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

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


**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 RADIOThERAPY PROTOCOL**

**STRESS**

To prevent stress (during the simulation scan for example)

THE DAY BEFORE

Gelsemium sempervirens 30 CH • 1 dose

ON THE MORNING

Gelsemium sempervirens 30 CH • 1 dose

**SIDE EFFECTS**

If symptoms appear

Radium bromatum 9 CH • 3 pellets once a day

**RADIATION DERMATITIS**

Grade 1 or 2

Apis mellifica 15 CH • 3 pellets 3 times a day

+ Belladonna 9 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.
Example of a prescription

**Doctor’s Name**

Specialist In

Name: ___________________________________ Age: ______ Gender: ______ Date: __________

GELSEMIUM SEMPERVIRENS 30 CH, 4 doses - one dose the day before and one dose on the morning if the patient is experiencing anxiety. Can be repeated if necessary.

RADIUM BROMATUM 9 CH, 3 pellets every day if the patient experiences side effects.

APIS MELLIFICA 15 CH et BELLADONNA 9 CH, 3 pellets of each to leave to melt in the mouth together 3 times a day in case of local congestion, red and hot. Space it out according to improvement.

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)

The pellets must be left to melt in the mouth between meals.

Prescription for a month, to be renewed twice

Signature:

Hospital Name

Address

Line, Street Name,

Country, Pin Code.

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