alla conclusione dello studio sono state invece arruolate 35 donne di cui solo 31 hanno concluso la terapia di 6 mesi (16/19 placebo, 15/16 farmaco attivo). Qi queste donne 4 hanno abbandonato la terapia prima dei 3 mesi.
- Il confronto dei sintomi al tempo 0 e al tempo 1 (dopo 6 mesi), ha dimostrato una riduzione statisticamente significativa (p < 0,05) a favore del farmaco attivo riguardo lo score totale (p = 0,0185) sudorazione notturna (p = 0,0097) ed i disturbi gastro-intestinali (p = 0,0395).
- Le altre differenze non sono risultate significative (p > 0,05) ma disturbi quali le vampate di calore, l'insonnia e la ritenzione idrica sono risultati essere ai limiti della significatività.

Ambulatorio di omeopatia Azienda USL 2 Lucca – Centro regionale di riferimento

Qualità della vita e omeopatia

Nello studio condotto da Frass et al. (2009) 90 pazienti con tumore di mammella (35), colonretto (10), rene (7), cervello (7) e pancreas (6), sarcoma (5), tumore bronchiale (4), linfoma (4), cancro della faringe (3) e di altro tipo (9) sono stati valutati aspetti correlati alla qualità della vita. I pazienti hanno compilato scale analogiche visive e moduli di valutazione dell'orientamento soggettivo e il questionario EORTC QLQ-C30 versione 3.0. Quest'ultimo ha mostrato che la qualità della vita dei pazienti era migliorata di 0.31 punti (4.33±1.54 prima versus 4.64±1.59 dopo terapia omeopatica aggiuntiva; p=0.008, t Student test per coppie appaiate) tra la prima e l'ultima visita registrata, con un intervallo medio di 24 settimane.

Risultati simili sono stati trovati nel questionario ad hoc: la VAS ha rilevato una differenzia di 0.71 (5.60±2.06 prima versus 6.31±2.3 alla terza visita, p=0.043; corrispondente a un miglioramento del 16.1%), e una differenza di 0.59 (5.56±2.15 vs. 6.15±2.31, p=0.007; miglioramento del 13.3%) tra la prima e l'ultima visita. Dopo la quarta visita, l'analisi su 45 pazienti ha rivelato che 36 di essi (80%) avevano avuto un miglioramento delle condizioni generali, mentre 9 (20%) non avevano rilevato nessun effetto. Undici (24.4%) erano migliorati soprattutto a livello fisico; 23 (51.1%) avevano avuto un miglioramento sia fisico sia psicologico e uno (2.2%) solo psicologico; infine un paziente non aveva espresso commenti. Il miglioramento era attribuito all'associazione di omeopatia e medicina convenzionale da 23 su 36 (63.9%) dei pazienti migliorati; 10 pazienti (27.8%) lo attribuivano soltanto all'omeopatia, 1 paziente (2.8%) solo alle terapie oncologiche standard, 1 alla stagione, 1 paziente non ha espresso commenti. Tutti i pazienti erano interessati a proseguire il trattamento omeopatico. Nello studio condotto da Thompson EA et al. (2003) su 45 donne con tumore mammario, 40 pazienti hanno riferito il miglioramento di ansia e depressione (p < 0.001) e più in generale della qualità della vita.

Ambulatorio di omeopatia Azienda USL 2 Lucca – Centro regionale di riferimento

Ambulatorio di medicine complementari e alimentazione in oncologia (da ottobre 2010 presso 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:

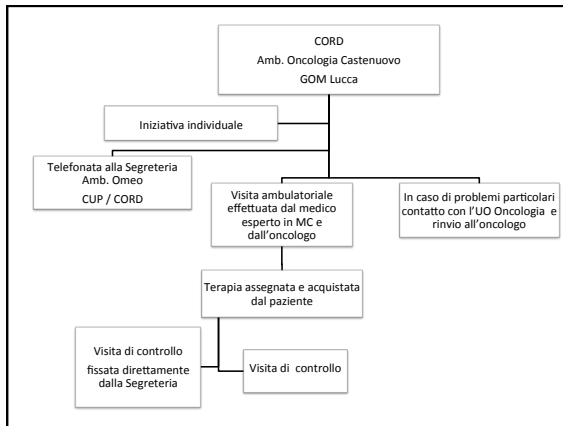
- le possibilità di cure complementari al fine di ridurre gli effetti avversi delle terapie antitumorali: dove e a chi rivolgersi.
- le possibilità di cure complementari per migliorare la qualità di vita attraverso trattamenti complementari e anche pratiche Bio-naturali.



Ambulatorio di omeopatia, ASL2 Lucca – Struttura regionale di riferimento: il gruppo di lavoro (aprile 2015)

da sin. a dex: MA.Panozzo, C.Leone, M.Picchi, C.Fonte, M.Di Stefano, C.Cervino, E.Rossi





Performance status (quality of life)	,020
Pain Visual Analogic Scale (VAS)	,889
Hot flashes	,000
Nausea	,012
Constipation	,722
Asthenia	,000
Anxiety	,000
Depression	,000
Insomnia	,029
Radiodermatitis	,683
Mucositis	,581
Significance at Wilcoxon t-test (2 tals)	

Regional Bulletin "MC Toscana"

Creation of a **Regional Bulletin about CM, MC Toscana**, a quarterly journal with informative, socio-medical and scientific articles.

It also publishes the calendar of the events, the initiatives in the regional area about CAM.

Ten years of activity and 33 issues published so far.

Agopuncture, herbal medicine, homeopathy, homotoxicology, anthroposophy in cancer care

Authors:
Sonia Baccetti,
Mariella Di Stefano,
Elio Rossi

Rete Toscana di Medicina Integrata

Editore Felici – Firenze
(published in March 2015)

European Partnership for Action Against Cancer (EPAAC)

DS: Complementary and alternative medicine (CAM) in cancer care
Development and opportunities of Integrative Oncology
January 2014

Authors:
Sonia Baccetti¹, Mariella Di Stefano¹, Maria Di Vito¹, Fabio Fresconi¹, Alberto Laffranchi¹, Valeria Monetti¹, Emanuela Portolampi¹, Tania Ra¹, Elio Rossi¹, Alberto Zanobini¹

In collaboration with: Barbara Cucca², Angelo Raffaele De Gaudio³, Paolo Fedì⁴, Luigi Gori⁵, Carmelo Guido⁶, Rita Maffei⁷, Barbara Meyer⁸, Vanja Sabatini⁹, Alfredo Vannacci¹⁰

¹ Tuscany Network for Integrative Medicine – Region of Tuscany
² ICR/CIS Foundation National Cancer Institute of Milan
³ Italian Society of Anthroposophic Medicine
⁴ Department Research, Innovations and Human Resources – Region of Tuscany
⁵ Careggi University Hospital – Florence
⁶ Local Health Unit 11 Empoli – Region of Tuscany
⁷ Regional Agency for Health – Region of Tuscany
⁸ University of Florence, Neurofarma Department

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

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Ambiti di intervento con Grading 1A e 1 B

Prove di efficacia di **grading 1A** (forte raccomandazione, evidenza di qualità alta) o **1B** (forte raccomandazione, evidenza di qualità moderata) nel trattamento di sintomi correlati al tumore o al trattamento chirurgico, radioterapico, chemioterapico e ormonale della malattia oncologica.

- **AGOPUNCTURE:** for nausea and post-chemotherapy and post-surgery vomiting, in the different phases of pain, for vasomotor disturbances of iatrogenic menopause, xerostomia, and for the side-effects of radiotherapy;
- **HOMEOPATHY/HOMOTOXICOLOGY:** for vasomotor disturbances of iatrogenic menopause and for the side-effects of radiotherapy (radiodermatitis and mucositis).
- **PHYTOTHERAPY:** phytotherapy is used to treat anxiety and depression, cancer-related fatigue, mucosites, nausea, vomit and pain;
- **NUTRITION:** specific diet (see Decalogus)

Integration of complementary medicines in the Oncology Network of the Tuscan Tumor Institute

**REGIONE TOSCANA
GIUNTA REGIONALE**

ESTRATTO DAL VERBALE DELLA SEDUTA DEL 07-04-2015 (giorno 07/5)

Delibera N.418 del 07-04-2015

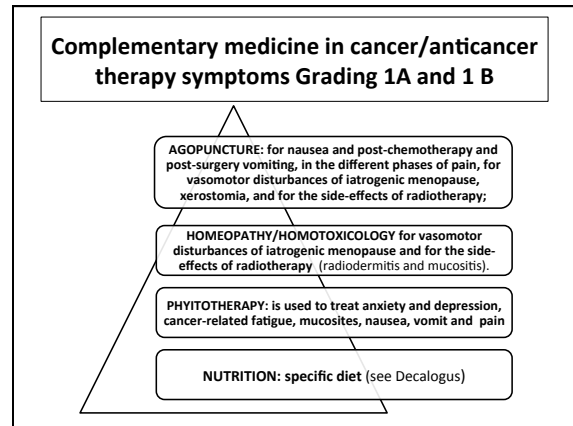
Proposte:
LUGI MARRONI
DIREZIONE GENERALE DIRITTI DI CITTADINANZA E COESIONE SOCIALE

Pubblicità/Pubblicazione: Atto soggetto a pubblicazione su Banca Dati (PSD)
Direttore Responsabile: PATIA BELVEDERE
Editore: MONICA BALZINI

Objetto:
Integrazione delle medicine complementari nella Rete oncologica dell'Istituto Toscano Tumori.

Presenti:
ENRICO BOSSI ANNA RITA BRAMERINI ANNA MARRONI
GIANNI SALVADORI GIANFRANCO SIMONCINI LUGI MARRONI
VINCENTO CECCARELLI STEFANIA SACCARDI EMMANUELE BOBBIO

Assenti:
VITTORIO BUGLI SARA NICENTINI



Establishment of the working group "Integration of Complementary Medicines in the Oncological Network of Tuscan Institute of Cancer" - DGR 418/2015

It acknowledged that the resolution DGR 418/2015 provides in paragraph 5 of the operative part to establish a regional working group formed by the Director General of the Health Directorate or his delegate, 3 experts oncologists identified by direction of the Tuscan Institute of Tumors and the heads of the Regional reference center for acupuncture and Traditional Chinese Medicine pertaining to the USL 10 Florence, the Regional reference center for homeopathy of USL 2 Lucca and Regional reference center for herbal medicine of AOU Careggi.

**REGIONE TOSCANA
DIREZIONE DIRITTI DI CITTADINANZA E COESIONE SOCIALE**

SETTORE SVILUPPO E POLITICHE SOCIALI

Il Dirigente Responsabile: BELVEDERE PATIA

Decreto non soggetto a controllo ai sensi della D.G.R. n. 1482/2012

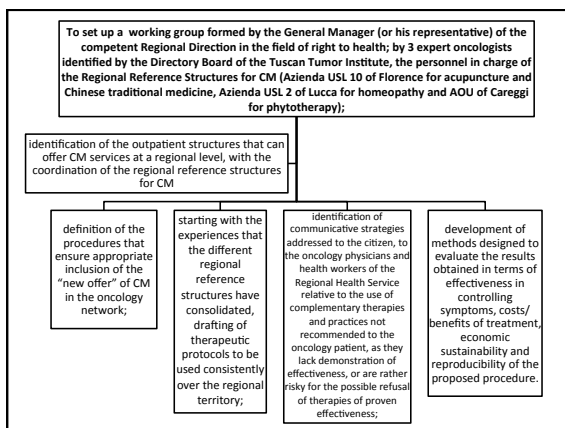
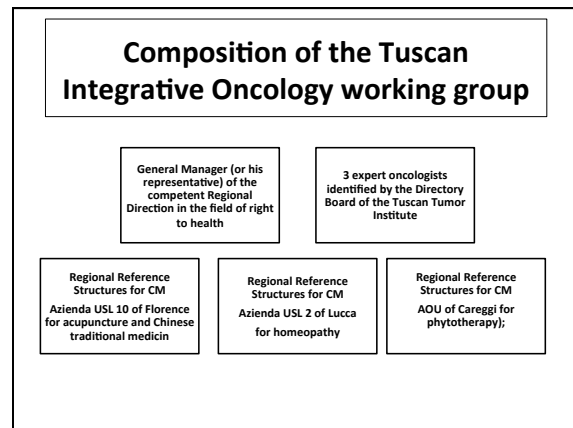
Numero delibera: 418/15 - Data adozione: 08/04/2015

Atto pubblicato su Banca Dati (PSD)

Objetto: DGR 418/2015, costituzione gruppo di lavoro "Integrazione delle medicine complementari nella Rete oncologica ITOIT"

Data certificazione: 18/05/2015

Numero interno di progetto: 2015A0000110



Tuscan Regional working group of Integrative Oncology

S. Baccetti

K. Belvedere

L. Fioretto

E. Rossi

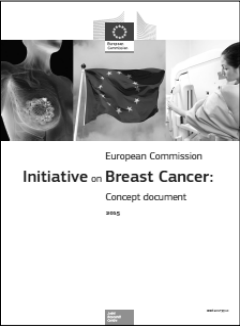
F. Firenzuoli

G. Amunni

S. Bracarda


Quality Assurance Scheme Development Group (QASDG)
European Commission Initiative on Breast Cancer (ECIBC)
 JRC Ispra site, Ispra (Varese), ITALY

- The **European Commission Initiative on Breast Cancer (ECIBC)** is a project coordinated by the JRC. Its aim is to ensure and harmonise the quality of breast cancer services across European countries. The ECIBC will have four tasks:
 - To develop the **New European Guidelines for breast cancer screening and diagnosis** (New *European Guidelines*), which will continue the work of the *2nd edition of the European Guidelines for Quality Assurance in Breast Cancer Screening and Diagnosis*, published in 2006 by the European Commission.
 - To develop a voluntary **European Quality Assurance scheme** for breast cancer services (BCSs) (*European QA scheme*) based on the EU legislative framework on accreditation.
 - To develop a European template of training on digital mammography.
 - To provide a platform of guidelines for breast cancer treatment, rehabilitation, and follow-up.
 - To develop a long-term web hub hosting all the deliverables.

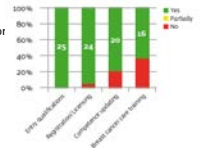


ECIBC: facts and figures from the survey - 2

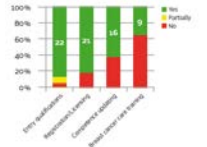
CAM (non-mainstream care, e.g. for improving QoL for induced menopause)



Competence requirements for physicians




Competence requirements for nurses



68 ESOC - 3-4 March 2015 - Luxembourg

European survey of integrative oncology centres

Distribution of IO centres in EU



European survey of integrative oncology centres

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.

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

Springerlink
 Related Article

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, Zanolini 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 302.2 ± 517. Among the centres providing these kinds of therapies, 31 (70.2 %) use fixed protocols and 68 (74.5 %) use systems for the evaluation of results. Thirty-two centres (66.1 %) 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 (53.3 %), homoeopathy 19 (43.4 %), herbal medicine 18 (38.3 %) and traditional Chinese medicine 17 (36.2 %); anthroposophic medicine 10 (21.3 %), neuroendocrinology 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 (12.4 %) and leucopenia (5 %). The CAMs were also used to reduce pain and fatigue (10.9 %) to reduce side effects of luteal 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: 25471377 [PubMed - as supplied by publisher]

Joint Research Centre
 The European Commission's in-house science service

Agenda

Meeting with the Tuscan Network for Integrated Medicine

JRC Ispra
 Building 101, Room 2002
 12 June 2015, 10:45 – 16:30

JRC Mission
 The JRC's Commission's in-house science service, the Joint Research Centre's mission is to provide EU policies with independent, evidence-based scientific and technical support throughout the whole policy cycle.

Working in close cooperation with policy Directorates-General, the JRC addresses key societal challenges while stimulating knowledge through developing new methods, tools and standards, and sharing its know-how with the Member States, the scientific community and international partners.

Serving society
 Stimulating innovation
 Supporting legislation

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Meeting with Joint Research Centre of the European Commission – January 2015, Ispra (Italy)



Quality Assurance Scheme Development Group (QASDG) - Ispra 9-11 September 2015

