

Original Article

Preparation of Cancer nosodes from specific cancer tissues

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Abstract

Nosodes are ultra-dilute preparations made from diseased tissues or organisms used in homeopathy since 1830, more frequently used since 1880. Carcinosis is a commonly used nosode prepared over 100 years ago from cancer tissues in the last part of the nineteenth century, of which the exact scientific information on the histopathological characterization of the source material is not available. The current therapeutic indications of Carcinosis have been largely empirical and clinically derived. In such a scenario, understanding the paramount importance of the Cancer nosode, it's revamping in the light of current scientific knowledge has been identified by the author. Specific cancerous tissue samples were sourced for nosode preparation. Identified pieces of tissue were histopathologically diagnosed, thoroughly washed, quantified and triturated with powder of Saccharum lactis to prepare decimal potencies, as per standard method suggested in the Homoeopathy Pharmacopoeia of India. Centesimal potencies were prepared using electromechanical potentizer, documenting the force parameters. The Cancer nosodes from specific cancer tissues were prepared in a systematic manner, which could be used for research as well as in clinical practice. The author has attempted scientific preparation of new Cancer nosodes making them available to the profession. On similar lines, more of cancer tissues could be explored for making other nosodes.

Keywords: Cancer nosode, Nosode, Carcinosis, Adeno-carcinoma, Squamous cell carcinoma, homeopathy, potentization

Background

Nosodes are ultra-dilute preparations made from diseased tissues or organisms used in homeopathy since 1830, more frequently used since 1880. Carcinosis is a commonly used nosode prepared from cancer tissues in the last part of the nineteenth century, of which the exact information is not known. James Compton Burnett, MD, (1840-1901) appears to be the first to develop Cancer nosode called Carcinosis [1]. Burnett had several different cancer preparations such as Scirrhinum, Durum, and more [2]. Scientific information on the histopathological characterization of the source material of the Cancer nosodes made over 130 years is not available.

On investigative communication by the author with some of the leading manufactures of Carcinosis nosodes, it was found that the currently available nosodes are often a mix of over twenty-eight different cancer tissues, of which no source details are available with the manufactures [3]. Almost all the manufactures of Carcinosis use the back-potencies of at least 70 to 100 years old preparation of ill-defined material. Also, the Carcinosis sourced from one pharmacy may not be the same as the one from any other pharmacy. Since the preparations are made from previous back-potencies, the potencies on sale are not the same as what is printed on the labels. For example, the claimed 30c potency could be anything more than 30c.



Systematic homeopathic pathogenetic trials (drug proving) of currently available Carcinosis have not been on record. Burnett and W.L. Templeton conducted small proving [4]. DM Foubister derived some indications based on clinical experience with Carcinosis [5]. Foubister's Carcinosis was 'probably' prepared from an epithelioma of breast brought from the United States [6]. Foubister used Carcinosis prepared from 'un-defined' material.

The current therapeutic indications of Carcinosis have been largely empirical and clinically derived. In spite of such ambiguity about the source, Carcinosis has been a popular remedy in clinical practice. The author has also used Carcinosis in over 2000 patients for a range of disease conditions with encouraging results. Carcinosis has shown anti-cancer role cell-line study [7] as well as in studies on mice [7,8,9,10].

In such a situation, understanding the paramount importance of the Cancer nosode, it's revamping in the light of current scientific knowledge has been identified by the author.

Objectives

Methodical preparation of potentized Cancer nosodes using distinct cancer tissues for research and clinical use.

Materials and Methods

Histologically, cancers are categorized in different ways. One of the ways is by the type of cells they emerge from. Yet, another way of classification is by the kind of organs they inflict. Broadly, they are classified as Carcinoma, Sarcoma, Lymphoma, Leukemia, Brain and spine cancers. Depending on the types, organs, and availability of cancer tissues, the following tissues were chosen for developing the nosodes.

1. Squamous cell Carcinoma (skin): Specimen of wide excision biopsy of an ulcerated growth on the skin over the left leg. Diagnosed as infiltrating, moderately differentiated Squamous cell carcinoma grade II. The tissue was mass measuring 7x6x5cm, cream, white color externally and on cut section.
2. Adenocarcinoma (rectum): Specimen of sigmoid colon with the rectum and anal canal. Diagnosed as infiltrating moderately differentiated Adenocarcinoma of the rectum.
3. Differentiated mucinous adenocarcinoma (stomach): Specimen of subtotal gastrectomy, omentum tissue, and duodenal edge. Diagnosed as infiltrating moderately differentiated mucinous adenocarcinoma of the stomach.
4. Ductal Carcinoma (breast): Specimen of tru-cut biopsy of the left breast. Yellowish hemorrhagic brownish tissue size from 3mm to 7mm in length. Diagnosed as Ductal carcinoma with grade II tumor.
5. Malignant Melanoma (great toe): Specimen of the right great toe by excisional biopsy, brownish-black tissue, diameter greater than 6 mm. Diagnosed as Malignant Melanoma of the toe.



6. Papillary Carcinoma (thyroid): specimen of thyroid left lobe. Capsulated greyish white nodule measuring 1.5x 0.5 cm. Diagnosed with Papillary Carcinoma of the thyroid.

Two pieces of individual tissues were obtained from reputed pathology laboratories (Clinico-pathological laboratory and Ankur pathological laboratory, Mumbai) which were histopathologically confirmed for specific malignancies, along with a detail report as well as the histopathological slide. The tissues were in the bottles containing formalin. Only one piece (quantity) was used for trituration and potentization. Following steps were carried out:

1. All the preparations were sourced from the cancerous tissue samples. Identified pieces of (size 2mm x 2mm x 2mm), each tissue weighing about 100 mg, were washed thoroughly using water for injection in an aseptic environment. All preparations were made individually for specific nosode. The tissues were finely chopped and weighed.
2. The chopped tissue was triturated with Saccharum lactis powder as the vehicle. Based on Hahnemann's method and following Homeopathy Pharmacopoeia of India (HPI) procedures (class IX method) [11], decimal potency was prepared using two parts of chopped tissue with nine parts of Saccharum lactis powder. Here two parts of tissues were taken because of loss by evaporation during trituration process.
3. Specific tissue was taken in a sterile unglazed porcelain mortar for trituration.
4. Saccharum lactis was divided into three parts in a 1:3:5 ratio [12] on a measuring tile. The process of trituration consumes one-hour. Each stage consumes twenty minutes. Dividing the vehicle (Saccharum lactis) into nine parts allows the powder to mix properly with the crude source material. This method helps achieve a better degree of mixing, powder-flow, and its fineness. This is generally an accepted pharmacy practice in India.

In the first stage of twenty minutes, tissue was triturated with one part of Saccharum lactis. Each stage was divided into two sub-stages that consume ten minutes each. Each sub-stage of ten minutes consists of rubbing or grinding for six minutes; scraping pestle and mortar with spatula and string for four minutes. The process was carried out in the initial ten minutes of each stage and was repeated for the next ten minutes. Likewise, the second stage with three parts of Saccharum lactis and the third stage with five parts of Saccharum lactis were processed to arrive at 1X potency.

5. Next 2X potency was prepared by triturating 1 part of 1X with nine parts of Saccharum lactis. Higher potencies up to 6X were prepared in a manner similar to 2X. All medicinal substances triturated to 6X trituration were soluble in water and alcohol.
6. One part of 6X trituration was dissolved in a solution containing fifty parts of water for injection and fifty parts of dispensing alcohol (92% dispensing alcohol as per HPI standards). Ten succussions as per the HPI standards were given to this mixture to achieve 8X potency with an electromechanical potentizer [13] developed by the author.
7. The first potency prepared from 6X trituration was 8X. (The 7X cannot be prepared in the proportion of one to nine. To get 7X potency from 6X, 5 parts of water and five parts of alcohol

(92%) were required to success one part of 6X potency. Since this quantity is not sufficient to dissolve the solute, the 7X potency cannot be prepared.

8. Thus, fifty parts each by volume of water and alcohol (92%) was required for the dissolution of one part of 6X potency. After succussion, the solute was found to be reduced 100 times, giving drug strength of 8X potency. Hence, the potency of 7X is skipped when 6X is converted into a liquid potency. (This is termed as “Jumping Potency”, defined as the conversion of trituration to succussion in the decimal scale where 6X is converted to 8X.)

The preparation in X scale (in 1:3:5 proportions) is recommended to bring the crude drug in a desired state of fineness. Increasing quantity for triturating (centesimal scale) without modifying the mechanical device to triturate greater quantity may result in an inferior preparation. If the pharmacist has a requirement for the supply of preparation on a large scale, new mechanical device for triturating greater quantity may be employed [14].

9. Further centesimal potencies in liquid were prepared by dilution (1:99 parts), labeled and stored at an appropriate temperature. Potencies up to 6X were preserved between 4-6°C.

The potency 6X converted to 8X is equivalent to 4c and was named as 4c potency. Further 5c, 6c...12c... liquid potencies at the ratio 1:99 were prepared. Dilution at the rate of 1:99 was done to achieve centesimal potencies.

Potencies up to 12c (and above) were prepared by using electromechanical potentizer and the force applied was measured (30c potency as 10916.1 Nm) [13]. All the potencies were labeled and stored appropriately.

Results

Individual cancer tissue nosodes were prepared in a systematic manner, which could be used for research as well as in clinical practice.

1. Squamous Cell carcinoma Nosode
2. Adenocarcinoma rectum Nosode
3. Differentiated mucinous Adenocarcinoma of the stomach Nosode
4. Ductal carcinoma breast Nosode
5. Malignant Melanoma Nosode
6. Papillary Carcinoma Nosode

Nosodes prepared by inventor and documented the parameters as specified below (Table:1)

Squamous Cell Carcinoma Nosode

Source: Sq Cell Cancer of skin

Potency: 30c (7c from 6x)

Force: 4851.6 Nm

Prepared: June 2006

Prepared by Dr Rajesh Shah

Batch No.:

Table: 1 Cancer Nosodes specifications								
Sr No	Name	Source	Quantity of source material	Year of preparation	Potency	Force parameter	Prepared by	Batch Number
1	Squamous Cell Carcinoma Nosode	Sq Cells from Cancerous skin-Human	0.4 mg	June 2006	12C	3638.7 Nm	Author	Carsq-062006
2	Adenocarcinoma rectum Nosode	Adeno-Cancerous tissue from rectum-Human	0.8 mg	June 2006	12C	3638.7 Nm	Author	CARDA-062006
3	Differentiated mucinous Adenocarcinoma of the stomach Nosode	mucinous Adenocarcinoma of the stomach - Human	1 gm	June 2006	30C	10916.1 Nm	Author	CAD-062006
4	Ductal carcinoma breast Nosode	Biopsy pieces of the ductal carcinoma right breast -Human	1 gm	June 2006	30C	10916.1 Nm	Author	CADUC T-062006
5	Malignant Melanoma Nosode	Malignant Melanoma (of the great toe) tissue of - Human	1.5 gm	June 2006	12C	3638.7 Nm	Author	CAMAL -062006
6	Papillary Carcinoma Nosode	Papillary Carcinoma thyroid tissue-Human	2 gm	June 2006	12C	3638.7 Nm	Author	CAPAT -062006

Discussion

Although Carcinosis nosode has many lacunae in terms of its source material and reproducibility, it has been a popular medicine in the repertoire of homeopath's use in clinical practice since the year close to 1885. It must be noted seriously that the currently available Carcinosis (and almost all other nosodes) are not reproducible. In the crusade of revamping and standardizing the previously known nosodes in the light of current medical knowledge, the author has attempted the preparation of new Cancer nosodes, making them available to the profession. On similar lines, more of cancer tissues could be explored for making additional nosodes. The author proposes to name the new Cancer

nosode as a combination of the specified six cancer tissues.

The samples of cancer tissues used in the preparation were collected at hospitals and provided to the laboratory were preserved in formalin. The use of formalin allows the examination of the tissue morphology, without which there remains a risk of tissue autolysis. Formalin stored samples were thoroughly washed with sterile water. However, some amount of formalin contained in the samples was unavoidable. In the future, specific tissues may be processed and potentized soon after the removal avoiding contamination by formalin and possible autolysis.

It is possible to collect the material divided into two parts, out of which one can be used for trituration. However, the tissue part, which is not stored in formalin will undergo autolysis, it will change its own, may undergo destruction by its own enzymes. One can arrange trituration of the tissues without the addition of formalin in the same operation theater wherefrom the tissues might be collected in order to avoid autolysis of tissue.

The individual nosodes have been preserved in 5c potencies (in about 100ml quantity, each) for the future use. We do not have a mechanism to determine the expiry of potentized preparations. The use of the nosodes in a combined form (polyvalent) could be explored for clinical use in the future.

In-vitro, molecular, animal and human studies could be carried out with the new range of Cancer nosodes in future.

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Received: 28 June, 2018. Accepted: 12 April, 2019.

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