

„Limiting Cases“ in the Clinica Santa Croce, Orselina

Liga-Congress

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Dr. med. Spinedi Dario



Introduction

- For the past 20 years, our group of 11 physicians at the „Clinica Santa Croce“ has been treating hundreds of cancer patients. I would like to present those „limiting cases“, in which we can clearly see how the collaboration of conventional medicine and homeopathy can lead to an improvement in the quality of life in patients.
- These cases are exemplary for many other cases.

Introduction

It is the aim of this work to show how strongly conventional medicine and homeopathy are complementary.

Introduction

- I will be speaking of patients where:
 1. **mutilating surgery could be avoided** thanks to utilization of conventional therapy and homeopathy
 2. the **prognosis** could be **improved** thanks to the additional use of homeopathy
 3. the **side-effects of radiation and chemotherapy could clearly be improved**
 4. patients **opposed to or couldn't tolerate radiation and chemotherapy**
 5. **homeopathic palliation improved the quality of life**

Directory

1. **Avoidance of mutilating surgery**
2. Improvement of prognosis
3. Improved tolerance of chemotherapy and radiation
4. Intolerance or undesireability of chemotherapy or radiation
5. Aiding dying patients

1) Avoidance of Mutilating Surgery : A Case of Osteosarcoma of the Humerus

**Case of a 3 ½ year old
boy with
osteosarcoma of the
proximal humerus**



Dr. Dario Spinedi

1) Avoidance of Mutilating Surgery : A Case of Osteosarcoma of the Humerus

A letter from a desperate father, Nov. 14, 2012:

„Our three year old son was diagnosed with osteoplastic osteosarcoma in the left proximal humerus in Mai 2012.

Since then, he is undergoing treatment (chemotherapy) in the pediatric oncological ward at the university hospital in L.

1) Avoidance of Mutilating Surgery : A Case of Osteosarcoma of the Humerus

...Initially there were no visible pulmonary metastases. He received two cycles MAP (Cisplatin, Doxorubicin und Methotrexate –in accordance with treatment protocol) as neoadjuvant therapy.

In a second phase however, they did detect a pulmonary metastasis...

1) Avoidance of Mutilating Surgery : A Case of Osteosarcoma of the Humerus

...Except for the specialists in the USA, everybody else recommended the **complete amputation of the arm including the shoulder joint, in order to ameliorate the local situation.**

For the time being we decided against that. In accordance with our attitude towards life, we prefer the certainty of better quality of life over an uncertain, possibly higher probability for cure...

1) Avoidance of Mutilating Surgery : A Case of Osteosarcoma of the Humerus

...In a second phase we contacted several hospitals with this question, adding the complete documentation in the patient file of N. Still, the COSS-study directors saw the amputation as the sole, oncologically clean possibility...

1) Avoidance of Mutilating Surgery : A Case of Osteosarcoma of the Humerus

...We don't want to just passively wait and see how our son's tumor-situation will develop, trembling while anticipating the regular quarterly aftercare check-ups with CT, MRI etc. Instead, we are convinced that the growth of the tumor can be halted with homeopathy. We would like to begin the necessary cooperation with your hospital, in order to ensure the future wellbeing and survival of our beloved N."

1) Avoidance of Mutilating Surgery : A Case of Osteosarcoma of the Humerus

Over a long period of time the boy was treated with **Phosphorus in Q-Potencies**. Intercurrently, he received:

- **Lycopodium**
- **Causticum**
- **Tuberculinum**
- **Nux vomica**
- **Calcarea phosphorica**

Each of the mentioned remedies was helpful for the presenting complaints and prescribed according to the symptoms.

1) Avoidance of Mutilating Surgery : A Case of Osteosarcoma of the Humerus

The only treatment according to protocol was chemotherapy.

The humerus received an extendable endoprosthesis in the area where the tumor had been removed. The prosthesis can be adjusted to the rate of the boy's growth.



1) Avoidance of Mutilating Surgery : A Case of Osteosarcoma of the Humerus

After an **observation period of five years**, the boy is doing very well. Clinically there are no visible signs of a recurrence of the disease.

His mental-emotional development has also shown great progress, likewise his chronic coryza and his stammering.

1) Avoidance of Mutilating Surgery : A Case of Osteosarcoma of the Humerus

Not quite secondary, I would to point out the fact that the child still has its arm, it was not amputated. With great joy he is enjoying climbing and playing football.

Several times throughout my years of practice I was permitted to witness patients preserving organs or limbs, because they defended themselves against an amputation with the support of a homeopathic physician.

Methodology

As long as:

- chemotherapy and radiation therapy are ongoing
- there is cancerous tissue in the body or
- the patient is suffering from pain

we use **Q (LM) – Potencies**

Methodology

Once the disease is stable, that is, once these three factors are not present anymore, we work with

- **C-potencies according to Kent's scale**
- C 30
- C 200
- C 1.000
- C 10.000
- C 100.000

**1) Avoidance of Mutilating Surgery :
A Case of Osteosarcoma of the Tibia**

Dr. Malchow with Supervision by
Dr. Spinedi

1) Avoidance of Mutilating Surgery : A Case of Osteosarcoma of the Tibia

A female patient aged 20 years presented at our Clinica Santa Croce with a highly malignant osteosarcoma of the right distal tibia.

She had already undergone surgery in February 2006, because at that time they had suspected an osteomyelitis.

The surgical intervention had been non-radical, thus worsening the prognosis of the young patient.

The patient needed the help of crutches or a wheelchair in order to move about.

1) Avoidance of Mutilating Surgery : A Case of Osteosarcoma of the Tibia

The patient refused neoadjuvant chemotherapy due to possibly necessary blood transfusions (the patient belongs to the **Jehova's Witness** Community).

Thus, homeopathy was the only alternative, also, because the patient refused an amputation.

1) Avoidance of Mutilating Surgery : A Case of Osteosarcoma of the Tibia

Based on the totality, the following remedies were prescribed:

- **Phosphorus Q 3**
- **Calcarea carbonica Q3**
- **Sulphur Q3**
- **Hekla lava X6**
- **Phosphorus Q4 to Q6**

None of these remedies were able to ease the patient's pains.

1) Avoidance of Mutilating Surgery : A Case of Osteosarcoma of the Tibia

The MRI, performed on June 10th 2006, showed that the Osteosarcoma had extended upwards.

The chest x-ray excluded pulmonary metastases.

1) Avoidance of Mutilating Surgery : A Case of Osteosarcoma of the Tibia

renewed repertorisation

	Syph.	Phos.	Hep.	Bell.	Lyc.
Total	10	21	13	15	16
Rubrics	14	11	8	10	9
Family					
EXTREMITIES; CANCER; osteosarcoma, right tibia (1)					
EXTREMITY PAIN; GENERAL; cold; applied; amel. (10)					
STOMACH; THIRST; large quantities, for (50)					
COUGH; LYING; agg. (154)					
MIND; STRIKING (74)					
GENERALITIES; WEATHER; storm; agg.; approach of (50)					
GENERALITIES; WEATHER; change of; agg. (106)					
MIND; KILL, desire to (49)					
MIND; CONSOLATION; agg. (43)					
GENERALITIES; PAIN; sawing, Bones (7)					
FACE; ERUPTIONS; General; chin (86)					
MIND; ANGER, irascibility; tendency; children, in (24)					
EXTREMITY PAIN; LOWER LIMBS; Leg; growing pains (22)					
MIND; MALICIOUS, spiteful, vindictive (107)					

1) Avoidance of Mutilating Surgery : A Case of Osteosarcoma of the Tibia

Prescriptions:

Syphilinum C200 and Calcarea fluorica X6

These remedies led to an amelioration of the pains.

In spite of the mild amelioration, the patient wanted to proceed with the amputation.

1) Avoidance of Mutilating Surgery : A Case of Osteosarcoma of the Tibia

Again we examined the entire case, especially taking into consideration the mental-emotional state of this young woman, which was characterized by a strong, aggressive destructiveness.

(For example: she wanted to break the neck of her beloved husband. She awoke in the middle of the night and asked her husband to hold her tight, because she was having this impulse.)

1) Avoidance of Mutilating Surgery : A Case of Osteosarcoma of the Tibia

Erneute Repertorisation

	Ars.	Sil.	Nux-v.	Hep.	Sulph.
Total Rubrics	15	12	11	11	10
Family	9	7	7	6	6
COUGH; LYING; agg. (154)	■	■	■	■	■
GENERALITIES; WEATHER; change of; agg. (106)	■	■	■	■	■
MIND; KILL, desire to (49)	■	■	■	■	■
MIND; KILL, desire to; loved ones (8)	■	■	■	■	■
FEMALE; LEUCORRHEA; yellow (132)	■	■	■	■	■
EXTREMITY PAIN; STITCHING; Lower Limbs; extending; downward (8)	■	■	■	■	■
EXTREMITY PAIN; STITCHING; Thigh; extending; downward (17)	■	■	■	■	■
MIND; CRUELTY, brutality, inhumanity (36)	■	■	■	■	■
GENERALITIES; CANCEROUS affections; sarcoma; osteosarcoma (29)	■	■	■	■	■

Prescription: Arsenicum album Q3 to Q9

1) Avoidance of Mutilating Surgery : A Case of Osteosarcoma of the Tibia

**The MRI on November 16th, 2006 shows:
the disease is stable.**

CT of the Thorax:

No pulmonary metastases

**Clinically we observed an amelioration of the
pains.**

1) Avoidance of Mutilating Surgery : A Case of Osteosarcoma of the Tibia

She received a few other remedies without effect.

Thus we continued with **Arsenicum album Q10-Q18**

MRI on May 15, 2007:

Reduction of tumormass in the upper third as well as in the distal tibia.

1) Avoidance of Mutilating Surgery : A Case of Osteosarcoma of the Tibia

We continued with **Arsenicum Q21-Q23** every two days.

The MRI in November 2007 as well as the bone scan and the CT of the thorax showed: **no tumor anymore and no visible metastases!**

1) Avoidance of Mutilating Surgery : A Case of Osteosarcoma of the Tibia

The patient continues to be in homeopathic care for various complaints

Since 2007 up to including 2014, the patient had an MRI of the lower limb, a **CT of her thorax and a full body szintigraphy every year**. Indications for a recurrence of the tumor or for metastases were never found.

Observation period: **10 years**

1) Avoidance of Mutilating Surgery : A Case of Osteosarcoma of the Tibia

Epicrisis

The patient was treated solely with homeopathy. Until today, she has not developed any recurrence of the tumor or any metastases.

1) Avoidance of Mutilating Surgery : A Case of Cancer of the Vocal Cords

Cancer of the Vocal Cords

Dr. Spinedi Dario

1) Avoidance of Mutilating Surgery : A Case of Cancer of the Vocal Cords

Previous history:

1993 removal of nodules on the vocal cords

1998 removal of nodules on the vocal cords

2003 surgery due to a myoma

2007 „cleaning“ of the vocal cords due to leucoplakia

2009 surgery of the vocal cords due to a carcinoma

2011 recurrence of the tumor, renewed surgery

2013 recurrence of the tumor. **Suggested therapy now is removal of the larynx because of microinfiltration**

1) Avoidance of Mutilating Surgery : A Case of Cancer of the Vocal Cords

The patient fears this procedure, because she would lose her ability to speak.

The attending physicians hence suggest radiation therapy, but without guarantee and still with the prospect of surgery.

They also give no guarantee concerning her voice.

Therefore, the patient turns to homeopathy.

1) Avoidance of Mutilating Surgery : A Case of Cancer of the Vocal Cords

Radiation therapy causes very strong pains.

During nine months, the patient is supported with **Phosphorus Q3-Q10**.

Towards the end of **treatment with Phosphorus** her voice has recovered very nicely and the patient is able to speak almost normally.

Following Phosphorus, she receives **Thuja und Sepia**.

1) Avoidance of Mutilating Surgery : A Case of Cancer of the Vocal Cords

Follow-up time: 4 years.

The patient is doing well, she has preserved her larynx and is able to speak normally.

Directory

1. Avoidance of mutilating surgery
- 2. Improvement of prognosis**
3. Improved tolerance of chemotherapy and radiation
4. Intolerance or undesireability of chemotherapy or radiation
5. Aiding dying patients

**2) Improvement of Prognosis:
Case of a Glioblastoma multiforme**

***Dr. Bondolfi,
Supervision
Dr. Spinedi***

Case 4

2) Improvement of Prognosis: Case of a Glioblastoma multiforme

Prognosis:

After diagnosis, in spite of all therapies, the average survival time is one year

2) Improvement of Prognosis: Case of a Glioblastoma multiforme

Previous history:

G.S., a 14 year old boy, diagnosed with **Glioblastoma multiforme, WHO Grade IV**, on the right parietal side. Initial diagnosis on August 7, 2008.

Beginning signs of a paresis of the abducens nerve and headaches.

No spinal metastases.

Therapy:

Sept. 9 – Oct. 17, 2008: focal, cerebral radiation therapy with 60 Gray und concomitant chemotherapy with Temozolamide

Nov. 14, 2008 – May 5, 2009: adjuvant chemotherapy with Temozolamide

2) Improvement of Prognosis: Case of a Glioblastoma multiforme

Development:

For the time being, the young man was treated with **Phosphorus** for the side effects of chemo- and radiation therapy, with excellent success (practically no side effects), according to the following scheme:

- Sept. 9, 2008 Phos Q3
- Sept. 12, 2008 Phos Q4
- Sept. 26, 2008 Phos Q5
- Oct. 10, 2008 Phos Q6
- Oct. 27, 2008 Phos Q7

2) Improvement of Prognosis: Case of a Glioblastoma multiforme

Upon one Follow-up, I asked the parents via telephone whether the young man had ever had any injuries to the head.

They answered: no!

I requested them to re-think together, if this was really the case.

When they returned for the next Follow-up, they had come up with a list of seven headtraumas which S. had suffered over the course of his life!!!

2) Improvement of Prognosis: Case of a Glioblastoma multiforme

The case history gave many symptoms of **Sulphur** on the physical level and many symptoms of **Natrium muriaticum** on the mental level.

And because the boy had suffered so many injuries to the head, the diagnosis was clearly **Natrium sulfuricum.**

2) Improvement of Prognosis: Case of a Glioblastoma multiforme

I recommended to my colleague to prescribe **Nat-sulf** as soon as **Phosphorus** would stop showing a good effect.

The colleague was so enthusiastic about the idea of **Natrium sulfuricum** though, that he didn't follow my advice. Instead, he immediately (Nov. 21, 2008) prescribed **Nat-sulf M**.

2) Improvement of Prognosis: Case of a Glioblastoma multiforme

But, he had to return to **Phosphorus**, because the side effects of chemotherapy were too strong:

Jan. 12, 2009 Phos Q8

Jan. 28, 2009 Phos Q9

This continued in such a manner all the way to Phos. Q17 on May 5, 2009.

2) Improvement of Prognosis: Case of a Glioblastoma multiforme

- Now he develops headaches, which disappear very beautifully upon the prescription of **Natrium sulfuricum**.

May 14, 2009	Nat sulf Q3
May 25, 2009	Nat sulf Q4
July 2, 2009	Nat sulf M
Aug. 25, 2009	Nat sulf M
Oct. 6, 2009	Nat sulf XM
Jan. 13, 2010	Nat sulf XM
- Nat-sulf is given as follows:

2) Improvement of Prognosis: Case of a Glioblastoma multiforme

Until today, to the astonishment of everybody involved (including the oncologists), the young man is in excellent condition.

Observation period: 7 years !!

Directory

1. Avoidance of mutilating surgery
2. Improvement of prognosis
3. **Improved tolerance of chemotherapy and radiation**
4. Intolerance or undesireability of chemotherapy or radiation
5. Aiding dying patients

**3) Improved Tolerance of Chemotherapy and Radiation:
A Case of a Metastasized Nasopharyngeal Carcinoma**

***Dr. Wurster with Supervision by
Dr. Spinedi***

Case 4

3) Improved Tolerance of Chemotherapy and Radiation: A Case of a Metastasized Nasopharyngeal Carcinoma

After having undergone surgery and various radiation therapies, a 50 year old patient consults us for cervical metastases from an unknown squamous cell carcinoma.

The PET-scan and other examinations show that the primary tumor may be localized in the naso-pharyngeal tract.

3) Improved Tolerance of Chemotherapy and Radiation: A Case of a Metastasized Nasopharyngeal Carcinoma

The patient's symptomatology after radiation:

- The patient was vomiting bile all the time, couldn't eat and was suffering strong pains, as if from a wound in the throat.
- He had frequent, painful and hard coughing.
- He needed to sit up in bed in order to avoid a sensation of suffocation.
- Tenacious phlegm forced the patient to get up from bed 4-5 times every night. But due to a tearing pain in his lungs, he wasn't able to bring up the mucous.
- Within a short period of time he had lost 5 kg. He could only eat ice cream.

The oncologist and the radiotherapist told me, these symptoms would continue for **months!!**

3) Improved Tolerance of Chemotherapy and Radiation: A Case of a Metastasized Nasopharyngeal Carcinoma

At this time it is clear that we have to focus on the side-effects of radiation therapy for the time being.

We should seek the best remedy to alleviate the symptoms according to the law of similars.

3) Improved Tolerance of Chemotherapy and Radiation: A Case of a Metastasized Nasopharyngeal Carcinoma

Repertorisation:

	Phos.	Puls.	Ars.	Caust.	
Total	17	13	9	8	
Rubrics	8	6	4	4	
Family	■	■	■	■	■
STOMACH; VOMITING; green	■	■	■	□	■
COUGH; SIT UP, must	■	■	■	■	■
EXPECTORATION; DIFFICULT	■	■	■	■	■
EXPECTORATION; VISCID	■	■	■	■	■
GENERALITIES; FOOD and drinks; ice-cream; desires	■	■	□	□	□
FACE; NUMBNESS	■	■	□	■	□
SLEEP; SLEEPLESSNESS; coldness; feet, of	■	□	□	□	□
GENERALITIES; BURNS; x-ray, from	■	□	□	□	□

Prescription:

Nov. 10, 2003 Phosphorus Q3

3) Improved Tolerance of Chemotherapy and Radiation: A Case of a Metastasized Nasopharyngeal Carcinoma

Nov.21, 2003: ten days after the prescription of Phosphorus, the patient leaves the Clinica Santa Croce. He was satisfied, because his symptoms had ameliorated drastically:

	beginning	after 10 days
want of sensitivity in face	10	3
burning in throat	10	4
complaints while swallowing	10	4
sore throat	10	4
cough	10	3
tenacious phlegm	10	3
hoarseness	10	2
cold feet	10	2
impossibility to eat	10	3
sensation of foreign object in throat	10	0
thyroid pains	10	3
redness of throat	10	3
eructations	10	0

3) Improved Tolerance of Chemotherapy and Radiation: A Case of a Metastasized Nasopharyngeal Carcinoma

On November 26, 2003 the patient was seen by an ENT-specialist and the oncologist. Both were very surprised by the great amelioration the patient experienced within such a short period of time.

3) Improved Tolerance of Chemotherapy and Radiation: A Case of a Metastasized Nasopharyngeal Carcinoma

Epicrisis:

In these cases, the homeopathic remedy does not interfere with the conventional medical treatment.

Observation period: 13 years

**3) Improved Tolerance of Chemotherapy and Radiation:
A Case of Recurrence of a Rhabdomyosarcoma
in the Right Pelvis**

Dr. Spinedi Dario

Case 5

3) Improved Tolerance of Chemotherapy and Radiation: A Case of Recurrence of a Rhabdomyosarcoma in the Right Pelvis

In spite of all therapies (chemo, radiation and surgery), a seven year old boy developed a **recurrence which is growing very fast and already has the size of 500 ml.**

The oncologist's prognosis is poor.

The father reports that **throughout Germany, only one child has survived a recurrence of a rhabdomyosarcoma.**

3) Improved Tolerance of Chemotherapy and Radiation: A Case of Recurrence of a Rhabdomyosarcoma in the Right Pelvis

The big question is, how the boy will cope with renewed surgery, radiation and chemotherapy.

The prediction is an **inflammation of the intestinal mucosa, a necrosis of the femoral head and impaired growth.**

3) Improved Tolerance of Chemotherapy and Radiation: A Case of Recurrence of a Rhabdomyosarcoma in the Right Pelvis

Course of treatment:

The allopathic treatment is complemented with **Phosphorus in Q-Potencies.**

Result: complete cure **without intestinal inflammation and without necrosis of the femoral head.**

Meanwhile, he is a healthy, strong, tall man without any disturbance of growth.

Follow-up time: 17 years

The role of Phosphorus

About 70% of all patients who come to us while undergoing chemotherapy and/or radiation, receive the remedy **Phosphorus** in a first phase.

The remaining **30%** receive (in the order of frequency):

- **Arsenicum album**
- **Nux vomica**
- **Radium bromatum**
- **X-Ray**
- **Cadmium sulfuricum**
- and others

Remedies that follow

Frequent **remedies after chemotherapy and radiation are**

- **Conium**
- **Arsenicum**
- **Phosphorus**
- **Lycopodium**
- **Sepia**
- **Thuja**
- **Sulphur**
- **Carbo animalis**

Individuality

This summary statement should not distract from the fact that

„each case is individual, rarely two cases are alike“

concerning the administered remedies as well as the sequence in which they are applied.

The **Law of Similars** always remains our guideline.

**3) Improved Tolerance of Chemotherapy and Radiation:
A Case of an Adenocarcinoma of the Pancreas**

Dr. Paul Mutathukunnel

Case 6

3) Improved Tolerance of Chemotherapy and Radiation: A Case of an Adenocarcinoma of the Pancreas

The patient consulted us in 2004, after he had undergone surgery of the pancreas, the gall bladder and part of the duodenum.

He came to see us while he was still receiving chemotherapy.

3) Improved Tolerance of Chemotherapy and Radiation: A Case of an Adenocarcinoma of the Pancreas

Homeopathic Therapy:

July 5, 2004	Lycopodium Q3-Q5
Nov. 15, 2004	Arsenicum Q3,Q4
June 15, 2005	Arsenicum M
Aug. 9, 2005	Thuja XM
Sept. 30, 2005	Thuja XM
Nov. 16, 2005	Lycopodium XM
Feb. 24, 2006	Arsenicum M
Sept. 1, 2006	Arsenicum M
Nov. 30, 2006	Arsenicum XM
Jan. 29, 2007	Lycopodium M
Apr. 4, 2007	Lycopodium M ecc. until today

3) Improved Tolerance of Chemotherapy and Radiation: A Case of an Adenocarcinoma of the Pancreas

The remedies were always chosen according to the presenting symptoms.

The treatment was guided according to the fluctuations of the tumor marker CA19-9.

Follow-up time: 12 years (the prognosis of pancreatic cancer with chemotherapy is **1-2 years on average**).

3) Improved Tolerance of Chemotherapy and Radiation: A Case of an Adenocarcinoma of the Pancreas

It is often observed that patients who come to us with a prognosis of only a few months to live, then survive several years.

All of this encourages us to seek contact with the academic world, so that we can collaborate for the wellbeing of our patients.

3) Improved Tolerance of Chemotherapy and Radiation: A Case of an Adenocarcinoma of the Pancreas

We don't see such beautiful development in all cases of pancreatic carcinomas. But if the case is not too far progressed, one can help.

Sometimes we accompany the patients for a while in a palliative manner, together with conventional medicine.

Directory

1. Avoidance of mutilating surgery
2. Improvement of prognosis
3. Improved tolerance of chemotherapy and radiation
4. **Intolerance or undesireability of chemotherapy or radiation**
5. Aiding dying patients

4. Intolerance or Undesireability of Chemotherapy or Radiation

A Case of an Adenocarcinoma of the Pancreas

Dr. Malchow ,

Supervisor

Dr. Spinedi

Case 7

4. Intolerance or Undesireability of Chemotherapy or Radiation

A Case of an Adenocarcinoma of the Pancreas

A Senior Physician for Radiology from Germany comes to our Clinic as a patient in 2008.

He was diagnosed with pancreatic cancer.

The oncologists in Germany had suggested chemotherapy.

4. Intolerance or Undesireability of Chemotherapy or Radiation

A Case of an Adenocarcinoma of the Pancreas

Since he was aware of the poor prognosis in cases of pancreatic cancer in spite of chemotherapy and he had heard of our Clinic, he tried our approach first.

4. Intolerance or Undesireability of Chemotherapy or Radiation

A Case of an Adenocarcinoma of the Pancreas

The indicated constitutional remedy seemed to be Lycopodium or Phosphorus.

Neither of these two remedies helped him for the cutting abdominal pains he was experiencing.

4. Intolerance or Undesireability of Chemotherapy or Radiation

A Case of an Adenocarcinoma of the Pancreas

Since he was also severely troubled by very tenacious retronasal mucous, we prescribed

Hydrastis

	Hydr.	Caps.	Con.	Kali-I	Phos.
Total	5	3	3	3	3
Rubrics	2	1	1	1	1
Family	Green	Green	Green	Blue	Blue
NOSE; DISCHARGE; viscid, tough; posterior nares, from (30)	Light Blue	Purple	White	Purple	White
ABDOMEN; TUMORS; Pancreas, cancerous (8)	Purple	White	Purple	White	Purple

4. Intolerance or Undesireability of Chemotherapy or Radiation

A Case of an Adenocarcinoma of the Pancreas

After **Hydrastis Q3** the annoying retronasal mucous disappeared, just like the pains in the abdomen.

After a few bottles of **Hydrastis**, the symptoms of **Lycopodium** became very clear, so we prescribed a couple of bottles of this remedy.

4. Intolerance or Undesireability of Chemotherapy or Radiation

A Case of an Adenocarcinoma of the Pancreas

Great was our surprise, when he returned to Germany after spending one month in our Clinic and no tumor could be found anymore in the CT-scan.

Time of observation: **9 years**

4. Intolerance or Undesireability of Chemotherapy or Radiation

A Case of Ovarian Cancer FIGO IIIc

Dr. Spinedi Dario

Case 8

4. Intolerance or Undesireability of Chemotherapy or Radiation

A Case of Ovarian Cancer FIGO IIIc

- **the patient is a woman aged 50, diagnosed with ovarian cancer FIGO IIIc**
- surgery in December 2014:
 - Hysterectomy
 - doublesided ovariectomie
 - peritonectomie of douglas and bladder
 - omentectomy
 - rightsided emicolectomy
 - cholecystectomy
 - Billroth II gastric resection

4. Intolerance or Undesireability of Chemotherapy or Radiation

A Case of Ovarian Cancer FIGO IIIc

The very weakened patient refuses any kind of chemotherapy and thus comes to my outpatient treatment.

Homeopathic therapy:

- **Arnica M** postoperatively
- afterwards **therapy with Sepia Q3-Q23 for 1,5 years**
- Thereafter:

Thuja 200

Sepia M

Sepia M

Thuja M

Sepia XM

4. Intolerance or Undesireability of Chemotherapy or Radiation

A Case of Ovarian Cancer FIGO IIIc

To the present day, the patient feels excellent. Her tumor markers are normal. Her subjective condition is very good.

Follow-up time: 2,5 years

4. Intolerance or Undesireability of Chemotherapy or Radiation

A Case of Ovarian Cancer FIGO IIIc

Commentary:

This is a case where conventional medicine (surgery) and homeopathic therapy complemented each other.

**4. Intolerance or Undesireability of Chemotherapy
or Radiation
A Case of a Large Primary Liver Carcinoma**

Dr. Spinedi Dario

Case 9

4. Intolerance or Undesireability of Chemotherapy or Radiation

A Case of a Large Primary Liver Carcinoma

The patient is an 80 year old male with a primary carcinoma of the liver.

Chemotherapy was discontinued due to strong side effects.

Therefore homeopathic approach, beginning in December of 2014.

4. Intolerance or Undesireability of Chemotherapy or Radiation

A Case of a Large Primary Liver Carcinoma

Under the administration of

- **Chelidonium Q**
- **Phosphorus Q**
- **Lycopodium Q**

(depending on the symptomatology) the transaminases decreased, the appetite and the body weight increased.

Meanwhile, the patient is 82 years old. Every day he takes a walk with his wife for about one hour and can perform small tasks in his garden.

The size of the tumor has slightly increased.

Commentary

These examples show how nicely conventional medicine and homeopathy can help each other.

Directory

1. Avoidance of mutilating surgery
2. Improvement of prognosis
3. Improved tolerance of chemotherapy and radiation
4. Intolerance or undesireability of chemotherapy or radiation
5. **Aiding dying patients**

5. Aiding Dying Patients Carcinoma of the Sinus

**Dr. R. S. Pareek,
Agra, India**

5. Aiding Dying Patients

Carcinoma of the Sinus

This is the case of a patient who initially had bleeding nasal polyps. They were surgically removed. The polyps later degenerated into an inoperable carcinoma of the sinus, diagnosed in July 2008

The patient sought the help of Dr. Pareek in 2011.

Symptomatology:

- very fetid discharge from the nose, desire for icecold drinks and salt
- chilliness
- dryness of mouth and throat

Prescription: **Carbo animalis M**

5. Aiding Dying Patients
A Case of a Nasopharyngeal Carcinoma

Dr. Muttathukunnel

Supervision:

Dr. Spinedi Dario

Case 10

5. Aiding Dying Patients

A Case of a Nasopharyngeal Carcinoma

A female patient with a nasopharyngeal carcinoma.

In 2008 she received three weeks of chemotherapy and 32 sessions of radiation therapy.

In 2012 she developed a recurrence.

In April of 2016 she is 60 years old and seeks our help at the Clinica Santa Croce. She presents with a **carcinoma of the retropharynx with cervical metastases, an infiltration of the ethmoid and the sphenoid bone and very strong neuralgic pains, in spite of morphine and 3 different painkillers. The odour coming from her nose was beyond endurance.**

Before, the patient had been sent home without any hope for cure.

5. Aiding Dying Patients

A Case of a Nasopharyngeal Carcinoma

I remembered the case of the carcinoma of the sinus of Dr. R. S. Pareek and recommended to my colleague to give **Belladonna 200** for the pains and afterwards **Carbo animalis in Q-potencies**.

5. Aiding Dying Patients

A Case of a Nasopharyngeal Carcinoma

Belladonna helped greatly for her pains. She was able to discontinue all pain medication.

After one week of treatment with **Carbo animalis**, a large piece of stinking tissue fell from her nose.

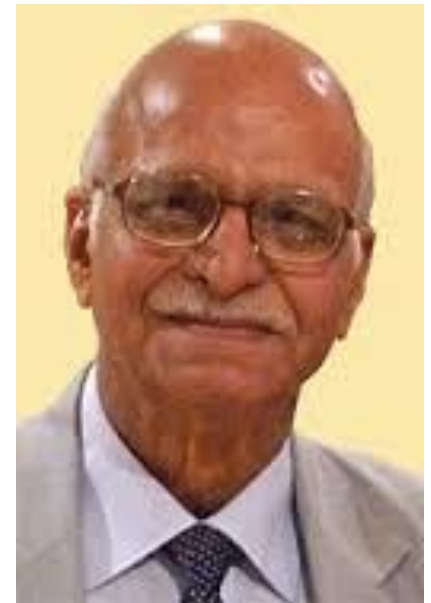
We were able to dismiss her from the Clinica Santa Croce after two weeks, free of pains, drug-free and in a very good general condition.

She continues to take **Carbo animalis in Q-potencies**.

To the present day (after a year) she is doing well.

Commentary

We are collaborating with the Dres. Pareek from Agra, India since the year 2005, because they are confronted with very many severely ill patients.



**5. Aiding Dying Patients
A Case of Intestinal Cancer**

Dr. Dario Spinedi

Case 11

5. Aiding Dying Patients

A Case of Intestinal Cancer

This case concerns the 65 year old mother of one of my patients. The mother is suffering from inoperable intestinal cancer with many metastases, leading to an ileus with vomiting of stool.

The patient has great fear of death and is tossing and turning, full of restlessness.

She has great fear of being alone.

She is very chilly.

5. Aiding Dying Patients A Case of Intestinal Cancer

- Repertorisation

	Ars.	Rhus-t.	Kali-c.	Acon.	Bell.	Phos.	Op.
Total	17	12	12	11	10	11	9
Rubrics	7	6	5	4	6	5	5
Kingdoms	Blue	Green	Blue	Green	Green	Blue	Green
Traditional Miasms	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
STOMACH; VOMITING; fecal (20)	1	1			2		3
ABDOMEN; ILEUS, obstruction of intestines (67)	1	1	2	1	1	1	2
MIND; FEAR; death, of (172)	4	2	2	4	2	3	2
RESTLESSNESS, nervousness; tendency; move; must constantly (27)	2	3			2		
MIND; RESTLESSNESS, nervousness; tendency; anxious (122)	3	2	3	4	2	2	1
MIND; FEAR; alone, of being; die, lest he (6)	3		2		1	2	
GENERALITIES; HEAT; vital, lack of (219)	3	3	3	2		3	1

5. Aiding Dying Patients A Case of Intestinal Cancer

Prescription: **Arsenicum album C 30**, in water, every two hours.

After the second dose, the patient doesn't vomit any more stool. She is able to pass stool regularly. The pains decrease greatly, as well as the anxiety and restlessness.

One week later, the patient dies peacefully.

Commentary

This case is exemplary for many others.

Not always are we able to palliate as successfully as in this case.

In some cases, if necessary, we need to add a bit of morphine.

But even in these cases homeopathy can be of great help for „good“ dying.

It would be a blessing if every hospice had a practicing homeopath.

Our daily work



We do not want to forget those patients, whom we supported and who didn't manage to survive.

Accompanying severely ill patients confronts us with death again and again, in spite of all efforts.

**5. Aiding Dying Patients
A Case of Pancreatic Cancer**

Dr. Spinedi Dario

Case 12

5. Aiding Dying Patients

A Case of Pancreatic Cancer

- This patient is 60 years old. He has a carcinoma of the pancreas in a very progressed stage, with jaundice, cachexia, very strong pains (in spite of 5 painkillers) and great fear of death.
- The patient is full of despair, he is screaming constantly that he doesn't want to die.
- Great restlessness, he is pacing up and down in his room.
- He repeatedly announces that he will jump out the window.
- He hasn't been able to sleep now for several nights.

5. Aiding Dying Patients A Case of Pancreatic Cancer

- Repertorisation:

	Bell.	Lach.	Sep.	Cham.	Puls.	Aur.	Coff.
Total	6	6	6	6	6	5	5
Rubrics	4	4	4	3	3	3	3
Kingdoms	Green	Red	Red	Green	Green	Blue	Green
MIND; RESTLESSNESS, nervousness; tendency; pain; from (34)	Light Blue	Light Blue	Light Blue	Light Blue	Blue	White	Blue
MIND; SUICIDAL disposition; pains, from (6)	Light Blue	Light Blue	Light Blue	White	White	Purple	White
SLEEP; SLEEPLESSNESS; sleepiness, with (125)	Purple	Blue	Purple	Purple	Purple	Light Blue	Blue
SLEEP; SLEEPLESSNESS; pains, from (128)	Light Blue	Blue	Light Blue	Blue	Light Blue	Light Blue	Light Blue

- Prescription: **Belladonna C 200 (5-6 globules dissolved in water), administered every 10 minutes.**

5. Aiding Dying Patients

A Case of Pancreatic Cancer

- After the tenth dose (after about 2 hours) the patient laid down and fell asleep.
- He slept right through until the next day !!!
This hadn't happened anymore since weeks.
- From this moment onwards until his death 15 days later the patient required no more pain medication.

5. Aiding Dying Patients

A Case of Pancreatic Cancer

- The patient was calm, spoke with his family members and could say good bye to friends.
- He enjoyed the beautiful September sun on the balcony of the Clinica and died peacefully.

5. Aiding Dying Patients
A Second Case of Pancreatic Cancer

Dr. Spinedi Dario

Case 13

5. Aiding Dying Patients

A Second Case of Pancreatic Cancer

- The 70 year old mother of a colleague, a conventional physician, was admitted to our hospital. She was suffering from pains due to an advanced carcinoma of the pancreas.
- In spite of her being with us for one week, we still weren't able to help her. Hence, the colleague told us he believed he would be able to help her better with morphine therapy at home.
- So he took his mother home.

5. Aiding Dying Patients

A Second Case of Pancreatic Cancer

- A few days later the colleague phoned us. In spite of high doses of morphine and his mother not responding anymore, she was constantly moaning in her soporific state and grimacing as if in pain.
- I asked whether he had observed any other symptoms in her, before she turned soporific.

5. Aiding Dying Patients

A Second Case of Pancreatic Cancer

- He answered: „Yes, something was odd. Before she fell unconscious, she gestured with her hand as if she was chasing something away.
- When I inquired what she was doing, she told me to send all those small dogs away that were walking around on the table. She also was seeing many small dogs on the walls.“

5. Aiding Dying Patients

A Second Case of Pancreatic Cancer

- Repertorisation

	Bell.	Calc.	Stram.	Aur.	Lyc.	Puls.	Sil.
Total	6	5	4	4	4	4	4
Rubrics	3	3	3	2	2	2	2
Kingdoms	Green	Blue	Green	Blue	Green	Green	Blue
MIND; DELUSIONS, imaginations; animals, of; dogs; sees (17)	Purple	Blue	Blue	Cyan	Cyan	Cyan	Cyan
DELUSIONS, imaginations; animals, of; dogs; swarm about him (3)	Cyan	Blue	Cyan	White	White	White	White
MIND; SENSITIVE, oversensitive; pain, to (134)	Blue	Cyan	Cyan	Purple	Purple	Purple	Purple

5. Aiding Dying Patients

A Second Case of Pancreatic Cancer

- I told the son to dissolve some globules of **Belladonna C 200** in water and to administer some drops into her mouth every two hours, until he saw an improvement.
- A few days later he called me to express his gratitude: **after the first drop of Belladonna** his mother stopped moaning and died peacefully two days later.

Conclusion

It is my sincere hope that these few cases, which are exemplary for many other similar cases, will encourage conventional medicine and homeopathy to collaborate, on behalf of suffering patients.

Thank you very much



Clinica Santa Croce
Homöopathische Klinik



www.clinicasantacroce.ch

Our daily work

The university of Freiburg im Breisgau sent a professor of statistics, an oncologist and a doctoral candidate to our Clinica. They studied the charts of 300 patients who had been treated with homeopathy, and for four years compared them with a similar group of patients who were treated solely with allopathy.



Our daily work



They established that patients with homeopathic treatment had a statistically significant better quality of life than patients who were treated with allopathy only.

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