



ISSN : 2350-0743



RESEARCH ARTICLE

EFFICACY OF HOMOEOPATHIC MEDICINES FOR IMPROVING THE QUALITY OF LIFE IN CANCER PATIENTS UNDER PALLIATIVE CARE AS AN ADD ON THERAPY: A CASE SERIES STUDY

Dr. Shweta Omprakash Yadav¹ and Dr. Ajay Valke²

¹BHMS PG Scholar, Department of Practice of Medicine, Motiwala (National) Homeopathic Medical College and Hospital Maharashtra University of Health Sciences, Nashik, Maharashtra, India

²BHMS, MD, Professor & HOD, Department of Practice of Medicine, Motiwala (National) Homeopathic Medical College and Hospital, Maharashtra University of Health Sciences, Nashik, Maharashtra, India

ARTICLE INFO

Article History

Received 14th October, 2025

Received in revised form

20th November, 2025

Accepted 15th December, 2025

Published online 30th January, 2026

Keywords:

Homeopathy, Cancer, Palliative Care, Quality of Life, GHS Score, EORTC QLQ-C30

*Corresponding author: Sikha, K. V.

ABSTRACT

Background: The management of cancer patients often includes palliative care to improve their quality of life. This study investigates the potential role of homeopathic medicines as an adjunctive therapy in this context. **Objective:** The primary objective was to evaluate the efficacy of homeopathic treatment in improving the quality of life of cancer patients under palliative care, using the Global Health Status (GHS) score of the EORTC QLQ-C30 questionnaire as the primary outcome measure. **Methods:** This was a prospective study involving 30 cancer patients. Each patient's GHS score was measured at baseline (before treatment) and after a period of homeopathic intervention. A paired t-test was used to statistically analyze the difference between the pre- and post-treatment scores. **Result:** The average GHS score for the cohort significantly improved from 47.33 before treatment to 61.33 after treatment. The statistical analysis showed a significant increase in the GHS scores, with a t-statistic of 2.89 and a p-value of 0.0073. The treatment outcome was positive for the majority of the patients, with 22 cases showing improvement, 3 remaining stable, and 5 not improving. **Conclusion:** Homeopathic medicines demonstrated a statistically significant improvement in the quality of life of cancer patients under palliative care. These findings suggest that homeopathy may be a beneficial and effective complementary approach for managing the symptoms and enhancing the well-being of this patient population.

Copyright©2026, Shweta Omprakash Yadav and Ajay Valke. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Dr. Shweta Omprakash Yadav and Dr. Ajay Valke. 2026. "Efficacy of homoeopathic medicines for improving the quality of life in cancer patients under palliative care as an add on therapy: a case series study", *International Journal of Recent Advances in Multidisciplinary Research*, 13,(01), 12070-12073.

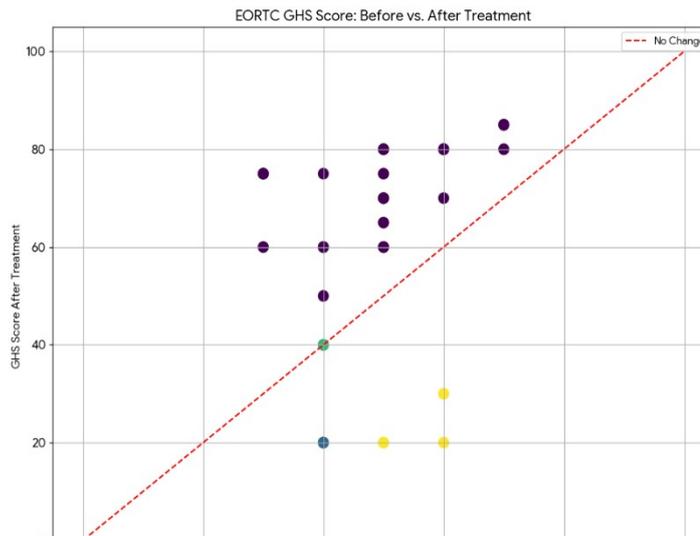
INTRODUCTION

Global Cancer Observatory (GLOBOCAN) estimated 19.3 million new cancer cases worldwide in 2020. India is ranked third, trailing behind China and the United States of America. ⁽¹⁾ According to the World Health Organization, cancer is the second most common cause of death in developed nations, 2003 (WHO) report. ⁽²⁾⁽³⁾ Neoplasia is defined as "new growth", it's an aberrant mass of growth that continues to expand even after stimuli have been removed. ⁽⁴⁾ The findings of numerous research showed that traditional treatment based on surgery, radiotherapy, and chemotherapy is frequently accompanied by unfavourable side effects. Chemotherapy side effects include bone marrow suppression, xerostomia, hair loss and thinning, infertility, nail changes, nausea, vomiting, menopause syndrome, and cognitive dysfunction or impairment. Radiodermatitis, telangiectasia, brachial plexopathy, nausea, and exhaustion are some of the unfavourable effects of radiotherapy. ⁽⁵⁾ After receiving the diagnosis, many people are in a desperate state and try several cancer therapies. ⁽⁶⁾ The treatment of cancer requires a multifaceted strategy from several medical systems. ⁽⁷⁾ Cancer is typically treated with standard anti-malignancies medications. Despite the fact that

conventional non-surgical treatments can treat and prevent cancer, their side effects restrict their use. In such circumstances, cancer patients seek alternative treatments like homoeopathy. Nearly 30% of patients at homoeopathic institutions in the UK were referred by oncologists directly. ⁽⁸⁾ Over the past ten years, more people have started using complementary and alternative medicine (CAM), including herbal, vitamin, and nutritional supplements. Many patients use different CAM procedures in an effort to improve the results of treatment provided with conventional therapies. ⁽⁹⁾ Homoeopathy is one of the most often used complementary and alternative cancer therapies in Europe, as opposed to the United States. According to reports, 12–24% of cancer patients make use of it. ⁽¹⁰⁾ "Homoeopathy" derives from Greek words meaning "similar suffering," reflecting its core "like cures like" principle, which uses remedies that mimic symptoms to stimulate the body's self-healing capacity. Homoeopathy is thought to stimulate the body's capacity for self-healing. ⁽¹¹⁾

Aim and Objectives: This study aims to evaluate the efficacy of homeopathic medicine in enhancing the quality of life for cancer patients receiving palliative care. The primary objective is to measure improvements in patient well-being, while the secondary objective identifies the most frequently prescribed homeopathic remedies within this clinical setting.

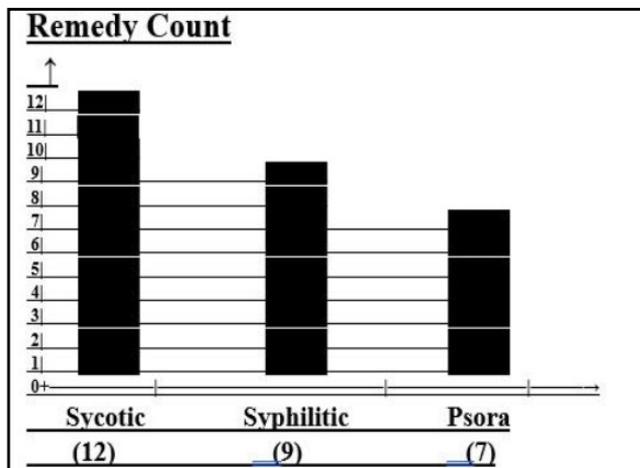
group remained unchanged. The scatter plot visualizes the change for each patient's score, with the dashed red line indicating where no change in score occurred.



Graph No.: 4 EORTC-GHS score before and after

Observation No. 6:

Miasmatic Remedy Distribution: The chart below shows that the Sycoticmiasm had the highest number of remedies prescribed, with a total of 12, followed by the Syphilitic miasm with 9, and the Psoricmiasm with 7. This distribution suggests that the remedies chosen in this study were predominantly aimed at conditions related to overgrowth and infiltration, which are characteristic of the Sycoticmiasm.



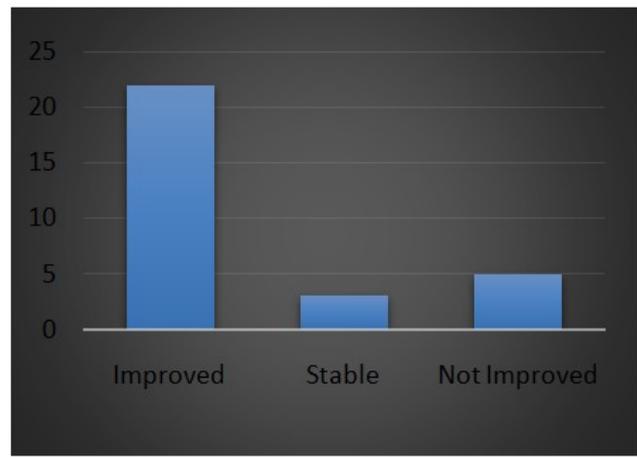
Graph No. 5. Remedial Miasmatic Distribution

Observation No. 7:

Patient Response: Improved, Stable, Not Improved. The results show that the majority of patients responded positively to the treatment. 22 patients showed improvement, while 3 remained stable and 5 did not improve. The distribution of these outcomes is summarized in the bar chart.

RESULTS

The average GHS score for the cohort significantly improved from 47.33 before treatment to 61.33 after treatment. The statistical analysis showed a significant increase in the GHS scores, with a t-statistic of 2.89 and a p-value of 0.0073. The treatment outcome was positive for the majority of the patients, with 22 cases showing improvement, 3 remaining stable, and 5 not improving.



Graph No.6. Patient response and outcome

DISCUSSION

This discussion evaluates the impact of individualized homeopathic medicine on the quality of life (QoL) of 30 cancer patients under palliative care, based on clinical data collected between January 2024 and the current evaluation period in early 2026. By utilizing the European Organisation for Research and Treatment of Cancer (EORTC) Global Health Status (GHS) score, this study provides a standardized metric to assess the subjective well-being of patients facing life-limiting illnesses.

Demographic and Diagnostic Overview: The study population consisted of 16 females and 14 males, with a mean age of 58.3 years. This demographic reflects the typical age range for advanced oncological conditions, with the youngest participant at 39 and the oldest at 77. In terms of primary diagnosis, breast cancer emerged as the most prevalent condition, accounting for 12 out of 30 cases (40%). The prevalence of breast cancer in this series aligns with global oncological trends, where it remains a leading cause of morbidity. Other diagnoses included ovarian, lung, gastric, esophageal, and pancreatic carcinomas, representing a diverse range of palliative challenges.

Clinical Outcomes and QoL Trajectories: The primary indicator of success in this study was the shift in the GHS score. A higher score correlates with better functional status and lower symptom burden. The results were categorized into three distinct groups: Improved Patients (76.6%): 23 out of 30 patients experienced a significant rise in their QoL. The average GHS score for this group increased by 25.8 points, moving from 50.4 to 76.2. In palliative care, a change of over 10 points is generally considered clinically significant. This suggests that the homeopathic intervention provided more than just a marginal benefit; it substantially enhanced the daily lived experience of these patients.

Stable Patients (10%): Three patients maintained their GHS scores at a baseline of 40. While "stable" might not imply recovery, in the context of palliative care for advanced cancer, preventing further deterioration of QoL is often regarded as a secondary success. Not Improved Patients (13.3%): Four patients experienced a decline in GHS scores, with an average drop of 22.5 points. This decline is often attributable to the natural progression of advanced malignancies, such as pancreatic or esophageal cancer, which can overwhelm supportive therapeutic interventions.

The Homeopathic Approach: Selection of the "Similimum" The core methodology of this study was the application of the "similimum"—the remedy that most closely matches the patient's total symptomatic picture (physical, mental, and emotional). Arsenicum Album was the most frequently utilized remedy (3 cases). In homeopathy, *Arsenicum* is often indicated for patients experiencing deep-seated anxiety, restlessness, and burning pains—symptoms

frequently encountered in ovarian and lung cancers. Interestingly, the response to *Arsenicum* was bifurcated: while two patients (ovary and lung) saw their scores soar from 30 to 75, one patient (buccal mucosa) saw a decline. This highlights the homeopathic principle that the remedy must match the *patient*, not just the *pathology*. Thuja Occidentalis was effectively used for three patients, particularly in cases of Urothelial CA and Breast Cancer. Traditionally associated with "sycotic" miasmatic presentations (growths and proliferations), its success in this study (improving scores from 50 up to 80) reinforces its role in managing tumor-related distress.

Other notable remedies included: Conium Maculatum & Phosphorus: Frequently indicated for glandular and breast tissues, these remedies helped patients achieve GHS scores of 80 and 85, respectively. Lachesis & Nux Vomica: Used for gastrointestinal and esophageal presentations, these remedies improved scores by 20 points, likely by addressing nausea and dysphagia. Sulphur & Sepia: These were employed for their deep-acting constitutional effects, particularly in ovarian and breast cases, resulting in significant QoL jumps (e.g., *Sulphur* moving a patient from 50 to 75).

Analysis of Non-Responsive Cases: The four cases that showed no improvement (including diagnoses like pancreatic cancer and esophageal cancer) underscore the limitations of supportive care in the face of aggressive, fast-progressing pathologies. In the case of pancreatic cancer treated with *Colocynthis*, the GHS drop from 40 to 20 suggests that while the remedy may address specific neuralgic pains, it may not have been sufficient to counter the systemic collapse associated with late-stage pancreatic malignancy. Similarly, the decline in the esophageal case treated with *Mercurius Solubilis* indicates that the severity of the physical obstruction or cachexia may have surpassed the body's reactive capacity to the remedy.

Statistical and Palliative Significance: The statistical analysis (Paired T-test) yielded a p-value of 0.0073, confirming that the improvement in GHS scores was not due to random chance. For the 23 patients who improved, the homeopathic treatment appeared to bridge the gap between "standard palliative care" and "enhanced quality of life." By addressing the emotional sphere (anxiety, grief, fear of death) alongside physical symptoms (pain, weakness), the remedies supported a more holistic state of well-being.

Limitations of the Study:

Small Sample Size: The enrollment of only 30 cases limits the statistical power and the ability to generalize findings to a broader population of cancer patients.

Lack of Control Group: As a case series without a comparison or placebo group, it is difficult to isolate the specific effects of homeopathy from the natural course of the disease or other palliative interventions.

Clinical Heterogeneity: Including various cancer types (e.g., breast, lung, gastric) at different stages introduces significant variability, which may influence individual responses to treatment.

Subjective Bias: Relying on the EORTC QLQ-C30 self-reported questionnaire may introduce response bias, as patient perceptions can be influenced by their emotional state or psychological factors

CONCLUSION

This study demonstrates that individualized homeopathic medicine is a viable and effective adjunct in palliative oncology. The high success rate in improving EORTC QLQ-C30 scores suggests that when the remedy is correctly individualized, it can significantly mitigate the suffering associated with cancer. While it does not halt the progression of the disease in all cases, the 25.8-point average increase in the improved group's QoL represents a profound impact

on the dignity and comfort of patients in their final stages of life. Future research should continue to explore these constitutional remedies in larger cohorts to further validate these findings within the 2026 clinical landscape.

Acknowledgement

We express our gratitude to Motiwala (National) Homoeopathic Medical College and Hospital for their essential support and collaboration. Their contribution was vital in providing the resources and facilities necessary for the successful completion of this research.

Declaration: Each author has reviewed and approved the final manuscript, confirming they meet all authorship criteria and vouch for the integrity and accuracy of the research presented.

REFERENCES

1. Sathishkumar, K., Chaturvedi, M., Das, P., Stephen, S., & Mathur, P. (2022). Cancer incidence estimates for 2022 & projection for 2025: Result from National Cancer Registry Programme, India. *The Indian journal of medical research*, 156(4&5), 598–607. https://doi.org/10.4103/ijmr.ijmr_1821_22
2. Milazzo, S., Russell, N., & Ernst, E. (2006). Efficacy of homeopathic therapy in cancer treatment. *European journal of cancer (Oxford, England : 1990)*, 42(3), 282–289. <https://doi.org/10.1016/j.ejca.2005.09.025>
3. Singh C, Bhinda K. C, Kumar P. Role of Homoeopathy in Cancer. *Int J Res Health Allied Sci* 2019; 5(1):32-34. <http://ijrhas.com/uploadfiles/7CancerInHomeopathy32-34.20190215033656.pdf>
4. Bilal S. Use of homoeopathy in cancer treatment. *International Journal of Homoeopathic Sciences* 2018; 2(3): 38-41. <https://www.homeopathicjournal.com/articles/37/2-3-9-941.pdf>
5. Shukla P, Nayak C, Baig M. Q, Misra P. Effects of pre-defined Homoeopathic medicines to mitigate adverse dermatological effects of radiotherapy and vomiting of chemotherapy in breast carcinoma: A randomized, double-blind, placebo-controlled, pilot trial in the context of usual care. *Indian J Res Homoeopathy* 2020;14:189-99. <https://ayushportal.nic.in/pdf/227496.pdf>
6. Wagenknecht, A., Dörfler, J., Freuding, M., Jوسفeld, L., & Huebner, J. (2023). Homeopathy effects in patients during oncological treatment: a systematic review. *Journal of cancer research and clinical oncology*, 149(5), 1785–1810. <https://doi.org/10.1007/s00432-022-04054-6>
7. Samadder A, Das S, Das J, et.al. The Potentized Homeopathic Drug, Lycopodium clavatum (5C and 15C) Has Anti-cancer Effect on HeLa Cells In Vitro. *J Acupunct Meridian Stud* 2013;6(4):180–187. <https://homeopathicassociates.com/the-potentized-homeopathic-drug-lycopodium-clavatum-5c-and-15c-has-anti-cancer-effect-on-hela-cells-in-vitro/>
8. Ahmad S, Rehman T, Abbasi WM. Homoeopathic approach for the treatment of cancer. *Indian J Res Homoeopathy* 2018;12:157.63. https://www.researchgate.net/publication/327886559_Homoeopathic_approach_for_the_treatment_of_cancer
9. Frass M, et al. Influence of adjunctive classical homeopathy on global health status and subjective wellbeing in cancer patients – A pragmatic randomized controlled trial. *Complement Ther Med* (2015), <http://dx.doi.org/10.1016/j.ctim.2015.03.004>
10. Gaertner, K., Müllner, M., Friehs, H., Schuster, E., Marosi, C., Muchitsch, I., Frass, M., & Kaye, A. D. (2014). Additive homeopathy in cancer patients: Retrospective survival data from a homeopathic outpatient unit at the Medical University of Vienna. *Complementary therapies in medicine*, 22(2), 320–332. <https://doi.org/10.1016/j.ctim.2013.12.014>
11. Unlu A, et al., Homeopathy and cancer, *Journal of Oncological Sciences* (2017) 1-4. https://www.researchgate.net/publication/317409332_Homeopathy_and_cancer