M1 and M8 homeopathic complex have been use as adjuvant therapy for cancer patients.

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Abstract

Background: Cancers are complex diseases rated among the top 10 causes of death worldwide. The Laboratory of Inflammatory and Neoplastic Cells at Federal University of Parana have been studied the effects of several highly diluted solutions in cell-based models over de the past decade. Among those solutions, M1 and M8 are highly diluted tinctures complex which act as biological response modifiers. Both complexes turned to be promising compounds to use as adjuvant therapy for selected cancer patient. As a private physician, over the last ten years, many cancer patients have been reached our clinic looking forward homeopathic medicines that could be used as complimentary therapy to their standard cancer treatment. The types of cancer, as well the stages of the disease, among those patients were quite heterogeneous. We have followed not only those who have detected the cancer in an early stage, but also people who have been discouraged, once they've been told as a patient without therapeutic possibility.

Aims: To exchange observations and outcomes in the disease's natural history of cancer patients who have been treated with M1 and M8 as adjuvant therapy to the standards treatments.

Methodology: The prescription of the treatment was based on primary situ of the disease as well the standard treatment which was been followed by the patient at the time of the attendance. It varied from one complex alone, three times a day, to the use of both complexes, six times a day.

Results and discussion: Many cancer patients who were undergoing chemotherapy reported the side effects of that treatment had become mild in comparison to the time they were not using the complexes. Other interesting outcome was the fact that, for some patients who were skipping chemotherapy sessions due to neutropenia, the standard treatment could be followed as planed after start to use M8. Patients who did surgical procedures reported a better healing process, with less scars, when they compared their own evolution to other patients who attend same oncologic facility.

Conclusion: Although M1 and M8 act as biological response modifiers and their use as adjuvant therapy for cancer patients is a promising approach, the fact that cancer is complex disease, which requires a multiple approach, brings an ethical consideration on use or not use complimentary therapies as adjuvant treatments. Our private practice showed up in the last decade that cancer patients can benefit from the use of those highly diluted complexes, adjuvant to standard treatments as chemotherapy and surgery.

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