

**WHY USE HOMEOPATHY IN SUPPORTIVE CARE
IN ONCOLOGY?**

- No toxicity, no drug interaction¹
- Helps conventional cancer treatment in terms of tolerance, hence observance²

SUPPORTIVE CARE HORMONOTHERAPY PROTOCOL



Clinical practice recommendations³

AROMATASE INHIBITORS

MUSCULOSKELETAL PAIN

Rhus toxicodendron 9 CH • 3 pellets 3 times a day

+

Ruta graveolens 5 CH • 3 pellets 3 times a day

FATIGUE

DAY 1

Phosphoricum acidum 5 CH • 1 dose



DAY 2

Phosphoricum acidum 9 CH • 1 dose



DAY 3

Phosphoricum acidum 15 CH • 1 dose



DAY 4

Phosphoricum acidum 30 CH • 1 dose

A 4 day treatment,
to start as soon as the symptoms
occur, to renew every 10 days when
necessary (3 times a month)

Other symptoms, see: <https://www.shisso-info/en/recommendation>

If therapeutic results are insufficient, a homeopathic consultation is recommended.


1. Kassab S, Cummings M, Berkovitz S, et al. Homeopathic medicines for adverse effects of cancer treatments. *Cochrane Database Syst Rev.* 2009 Apr 15;(2).
2. Frass M, Friehs H, Thallinger C, 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 Jun; 23(3):309-17.
3. Bagot JL, Karp JC, Messerschmitt C, et al. Therapeutic recommendations of the International Homeopathic Society of Supportive Care in Oncology «(IHSSCO) revhom 2017;8:e47-e55



SUPPORTIVE CARE HORMONOTHERAPY PROTOCOL



Example of a prescription

<p>Doctor's Name Specialist In</p>	
<p>Name: _____ Age: _____ Gender: _____ Date: _____</p>	
<p>RHUS TOXICODENDRON 9 CH and RUTA GRAVEOLENS 5 CH : 3 pellets of each to leave to melt in the mouth together in the morning, before lunchtime and evening in case of joint pain, to space out according to improvement</p> <p>PHOSPHORICUM ACIDUM 5 CH - 1 dose on the 1st day PHOSPHORICUM ACIDUM 9 CH - 1 dose on the 2nd day PHOSPHORICUM ACIDUM 15 CH - 1 dose on the 3rd day PHOSPHORICUM ACIDUM 30 CH - 1 dose on the 4th day A 4 day treatment, to start as soon as the symptoms of fatigue occur, to renew every 10 days when necessary (3 times a month)</p> <p>The pellets must be left to melt in the mouth between meals.</p> <p>Prescription for a month, to be renewed twice</p>	
<p>Signature:</p>	<p>Hospital Name Address Line, Street Name, Country, Pin Code.</p>



Digital version available at www.shisso-info/en/recommendation