

Comparative Analysis of Homeopathic Treatment Approaches in Cancer: A Research Perspective

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Abstract:- Current data on cancer incidence and mortality underscore the urgent need to strengthen existing treatment infrastructure, which remains inadequate to address the increasing demands. This situation has prompted research into the efficacy of various homeopathic approaches in cancer treatment. Single blind, prospective, observational clinical study and the sample size was fixed at 40 cases using systematic purposive sampling. The cancer diagnostics, we used their approaches such as Kent, German New Medicine (GNM), and Boenninghausen-Boger (BB). Results of the cancer diagnostics among the treatment approaches, the Kent method demonstrated a statistically significant effect, with an odds ratio (OR) of 3.947 (95% CI: 1.305–51.411, $p < 0.05$), indicating that moderate improvement was approximately four times more likely compared to mild improvement, using the Organopathic approach as the reference. The German New Medicine GNM approach showed an OR of 2.399 (95% CI: 0.603–46.649, $p = 0.05$), suggesting moderate improvement was about twice as likely compared to mild improvement; however, this effect was statistically insignificant relative to the Organopathic approach. The BB approach (OR = 1.621; 95% CI: 0.261–35.427, $p > 0.05$) showed no significant effect on the predicted results. Regarding sex, with female as the reference category, the odds ratio was 0.028 (95% CI: 0.002–0.376, $p < 0.05$), indicating a statistically significant impact of sex on the outcome. The Kent approach was moderately more effective than the other methods and reached statistical significance..

Keywords: Cancer, Homoeopathic treatment, Kent approach, German New Medicine (GNM), Boenninghausen-Boger (BB)

1. Introduction

Cancer encompasses a wide range of diseases that can originate in almost any organ or tissue within the body [1-5]. It is chiefly characterized by the unchecked proliferation of abnormal cells, which can invade nearby tissues and metastasize to distant parts of the body. As both the incidence and mortality rates continue to climb, cancer remains a growing global health concern. As of 2020, cancer had become one of the leading causes of death worldwide, responsible for nearly 10 million fatalities [4-6]. Socioeconomic challenges including poverty, low literacy levels, and lack of awareness often lead to delayed diagnosis, with many individuals seeking medical attention only after the disease has progressed to advanced or metastatic stages. The use of homeopathy in cancer care has primarily aimed at alleviating the side effects of conventional treatments such as chemotherapy and radiation therapy. A systematic review conducted and evaluated experimental studies exploring the impact of highly diluted homeopathic medicines on cancer [7]. The study included fourteen in vitro studies, eight in vivo studies, and one study that incorporated both methods. The results indicated potential cytotoxic effects, possibly mediated through apoptosis, suggesting that certain homeopathic preparations may influence the cancer cell cycle [7-9]. Nevertheless, the review stressed the necessity for well-structured experimental designs aligned with

homeopathic principles and highlighted the critical need for independent replication to substantiate these initial findings.

Present study seeks to investigate the role of homeopathy as a complementary approach to conventional cancer treatments through personalized therapeutic strategies. We will delve into the underlying principles, clinical practices, and applications of homeopathic care within the field of oncology. Particular emphasis will be placed on evaluating the clinical efficacy and safety of homeopathy, along with assessing the outcomes associated with its integration into standard cancer care protocols. In addition, this study will explore key methodological frameworks in homeopathy such as those developed by Kent approach, German New Medicine (GNM), and Boenninghausen-Boger (BB). To evaluate their applicability in the context of cancer care. Equally important is the recognition and nurturing of patients' spiritual and psychological resilience, which plays a vital role in enhancing their adaptability and fostering a more integrated response to illness. Providing psychological support, including counseling for anxiety and depression, is essential for delivering truly holistic and comprehensive care.

2. Materials and Methods

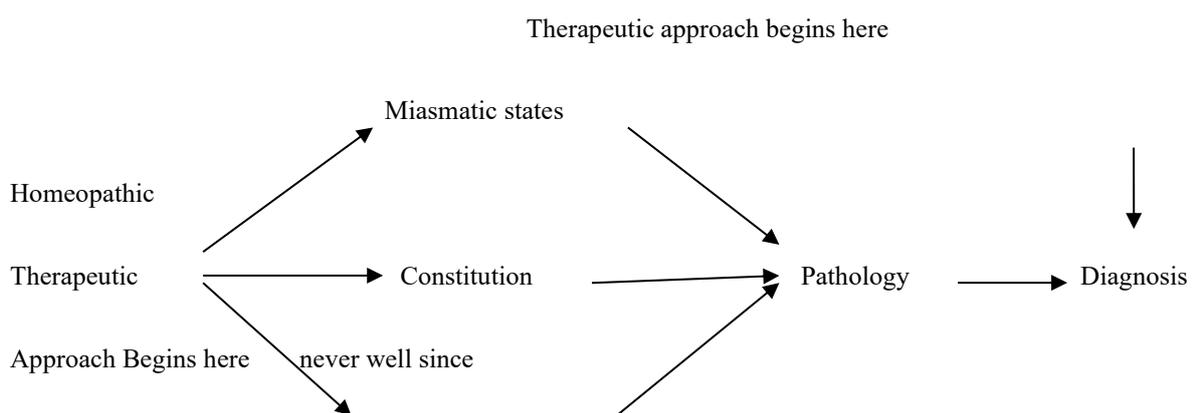
Type of research: Single blind, prospective, Observational clinical study.

Operational framework: A structured Homeopathic Case Proforma was utilized to ensure a thorough evaluation of the patient's symptoms, medical history, and constitutional traits. Based on this comprehensive assessment, individualized treatment strategies were formulated in accordance with the patient's specific symptom profile. Remedy selection adhered to core homeopathic principles, aiming to closely align with the unique characteristics of each case. Regular follow-up consultations were conducted to track progress, culminating in a final evaluation to assess the overall effectiveness of the treatment and the patient's response.

Participants: This study encompasses cancer cases diagnosed across all age groups and genders, regardless of socioeconomic status. Present study included a total of 40 diagnosed cancer cases, evenly distributed with 10 cases assigned to each of the four treatment approaches. Each case was monitored for a duration of six months to one year and both the approaches of cancer were depicted in Figure 1.

Figure 1: Homeopathic and Allopathic Approaches to Treating Cancer

Allopathic



Instruments of data collection: In this study, questionnaires will be used as independent instruments for data collection and distributed among the selected participants. The questionnaire design will be informed by both primary and secondary data analysis. A qualitative approach, consistent with the study's objectives, will be adopted to ensure effective data gathering and analysis [10].

Procedures of study: This methodology integrates observational techniques with statistical analysis to support the study's objective of evaluating the effectiveness of different homeopathic treatments for cancer. The development of a relevant and comprehensive questionnaire will be guided by both primary and secondary data analysis. The case format was designed in accordance with homeopathic principles of case-taking, ensuring that all critical diagnostic components were retained. Each case was approached holistically, taking into account the individual's distinctive symptom profile and overall health.

The diagnosis was established through a comprehensive evaluation of the complete range of symptoms, supported by suitable diagnostic techniques. The final remedy was chosen following an in-depth analysis of the patient's symptom profile and overall clinical presentation. Participants will adhere to a homeopathic treatment protocol lasting between six months and two years. Patients are advised to attend follow-up appointments at regular intervals every 30, 60, or 120 days based on the severity of their symptoms [11,12].

Assessment of results: The treatment outcomes were evaluated using the following criteria: Good Improvement: A marked enhancement in overall well-being, noticeable alleviation of both general and disease-specific symptoms, along with favorable changes observed in diagnostic tests. Moderate Improvement: An improved sense of well-being accompanied by some relief in disease-specific symptoms, while general symptoms show mild or no improvement, and investigative findings remain largely unchanged. Mild Improvement: A minimal reduction in disease-related symptoms, with no noticeable changes in general symptoms or diagnostic test results. No Improvement: The absence of any symptom relief or clinical improvement despite receiving treatment for an adequate duration [11-14].

3. Results

Descriptive Statistics: Descriptive statistics encompass essential elements such as measures of central tendency, variability, and percentages, which collectively facilitate the summarization of data and the characterization of study participants.

Table 1. Base-line characteristics of all included patients (n=40) and all approaches.

Variable(s)		N	Mean \pm SD
Age in years		40	54.925 \pm 5.289
Sex	Male	19	55.211 \pm 8.533
	Female	21	54.667 \pm 12.224
Frequencies	Characteristics	N	Percentages
Sex	Male	19	47.500
	Female	21	52.500
	Total	40	100.000
Clinical Diagnosis	1 st stage	6	15.000
	2 nd stage	18	45.000

	3 rd stage	16	40.000
	Total	40	100.000
Approach Selected	Kent	10	25.000
	GNM ¹	10	25.000
	Boger &Boenninghausen’s	10	25.000
	Specific organopathy	10	25.000
	Total	40	100.000

¹GNM= German New Medicine

Inferential Statistics – I: Inferential statistics use data obtained from a sample to make broader generalizations or draw conclusions about a larger population. Unlike descriptive statistics, which only summarize the collected data, inferential methods enable researchers to test hypotheses and make predictions beyond the observed dataset. This approach commonly involves techniques such as hypothesis testing, estimation, and statistical tests like the chi-square test to assess relationships and determine statistical significance [15,16].

Table 2. The association between gender vs. clinical diagnosis, approaches, and final results of homeopathic treatment procedures.

Variable(s)		SEX		Total	p-value
		Male	Female		
Clinical Diagnosis	Initial stage	3	3	6	p=0.218
		7.5%	7.5%	15.0%	
	2nd stage	11	7	18	
		27.5%	17.5%	45.0%	
	3rd stage	5	11	16	
		12.5%	27.5%	40.0%	
Approach Selected	Kent Approach	4	6	10	p=0.116
		10.0%	15.0%	25.0%	

	GNM Approach	2	8	10	
		5.0%	20.0%	25.0%	
	Boenninghausen's Approach	6	4	10	
		15.0%	10.0%	25.0%	
	Specific organopathic	7	3	10	
		17.5%	7.5%	25.0%	
Result	Mild	2	11	13	p=0.04*
		5.0%	27.5%	32.5%	
	Moderate	17	10	27	
		42.5%	25.0%	67.5%	
Total		19	21	40	
		47.5%	52.5%	100.0%	

*p < 0.05, indicating statistical significance at the 5% level.

The Chi-square test results indicated no statistically significant relationship between gender and clinical diagnosis status within the study sample. However, a significant association was found between the outcomes of different homeopathic treatment approaches and the categories of treatment response specifically mild and moderate improvement with a p-value of 0.04.

Inferential statistics-II: Logistic regression aims to model the probability that a given input point belongs to a certain class [15,16].

Table 3. Results from logistic regression analysis.

Covariates	OR	95% CIs		p-value
Age (Ref. <50)	0.824	0.647	1.048	p=0.114
Clinical Diagnosis (Ref. First stage)				
2nd stage	4.492	0.093	217.385	p=0.448
3rd stage	12.340	4.509	338.601	p=0.036*
Approach (Ref. Specific organopathic)				

Kent	3.947	3.303	51.411	p=0.027**
GNM ¹	2.399	0.603	46.649	p=0.050*
BB ²	1.621	0.261	35.427	p=0.224
Sex (Ref. Female)	0.028	0.002	0.376	p=0.007**

¹GNM= German New Medicine, ²Boger & Boenninghausen, ** p<0.05; signifies statistical significance at the 5% level, and * p<0.10; signifies statistical significance at the 10% level. OR=Odds Ratio

Logistic regression analysis results indicated that the predicted variable (Result in terms of mild/moderate improvement) and independent variables such as Age, Clinical Diagnosis, Approaches and Sex all these results were depicted.

Age (Odds Ratio (OR) =0.824; 95%CI: 0.647, 1.048, p>0.05) is the statistically insignificant impact on the predicted variable. Similarly, 2nd stage of Cancer also, 3rd stage (OR=12.340; 95%CI: 4.509, 338.601, p<0.05) Cancer respondents is statistically significant impact on the dependent variable results. Similarly, Kent approach (OR=3.947; 95%CI: 1.305, 51.411, p<0.05), i.e. moderate improvement approximately 4 times more when compared with mild improvement and it is a statistically significant impact on the predicted variable with reference as Organopathic approach, GNM approach (OR=2.399; 95%CI: 0.603, 46.649, p=0.05), i.e. moderate improvement approximately 2 times more when compared with mild improvement and it is the statistically insignificant impact on the predicted variable with reference as Organopathic approach BB approach (OR=0.1.621; 95%CI: 0.261, 35.427, p>0.05) is no effect on predicted results. Sex (Ref. Female) (OR=0.028; 95%CI: 0.002, 0.376, p<0.05), i.e. it is a statistically significant impact on the predicted variable based on the Sex. However, Kent approach is moderately better than the mentioned above approaches, and it is statistically significant

4. Discussion and Conclusion

This study employed four distinct homeopathic approaches to evaluate their effectiveness in cancer treatment. The study's objectives were addressed based on the observed outcomes. Each approach was implemented on specific subsets of cases and assessed through systematic observation, follow-up, and statistical analysis. Clinical observations were meticulously documented and transformed into quantitative data. This data was subsequently analyzed using both descriptive and inferential statistical methods, including the Chi-square test, to explore associations between treatment approaches and patient outcomes.

The Kent approach demonstrated effectiveness in cases characterized by prominent mental generals and clearly defined constitutional symptoms [17,18]. The GNM approach was especially beneficial in addressing and resolving underlying emotional conflicts. The Boenninghausen-Boger method aided remedy selection in complex cases where general symptoms were incomplete but identifiable modalities or concomitants were present. Meanwhile, the organopathic approach proved valuable for alleviating symptoms in cases involving localized pathology or specific organ involvement. Demographic analysis showed that the highest incidence of cancer occurred in the 50–60-year age group [17,18]. Furthermore, a slightly higher prevalence was noted among women compared to men, with a female-to-male ratio of 1.1:1. Regarding potencies, both centesimal scales (ranging from 30C to 200C, depending on the case) and fifty millesimal scales were utilized [17]. Among these potencies were most commonly administered, typically given in gradually increasing doses tailored to each individual case.

Across all methodologies, the Kent approach consistently demonstrated the greatest effectiveness in significantly alleviating cancer-related symptoms and enhancing overall patient well-being. Furthermore, the integration of homeopathic treatment with supportive counseling particularly targeting emotional factors such as anxiety, grief,

and fear proved to be a highly effective approach in cancer care. The findings indicate that combining homeopathic remedies with psychological support significantly reduces the frequency, intensity, and recurrence of symptoms.

Although homeopathy may not provide a definitive cure for cancer, it can serve as a valuable complementary therapy contributing to slowing disease progression, alleviating pain, minimizing treatment-related toxicity, and improving overall quality of life. Treatment objectives should remain realistic, aiming to establish a balance between the patient and the disease rather than pursuing complete eradication.

Observations by Approach:

A. Kent Approach: Cases managed using Kent's methodology showed marked improvement in both general and disease-specific symptoms. The focus on mental and emotional generals, combined with individualized remedy selection, proved especially effective in improving patients' overall quality of life.

B. German New Medicine (GNM): Counseling alone aimed at resolving underlying emotional conflicts did not result in significant clinical improvement. However, when GNM counseling was combined with homeopathic remedies targeting the patient's core conflict and persistent symptoms, substantial improvement was observed, both subjectively and objectively.

C. Organopathic/Specific Remedies: This approach demonstrated significant improvement in localized, organ-specific symptoms, while general constitutional symptoms remained mostly unchanged. It proved effective in offering symptomatic relief, especially in cases involving advanced pathology.

D. Boger and Boenninghausen Approaches:

These methodologies produced mild to moderate improvements across all cases. They were especially beneficial in cases where strong general symptoms were absent but identifiable modalities or complete symptom patterns were present.

Suggestions for Further Studies

As an alternative and complementary medical system, homeopathy holds considerable promise for ongoing research, clinical application, and integration into contemporary healthcare models. Despite its rich historical background, there remains a substantial need for rigorous scientific validation of its principles and therapeutic claims. To enhance homeopathy's role within evidence-based medicine, future research should prioritize the following key areas:

Scientific Validation of Homoeopathic Principles: There is an urgent need to investigate and validate the biological mechanisms underlying the effects of highly diluted homeopathic remedies. Gaining insight into these mechanisms could help bridge the gap between traditional homeopathic principles and contemporary biomedical science.

Clinical Efficacy Studies: Well-designed randomized controlled trials (RCTs) with larger sample sizes and longer follow-up durations are crucial for accurately evaluating the therapeutic efficacy of homeopathy in managing both acute and chronic conditions, including cancer.

Personalized Medicine and Individualization: Homeopathy's focus on individualized treatment resonates with current trends in personalized medicine. Research aimed at correlating constitutional and symptomatic profiles with specific remedies will be instrumental in standardizing this approach.

Integration into Conventional Healthcare: Exploring the effective integration of homeopathy as an adjunct therapy within mainstream medical systems especially in chronic disease management, palliative care, and mental health has the potential to improve patient outcomes and alleviate healthcare burdens. **Mental and Emotional Health:** With the rising prevalence of mental health challenges, homeopathy's holistic framework presents a promising avenue for addressing emotional and psychological disorders. Targeted research in this area is strongly encouraged.

Safety, Long-Term Effects, and Preventive Potential: Further research is essential to evaluate the long-term safety and preventive effectiveness of homeopathic remedies, especially in chronic and lifestyle-related diseases. Homeopathy holds the potential to bridge traditional medicine and modern healthcare by offering holistic, individualized patient care. However, to solidify its role within integrative medicine, ongoing rigorous scientific investigation is crucial. Future studies should prioritize larger sample sizes and extended follow-up periods to yield more reliable, generalizable results and to better understand the sustainability of clinical benefits.

Limitations of the Study

The clinical study faced several limitations, chiefly the small sample size and limited follow-up duration. The diminished expression of symptoms posed challenges for both accurate diagnosis and individualized remedy selection. A considerable number of patients were diagnosed at advanced disease stages, complicating treatment management. Furthermore, the scarcity of existing research in this domain, along with the brief study period, limited the strength and generalizability of the findings.

The effectiveness of homeopathic interventions in cancer care largely depends on the practitioner's clinical experience and diagnostic skills. Homeopathy demands a nuanced understanding of the patient's overall health, psychological condition, and specific cancer-related symptoms. However, there is considerable variability in the training and expertise of homeopaths, especially in oncology. In some instances, a lack of formal education in cancer care can lead to inconsistent or less effective treatment approaches, underscoring the need for standardized education and clinical guidelines in this field.

5. Declaration

We confirm that all the listed authors have read and approved the manuscript. We further confirm that the order of authors listed in the manuscript has been approved by all.

Consent for publication: All the listed authors give their due consent for the publication

Availability of data and material: The present study is based on primary sources, which are available at the corresponding author.

Competing interests: Authors declare no conflicts of interest.

Funding: The author is unaware of any affiliations, memberships, funding, or financial holdings that might be perceived as affecting the objectivity of this study.

Author's contribution: Ramalakshmi Konudula contributed the data curation, review literature, and manuscript preparation. Chandra Sekhara Rao Gorantla supervised the study and guided in manuscript preparation. Ramesh Athe developed the study protocol and manuscript preparation.

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AI Statement: We confirm that the AI wasn't used to prepare the manuscript and was not approved by all the listed authors.

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