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"EFFECT OF HOMOEOPATHIC MEDICINE IN ANXIETY, FEAR & DEPRESSION IN CANCER PATIENTS"

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ABSTRACT:-A cancer diagnosis can have a substantial impact on mental health and wellbeing. Depression and anxiety may hinder cancer treatment and recovery, as well as quality of life and survival. We argue that more research is needed to prevent and treat co-morbid depression and anxiety among people with cancer and that it requires greater clinical priority. For background and to support our argument, we synthesise existing systematic reviews relating to cancer and common mental disorders, focusing on depression and anxiety.

Several areas are covered: factors that may contribute to the development of common mental disorders among people with cancer; the prevalence of depression and anxiety; and potential care and treatment options. We also make several recommendations for future research. Numerous individual, psychological, social and contextual factors potentially contribute to the development of depression and anxiety among people with cancer, as well as characteristics related to the cancer and treatment received. Compared to the general population, the prevalence of depression and anxiety is often found to be higher among people with cancer, but estimates vary due to several factors, such as the treatment setting, type of cancer and time since diagnosis. Overall, there are a lack of high-quality studies into the mental health of people with cancer following treatment and among long-term survivors, particularly for the less prevalent cancer types and younger people. Studies that focus on prevention are minimal and research covering low- and middle-income populations is limited.

INTRODUCTION:-A cancer diagnosis can have a wide-ranging impact on mental health and the prevalence of depression and anxiety among people with cancer is high. Among those with no previous psychiatric history, a diagnosis of cancer is associated with heightened risk of common mental disorders, which may adversely affect cancer treatment and recovery, as well as quality of life and survival. People who have previously used psychiatric services may be particularly vulnerable and at greater risk of mortality following a cancer diagnosis. However, the mental health needs of people with cancer, with or without a prior psychiatric history, are often given little attention during and after cancer treatment, which is primarily focused on monitoring physical health symptoms and side effects. Advances in the earlier detection of cancer and improved cancer treatments means that people are now living longer with cancer, presenting a significant global challenge. The total number of people who are alive within 5 years of a cancer diagnosis was estimated to be 43.8 million in 2018 for 36 cancers across 185 countries, and in the United States alone, the number of cancer survivors is projected to rise exponentially from 15.5 million in 2016 to 26.1 million in 2040.

The individual psychological response to a cancer diagnosis is also likely to be an important component. The experience of being diagnosed, particularly if the diagnosis has been delayed, can be a significant source of distress and can impact on illness acceptance. Feelings of hopelessness, loss of control and uncertainty around survival and death can also have a detrimental impact, particularly in patients with a poor prognosis. Anxiety around a cancer diagnosis can also lead to sleep disturbance, which may increase the risk of depression.

The longer-term psychological impact of cancer has received comparatively little research. The few studies in this area have mainly focused on women with breast cancer and demonstrate that depressive symptoms can persist for over 5 years after diagnosis, though the prevalence of anxiety was not elevated compared to the general population. A systematic review of the prevalence of depression and anxiety among long-term cancer survivors, including all types, found that anxiety was more prevalent among cancer survivors, compared to healthy controls . Few studies have focused specifically on younger cancer survivors and more research is needed in this area. A representative study of young adult cancer survivors aged 15 to 39 years in the United States demonstrated that moderate (23% vs 17%) and severe (8% vs 3%) mental distress were significantly higher in those living with cancer for at least 5 years after diagnosis, compared to control. 75 and 52% of people with cancer with moderate and severe distress, respectively, had not talked to a mental health professional, with the cost of treatment a potential barrier.

PSYCHO SOMATIC ASPECT AND AETIOLOGICAL FACTOR:-

“NEITHER THE SUN NOR DEATH CAN BE LOOKED AT WITH A STEADY EYE”

La Rochefeucauld

Many studies in oncology have examined the prevalence of anxiety and, in particular, depressive spectrum conditions, in different contexts (e.g. cancer outpatient clinics, inpatient settings, palliative care settings) at different stages across the cancer diagnosis and treatment trajectory (e.g. early diagnosis, recurrence, survivorship, advanced stages) and in relation to different cancer sites. In most studies, symptoms have been

assessed with validated self-report instruments [e.g. the Hospital Anxiety and Depression Scale (HADS), the Beck Depression Inventory (BDI), the Patient Health Questionnaire (PHQ)]. While such measures have been shown to be valuable screening tools for anxiety and depression in patients with cancer, semi-structured diagnostic interviews are the gold standard when seeking a specific diagnosis of depression and different specific forms of anxiety.

Although not a formal psychiatric diagnosis, fear of progression (FoP) in patients with cancer during active treatment and fear of cancer recurrence (FCR) in cancer survivors are further significant cancer-specific anxiety-related clinical conditions. They reflect the fear, worry or concern relating to the possibility that cancer will come back or progress and are among the most common concerns and unmet needs of cancer survivors. Data show that 40%-50% of cancer survivors report moderate to severe levels of FCR. While a certain level of worry may be adaptive, more intense episodes of FCR can compromise psychological functioning and QoL, exacerbate anxiety, cause sleep disturbances and favour the onset of depression.

Anxiety is a normal, potentially adaptive reaction in situations perceived as threatening, but becomes a clinical problem when it is all-pervasive and its severity and duration exceed normal expectations. Several studies have evaluated anxiety in large samples of patients with cancer at various stages of disease using self-report tools [e.g. HADS, Generalised Anxiety Disorder-7 questionnaire (GAD7), State-Trait Anxiety Inventory (STAI)], reporting prevalences of 12%-25%,with higher prevalence reported in pancreatic and lung cancer, females and younger patients.

Depression is estimated to affect approximately one in four patients with cancer, who are five times more likely to have depression than the general population. Depression can be observed in any phase of illness, including long-term cancer survivors.Studies assessing depression with selfreport instruments have shown a prevalence ranging from 5% to >40%. The previously described German study reported a 4-week total prevalence rate for any mood disorder (i.e. major depression, dysthymia) of 6.5% using the ICD-10 psychiatric interview with an additional 11.1% for adjustment disorders (with anxious or depressed mood). There was a 12-month prevalence rate of 12.5% and a lifetime prevalence rate of 20.5% for any mood disorder.

ANXIETY DISORDER:-

Among those diagnosed with cancer, anxiety is commonly seen as a response to threat or fear of uncertainty, suffering, and mortality. In cancer centers, anxiety to a mild degree is seen in almost everyone with fluctuating levels, and anxiety is highest at times of evaluation, surgery, and other treatment/interventions. However, anxiety at a disorder level is seen in approximately 35% of cancer patients; this is higher than what is seen in general population. Anxiety can result in effective medical decision-making ability, can worsen existing medical symptoms, and can interfere with cancer care. Anxiety and depression are seen to coexist in a lot of people diagnosed with cancer. Anxiety when assessed is associated with poorer QoL. Anxiety can be mild to severe in intensity. Among anxiety spectrum disorders, we can find generalized anxiety, social

anxiety, specific phobias, obsessive–compulsive disorder, acute stress reaction, and posttraumatic stress disorder.

PSYCHOTIC DISORDER:-

Psychosis, more commonly schizophrenia, is seen in 1% of the population worldwide. However, nearly 50% of patients diagnosed with schizophrenia had significant delays between the diagnosis of cancer and initiation of treatment.The various reasons for delay are the inability of people with psychosis to explain their distress, the bizarre descriptions may be interpreted as a psychotic or a positive symptom, and a detailed evaluation is delayed. Studies have noted that people with schizophrenia are most commonly diagnosed in advanced stages of cancer. Some symptoms of schizophrenia can emerge secondary to brain tumors and chemotherapy and can be confused with symptoms of delirium. The preexisting or recent-onset psychosis can have a negatively impact on the quality of care, continuity of care, and reaching remission as it is noted that a significant number of people are lost to follow-up in 1 year. The quality of care is further poor in the homeless and institutionalized psychiatric patients.

The difficulty in following instructions makes them more prone to side effects of surgery, chemotherapy, and other treatment modalities. The mortality rates are higher because of adverse events in people with psychosis.

MIASMATIC APPROACH TOWARDS CANCER:-The theory of miasms was first presented by Dr. Hahnemann in his work *The Chronic Diseases, their Specific Nature and their Homeopathic Treatment* , [1] published in 1828 when he was in his 70s. Based on his observations from a lifetime in medicine as a doctor then homeopath, the book asked profound questions about the nature of health and disease. It is our purpose in this paper to revisit Hahnemann's miasm theory and shed light on its historical development over the following 100 years through the writings of the “Old Masters”, to re-evaluate miasm theory's relevance to modern day homeopathic theory, teaching and practice.

Hahnemann never explicitly wrote about the possibility of passing a miasm to the new generation as “inheritance” in the modern sense. He died just eight years after the publication of the second edition of *The Chronic Diseases* [1] and sadly did not live long enough to observe successive generations of a family exhibiting symptoms of inherited gonorrhoea, syphilis or Psora. No doubt if he had reached beyond his years, he would have been able to confirm what we now know to be true about the hereditary nature of the miasms.

Dr. Constantin Hering (1800–1880) was born in Germany and moved to the United States for the second half of his life. In 1824 he became a student of Hahnemann, then later both friend and associate until Hahnemann's death in 1843, and was the father of American classical homeopathy. His great contribution to Hahnemann's

findings in *The Chronic Diseases* , [1] concerning the Law of Cure, was his observation that symptoms move from the upper regions of the body downward during the healing process. [4]

The middle of the 19th century was the time of rapid development of cell theory (M. Shleyden, T. Shvann in 1839; Rudolph Virchow in 1855) and experimental microbiology. It may have been that Hering sensed that Hahnemann's claim that the majority of chronic diseases arose from infection through the skin by an infectious agent may have proven contentious at this time and thus harmful to homeopathy's reputation.

Hahnemann distinguished between acute, half-acute and chronic miasms. True chronic miasms modify the course of acute diseases and establish a permanent field for chronic diseases. They arise from contagion, which creates the miasmatic state, or diathesis, and forms a chronic predisposition to a characteristic form of disease both in respect to dysfunctions and to the lesions themselves. The vital force is unable to eradicate chronic miasms, even not with the most robust constitution, healthiest life-style or best diet. Hahnemann defined three primary chronic miasms; Psora, Sycosis and Syphilis, after having found patterns of these diseases in the patients and their family histories after twelve years of research into unsolved chronic cases. As with psora, sycosis and syphilis, the tubercular miasm also has a related micro-organism in the primary stage of the chronic disease. The cancer miasm is usually defined as a miasmatic constellation in which all four basic miasms are active. Following are the manifestations of cancer, differentiated and analyzed into various miasmatic background

Any disease, including cancer, goes through a miasmatic phase that evolves from Psora to Syphilis. Cancer is categorised as Psora in Hahnemann's chronic disease.Robert refers to cancer as being multi-miasmatic in his book Principles & Art of Cure. Farokh J Master in his book Homoeopathy in cancer categorised all the exophytic growths e.g. warts, dermoid cyst, bony tumors etc. as sycosyphilitic in nature, ulcerative and fungal growths as syphilitic in nature and when cancer is accompanied by haemorrahage and secondary infection it is due to presence of strong tubercular miasm.

HOMOEOPATHIC MEDICINE FOR CANCER:-

DRUG	PART AFFECTED	PECULIAR INDICATION
Lobelia erinus	Cancer of nose and throat. Malignant disease of the face. Relieves pain of cancer of breasts.	Malignant growth with rapid development. Dry eczema on points of fingers.
Viola odorata	Cancer of throat	Remarkable claims have

		been made for violet leaves in the treatment of malignant tumours.
Euphorbium	Ulcerating carcinoma of the skin	Pains of cancer , gangrene.
Chimaphila	Tumour of mammae, not ulcerated with undue secretion of milk.	Labia inflamed swollen, pain in vagina. Hot flashes painful, women with very large breast.
Gallium par	Tumour of tongue	
Conium mac	h/o blow or falling injury, stony hardness of lymph gland breast testicle.	
Carbo animalis	Breast cancer hard and swelling of glands, cervical cancer, yellow staining of cloth chloasma on face.	
Hydrastis	Cancer of uterus, breast glands cancer of skin, constipation and dry skin.	
Baryta iod	Tumours of ovaries	
Hecla lava	Bony tumour	
Condurango	Mouth cancer, stomach skin cancer	
Kalmegh	Anti cancerous effect, it produces diffrentition of bone marrow leukemia.	Immune stimulant and promotes productions of antibodies.

SPECIFIC IN CANCERS:-

Thalaspi bursa:- for uterine bleeding.

Ficus religiosa:- haemorrhage of many kinds, bleeding from tooth cavity.

Cholesterinum:-carcinoma of gall bladder, liver left lobe.

Aurum mur and fraxinus americanus:- fibroids of uterus.

Kreosote:- terminal cancer of vagina and cervix.

Acalypha indica and millefolium:- terminal cancer of the lungs.

kali phos.:- vile odour of cancer.

Carcinosin:- cancer of the breast.

Sebel serulata:- cancer of prostate.

Intractable pains of terminal cancer:-Arsenic Album, Calc.Acetica, Phosphorus, Calc. Oxalica, Carbo Veg, Morphinum, Tarantula Cub, Lycopodium.

Bad effects of radiation in cancer:- Calc. Flor, Xrays, Cadminum, Fluoric Acid, Radium Brom, Cobaltum, Radium Iod, Rhus Venenata.

Primary hepatoma:-Cardus Mar., Mag.Mur., Cholesterinum.

Cancer of breasts:-Conium, Lac Can, Calc.Flour, Phytolacca, Iridium, Asterias Rubens, Bufo Rana.

Leukaemia:- Ceanothus Americana.

Lipoma, fibroma, neurofibroma:-Calc.Flour, Baryta Carb, Lapis Alba.

Nasopharyngeal cancer:-Cistus Can.

Cancer of stomach:-Ars. Alb, Conium, Phos.,Condurango, Cadmium Met.

Cancer of kidney:-Berb. Vulg, Solidago, Formica Rufa, Chimaphila.

Cancer of urinary bladder:-Taraxacum, Sarsaparilla.

Cancer of tongue:-Gallium, Kali Cynatum, Sempe.Tect.

Traumatic cancer:-Arnica Montana, Calc.Four.

Osteogenic sarcoma:-Fluoric Acid, Syphilinium.

Hard tumours:-Calc.Flour., Hekla Lava, Phos., Silica.

Sarcoma:-Baryta Carb., Calc.Flour., Cuprum Sulph.

Cancer of skin:-Kali Ars., Acetic Acid.

Cancer of mucus membrane:-Hydrastis.

SOME IMPORTANT HOMOEOPATHIC REMEDIES FOR MENTAL DISTURBANCE IN CANCER:-

ACONITUM NAPELLUS:-Great fear, anxiety, and worry accompany every ailment, however trivial. Delirium is characterized by unhappiness worry, fear, raving, rarely unconsciousness. Forebodings and fears. Fears death but believes that he will soon die; predicts the day. Fears the future, a crowd, crossing the street. Restlessness, tossing about.Tendency to start.Imagination acute, clairvoyance. Pains are intolerable; they drive him crazy. Music is unbearable; makes her sad (Ambra). Thinks his thoughts come from the stomach--that parts of his body are abnormally thick. Feels as if what had just been done was a dream.

ARSENIC ALB:-Great anguish and restlessness. Changes place continually. Fears, of death, of being left alone.Great fear, with cold sweat.Thinks it useless to take medicine.Suicidal.Hallucinations of smell and sight. Despair drives him from place to place. Miserly, malicious, selfish, lacks courage. General sensibility increased (Hep). Sensitive to disorder and confusion.

ACID NITRICUM:-Irritable, hateful, vindictive, headstrong. Hopeless despair.Sensitive to noise, pain, touch, jar. Fear of death.

CALCAREA CARB.:- Apprehensive; worse towards evening; fears loss of reason, misfortune, contagious diseases. Forgetful, confused, low-spirited.Anxiety with palpitation. Obstinacy; slight mental effort produces hot head. Averse to work or exertion.

IGNATIA:-Changeable mood; introspective; silently brooding. Melancholic, sad, tearful. Not communicative. Sighing and sobbing. After shocks, grief, disappointment.

NATRUM MUR.:-Psychic causes of disease; ill effects of grief, fright, anger, etc. Depressed, particularly in chronic diseases. Consolation aggravates. Irritable; gets into a passion about trifles. Awkward, hasty.Wants to be alone to cry.Tears with laughter.

PHOSPHORUS:-Great lowness of spirits. Easily vexed. Fearfulness, as if something were creeping out of every corner. Clairvoyant state.Great tendency to start.Over-sensitive to external impressions.Loss of memory.Memory.Paralysis of the insane.Ecstasy. Dread of death when alone. Brain feels tired. Insanity, with an exaggerated idea of one's own importance. Excitable, produces heat all over. Restless, fidgety. Hypo-sensitive, indifferent.

PLATINA:-Irresistible impulse to kill. Self-exaltation; contempt for others.Arrogant, proud. Weary of everything. Everything seems changed. Mental trouble pressed menses. Physical symptoms disappear as mental symptoms develop.

SEPIA:-Indifferent to those loved best. Averse to occupation, to family.Irritable; easily offended.Dreads to be alone. Very sad.Weeps when telling symptoms.Miserly.Anxious toward evening; indolent.

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