

Therapeutic recommendations of the International Homeopathic Society of Supportive Care in Oncology (IHSSCO)



Jean-Lionel Bagot (General practitioner)^a
Jean-Claude Karp (General practitioner)^b
Christiane Messerschmitt (Pharmacist)^c
Véronique Lavallée (General practitioner)^d
Hervé Blajman (Pharmacist)^e
Fabrice Veron (Pharmacist)^f
Isabelle Fischer-Levy (General practitioner)^g
Odile Tourneur-Bagot (Specialist in gynaecology, obstetrics)^h
Jean-Philippe Wagner (Radiotherapist oncologist)ⁱ

^aDepartment of Integrative Medicine, Sainte Anne Clinic, Saint-Vincent Hospital Group, 184, route de la Wantzenau, 67000 Strasbourg, France

^bDepartment of Oncology - radiotherapy, Troyes Hospital centre, 101, avenue Anatole, 10000 Troyes, France

^cPharmacy des Grisettes, 100, Rambla des calissons, 34070 Montpellier, France

^dGeneral Practice Surgery, résidence Pasteur, allée de l'Europe, 33185 Le Haillan, France

^ePharmacie du Cygne, 2, rue Sainte-Croix, 57200 Sarreguemines, France

^fPharmacie du Rouret, 1, place du Collet, 06650 Le Rouret, France

^g117, boulevard Descartes, 78180 Montigny-Le-Bretonneux, France

^h5, place des Halles, 67000 Strasbourg, France

ⁱAndrée-Dutreix Institute, 891, avenue de Rosendaël, 59240 Dunkerque, France

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SUMMARY

Homeopathy is the complementary medicine most widely used by patients with cancer in France. However, there are as yet no supportive care guidelines for this therapy. The International Homeopathic Society of Supportive Care in Oncology (IHSSCO) has developed recommendations adapted to oncology, respecting the principle of similitude, individualisation and infinitesimality proper to homeopathy. We used the method of "recommendations by formal consensus" proposed by the French High Health Authority. Seven steering groups studied respectively cancer disclosure, surgery, chemotherapy, targeted therapies, radiation therapy, hormone therapy and post-cancer. Thirty recommendations were discussed, amended and unanimously adopted during the plenary session. However, certain situations require an individualised homeopathic consultation. These recommendations are part of a program to improve good practice in supportive care. They are indicative and do not replace in any way an individualised homeopathic consultation. They are very safe to use as there are no medicine interactions or side effects of the homeopathic medicine. The low cost of homeopathy makes them accessible to all. They should be tested against practice and future clinical studies.

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INTRODUCTION

Since the development of supportive care in the noughties, homeopathy has taken an increasingly important place in oncology in Europe. Its use has doubled in the last four years [1]. In France, homeopathy is currently the most widely used complementary

medicine. One in five cancer patients, including those in paediatric oncology, use it [2]. In France alone, a dozen anti-cancer centres offer homeopathic consultations for supportive care and more and more oncologists are asking for information on this medical therapy still insufficiently taught during medical studies.

KEYWORDS

Side effects
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Corresponding author:

J.-L. Bagot,
 5, place des Halles, 67000
 Strasbourg, France.
 E-mail address:
jlbagot@orange.fr

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Figure 1. Congress of Strasbourg at Sainte Barbe Clinic (France), thanks to the support of Groupe Hospitalier Saint Vincent.

As the Francophone Association of Oncological Supportive Care (AFSOS), in its care guidelines [3], was not yet proposing recommendations in homeopathy, it became necessary to establish homeopathic therapeutic protocols to compensate for this absence.

On 30 June and 1 July 2017 the first Congress of the International Homeopathic Society of Supportive care in oncology (IHSSCO) took place in Strasbourg at St Barbara Clinic (France), thanks to the support of Saint Vincent Hospital Group, entitled "Homeopathic guidelines in oncology" [4] (Fig. 1). The clear objective of this meeting was to develop recommendations for the use of health professionals on the place and use of homeopathic therapy in oncological supportive care. This is the first time that such an approach has been implemented in homeopathic circles. It is in keeping with the principle of similitude, individualisation and infinitesimality proper to homeopathy, while involving the therapeutic experience of the experts present at the Congress.

This congress brought together some fifty physicians and pharmacists (Appendix 1), including homeopaths specializing in supportive care and oncologists or surgeons who have integrated homeopathic therapy in their practice. How was an agreement by professional consensus found both in the choice of medicine and its optimum dilution?

PREAMBLE

Homeopathic therapy

Homeopathy which etymologically means "the same disease" carries in its name the originality of this therapy, which is to cure like with like and not its opposite.

This medical practice uses medicines at ultra-diluted doses, selected according to the similarity of the patient's individual reactions to the toxicological properties of the chosen medicine.

In France, it is recognized as a therapeutic method by the French National Council of the College of Physicians [5]. Thirty-six percent of French people say they use it regularly (+15 points compared to 2004) and 83% of the respondents would like to be offered homeopathic medicines more often by health professionals [6]. Therefore, just as every homeopathic doctor should know modern medicine and medical benchmarks, every conventional physician should also possess a basic knowledge of homeopathy.

Homeopathic medicine

Homeopathy has been registered with the French Pharmacopoeia since 1965, which gives the homeopathic remedy a medicinal status enabling it to have a marketing authorization and to be accepted by health insurance schemes [7]. It has the same obligations of manufacture, monographs, registration and control by the French National Drug Safety Agency as any other medicine. In France, a tube of pellets costs 2,26 € (For information, in the US, a tube of pellets costs about 8.99 USD, that is 7.50 Euros. As there are 80 pellets in a tube, you can take 26 times 3 pellets per tube that is 1 to 4 weeks of treatment depending on the posology. In France, the reimbursement rate by the National Health Service is normally 30% and 100% for long-term diseases such as cancer.

Supportive care

This includes *all the care and support needed by sick people in parallel with specific treatments, when they exist, throughout*

the course of serious illnesses [8]. Supportive care is part of a holistic approach to the sick person, within a concern for quality of life and well-being of the patient [9].

The IHSSCO



Figure 2 IHSSCO's logo.

There is currently a double movement, with, on the one hand, physicians and homeopathic pharmacists who have been trained in oncology and, on the other, specialists in oncology who have integrated homeopathic prescription into their practice. Faced with this reality, it seemed important to federate and bring together these different health professionals within the same association, the IHSSCO (Fig. 2). This learned society was created in December 2016 with the aim of facilitating and developing the practice, teaching, research and promotion of homeopathic therapy within the context of supportive care in oncology [10].

Also called in France "Société Internationale de Soins de Support en Oncologie" (SHISSO) (Fig. 3), it is intended for all health professionals interested in homeopathic supportive care in oncology. It currently has over 100 members from 7 different nationalities, including 58 general practitioners, 27 pharmacists, 5 medical oncologists, 6 radiation oncologists, 4 breast surgeons, one urologist surgeon, 3 gynaecologists, 2 algologists, 2 specialists in palliative care, 1 dentist and a veterinary surgeon. It has an international vocation since the practice of homeopathic supportive care is used in more and more countries [11].

ELABORATION OF RECOMMENDATIONS

Goals

The absence of official recommendations for homeopathic supportive care constitutes a problem both for healthcare professionals and for patients who increasingly demand



Figure 3 SHISSO's logo.

information on this inexpensive medication which easy to take. Its use is made easier in supportive care by the absence of side effects and medicine interaction [12–14]. The first objective of IHSSCO will therefore have been to develop guidelines for care in homeopathy. This is a first in the homeopathic world, across all medical specialties

Our purpose being clear, we had to succeed in unifying and optimizing our practices in order to propose to all health professionals concerned with supportive care, a homeopathic prescription tool which would be easy to implement whether in hospital consultation or in a surgery.

Methodology

We adopted the method of "recommendations by formal consensus" proposed by the French High Health Authority (HAS) in its 2010 booklet [15]. It is a consensus method for writing a small number of concise, unambiguous recommendations, answering the questions asked. This method is proposed when there is a paucity of scientific argument on the subject, which is the case here.

Seven steering groups, composed of 6 to 8 health professionals each, were set up to study respectively: cancer diagnosis disclosure, surgery, chemotherapy, targeted therapy, radiotherapy, hormone therapy and post-cancer support.

The scientific argument was made after a critical and synthetic analysis of available bibliographic data and a discussion of existing practices. Other than learned books by experts [16–20], articles were researched on Pubmed and Google Scholar using the keywords: homeopathy, cancer, supportive care and integrative medicine. The AFSOS benchmarks [3] have also been used as well as the "nutrition and supportive care" recommendations of the region Auvergne Rhône Alpes [21]. The choice of homeopathic medicines was made in compliance with the recommendations of the homeopathic medical good practice document validated in February 2007 by the HAS [22].

The reporter of each group, with the support of the moderator of the session, presented to all the participants of the Congress who were present the initial version of their proposals. After having been discussed and amended in order to form recommendations, they then had to be voted unanimously.

A post-congress, fine-tuning phase resulted in the production of final versions of the recommendations in the form of summary sheets available on the IHSSCO website [23] and soon on an application for smartphones.

THE RESULTS

Warning

The limits of the use of homeopathy are clear; in oncology it can only be a complementary medicine. There is no alternative medicine in the treatment of cancer [24]. French homeopathic physicians are well aware of this, as the pharmacological epidemiological study EPI3 has shown [25–27].

For symptoms where conventional medicine cannot offer any answer, homeopathy can be seen as "interstitial" medicine [28].

The levels of dilution and posology

They were selected, after debate and vote in plenary session, on the basis of existing studies and the experience of experts.

The abbreviation CH, means Centesimal Hahnemannienne, thus referring to the pharmaceutical manufacturing method. A 1 CH is a 1×10^{-2} dilution of the base product followed by a succussion, shaking the mixture obtained; it is also called dynamisation. For dilutions in DH, sometimes called D or X according to the country, the mode of manufacture is the same, but deconcentration is done at the tenth rather than at the hundredth [6]. Thus, a 8DH also called D8 or 8X corresponds to a dilution at 1×10^{-8} .

It was agreed that decimal dilutions could be used instead of centesimal dilutions, according to the following replacement rules: a 4CH by a 6 or a 8 DH (or D8 or 8X), a 5CH by 10 DH (or D10 or 10X), a 9CH by 15 DH (or D15 or 15X) and a 15CH and 30CH by 30 DH (or D30 or 30X). For the Anglo-Saxon countries not having all the dilutions that we propose, a 5CH or a 9CH can be replaced by a 6C, a 15CH or a 30CH may be replaced by a 30C.

The number of pellets is not the most important factor, what matters is that they should be sucked in a mouth empty of food. In supportive care, we recommend sucking 3 pellets at a time. For countries where pellet tubes are not available but where smaller pellets called globules are used, 3 pellets can be replaced by ten globules. For countries where single globule doses are not available, they can be replaced by 10 pellets or 50 globules.

AROUND THE DIAGNOSIS DISCLOSURE

Proposals of the steering group

The patient care plan in oncology begins with the diagnosis disclosure and the outlining of future treatments. This period generates stress, anxiety, anger, revolt, feelings of injustice, refusal. . . so many personal reactions, specific to each person affected by cancer. Homeopathy provides an interesting support during this difficult period by individualised care and action on the psyche. [29] A specialised homeopathic consultation can be proposed at the different times of the disclosure.

Some examples of therapeutic indications acute anxiety attack: *Aconitum napellus* psychological trauma: *Arnica montana* please insert a space (*montana anxiety*) anxiety, fear of treatments: *Gelsemium sempervirens* space anguish, lump in the throat: *Ignatia amara* space paralysing fear: *Opium* space feeling of injustice: *Staphysagria*

Conclusion and vote of the plenary session

The treatment of emotional disorders depends on the patient's personal reaction; there is no standard recommendation for the diagnosis disclosure. **A homeopathic consultation is recommended.**

SURGERY

Proposals of the steering group

A consensus was quickly reached on the different situations to be managed and on the choice of medicines. The timing and particular medicine dilution was more difficult to choose and was proposed for debate in plenary session. *Gelsemium sempervirens*, *Arnica montana*, *Opium*, *Staphysagria* are an integral part of the prescribing habits of all members of the group. *Bellis perennis* remains the medicine of choice for all breast

traumas. *Ledum palustre* in cases of laparoscopy and *Raphanus niger* for the resumption of intestinal transit. *Phosphorus* is also proposed for prevention of haemorrhages.

The prescription of *Arnica montana* 30C for the reduction of post-tonsillectomy pain is a level I recommendation of the E.N. T. and Face and Neck surgery French Society, following a double-blind randomised study [30]. We also retained the recent double-blind, randomized study demonstrating the efficacy of *Arnica montana* 1000K in the reduction of post mastectomy seroma and haematoma [31]. A meta-analysis of the different randomised studies on the use of *Opium* and *Raphanus niger* to accelerate the resumption of transit after digestive surgery shows an activity superior to placebo in four out of five studies [32]. These findings corroborate our clinical experience.

Conclusion and vote of the plenary session

Pre-operatively

Anxiety prevention:

- *Gelsemium sempervirens* 15C or D 30, 10 pellets in the morning, the day before surgery.

Prevention of surgical shock:

- *Arnica montana* 30C or D 30, 10 pellets in the evening, the day before surgery.

Postoperatively in all cases of surgery

Prevention of pain and haematoma:

- *Arnica montana* 30C or D 30, 10 pellets when the patient is allowed to drink again.

Also possible:

In cases of breast surgery: in prevention or treatment of post-operative pain in the breast:

- *Bellis perennis* 30C, 10 pellets at D + 1 (D = day).

In cases of digestive or pelvic surgery: to promote the resumption of transit and gases:

- *Opium* 15C, 10 pellets on D0, *Opium* 30C, 10 pellets at D + 1;
- *Raphanus niger* 5C, 3 × 3 pellets per day until resumption of transit.

For scars: in prevention of pain and to promote healing:

- *Staphysagria* 9C, 3 pellets morning and evening until healing.

In cases of laparoscopy or drains: in prevention of pain and to promote healing:

- *Ledum palustre* 9C, 3 pellets morning and evening until healing.

CHEMOTHERAPY

Proposals of the steering group

The group first worked on digestive disorders after chemotherapy, especially nausea and vomiting, symptoms for which patients enquire most often. *Ipeca* 5C, *Nux vomica* 9C and *Phosphorus* 9C have been proposed for prevention and treatment. The use of dedicated homeopathic complexes was not proposed due to a negative double blind study [33].

Also included were *Opium* 5C for constipation, *Podophyllum peltatum* 5C, *Arsenicum album* 15C, *Veratrum album* 15C for diarrhoea.

The prevention and treatment of mouth ulcers and mucositis appeared important to study. The treatment proposal was identical for the two pathologies: *Mercurius corrosivus* 9C, *Kalium bichromicum* 9C and *Nitricum acidum* 9C, with the possibility of diluting the pellets in a little water in order to avoid the irritation that can be caused by the pellets in cases of mucositis.

For skin disorders, three medicines are proposed in cases of cracks in the extremities and hand-foot syndrome: *Petroleum* 9C, *Graphites* 9C, *Arsenicum album* 9C.

In cases of pruritus, *Apis mellifica* 15C, *Manganum aceticum* 15C and *Radium bromatum* 15C are indicated.

For musculoskeletal disorders, *Ruta graveolens* 5C was proposed to be used routinely, associated with *Rhus toxicodendron* 9C or *Bryonia alba* 9C according to the characteristic modalities of these medicines.

Finally, fatigue and anxiety disorders were discussed with the following proposals: *Acidum phosphoricum* 15C for fatigue [34] and/or a constitutional remedy according to the patient's personal symptoms (medicines already mentioned in the diagnosis disclosure section).

Conclusion and vote of the plenary session

First line Prevention of nausea, in addition to conventional antiemetics (aprepitant and/or setrons), we recommend:

- *Nux vomica* 5C or D 10, 3 pellets 3 times a day, starting the day before, every day of chemotherapy and for the next two days;
- *Phosphorus* 15C or D 30, 3 pellets in the evening, from D-1 to D + 2.

Treatment of nausea:

- *Ipeca* 9C, if *Nux vomica* is not effective enough;
- *Ignatia amara* 9C, if nausea of anticipation;
- *Colchicum autumnale* 9C, if nausea is triggered by odours. 10 pellets of 9C of the selected drug the day before chemotherapy and then 3 pellets 3 to 4 times a day depending on the frequency of nausea.

Treatment of constipation:

- *Opium* 9C, 3 pellets 3 times daily during periods of constipation.

Treatment of diarrhoea:

- *Arsenicum album* 30C, 3 pellets in the evening;
- *Podophyllum* 5C, 3 pellets 3 times a day during periods of diarrhoea.

Treatment of mouth ulcers:

- *Borax* 5C, 3 pellets 3 times a day.

Prevention and treatment of mucositis (eg ENT radio-chemotherapy):

- *Kalium bichromicum* 9C and *Mercurius corrosivus* 9C, 3 pellets of each 3 times a day or diluted in a glass or a bottle of water after vigorously shaking the mixture, take a mouthful 3 to 5 times a day.

Treatment of urticaria:

- *Apis mellifica* 15C, 3 pellets every hour, space out according to improvement.

Treatment of fissures in the extremities:

- *Petroleum* 5C, 3 pellets morning and evening until healing.

Treatment of hand-foot erythema:

- *Sanguinaria canadensis* 5C, 3 pellets morning and evening.

Treatment of musculoskeletal pain:

- *Rhus toxicodendron* 9C and *Ruta graveolens* 5C, 3 pellets of each to be sucked together morning, noon and evening.

Treatment of Fatigue:

- *Acidum phosphoricum* 5C, 10 pellets on day 1;
 - *Acidum phosphoricum* 9C, 10 pellets on the 2nd day;
 - *Acidum phosphoricum* 15C, 10 pellets on the 3rd day;
 - *Acidum phosphoricum* 30C, 10 pellets on the 4th day.
- in sessions of 4 days to be renewed every 10 days if necessary (3 sessions per month)

Prevention of peripheral neuropathies:

- *Nervus* 8 DH or 4C, 10 drops in a little water, to be kept a short while in mouth before swallowing, morning and evening on D-1, D0, D1, D2 and longer if persistent tingling;
- *Phosphorus* 15C, 3 pellets in the evening at D-1, D0, D1, D2;
- *Oxalicum acidum* 9C, 3 pellets in the morning at D-1, D0, D1, D2 if associated with oxaliplatin treatment.

TARGETED THERAPIES

Proposals of the steering group

Today, one in four anti-cancer medicines is a targeted therapy. These new treatments combine symptoms that are sometimes difficult to manage. In addition to decreasing quality of life, side effects sometimes require a reduction in dose or even a cessation of treatment, impacting the prognosis. In the experience of the members of the steering group and after consulting the recent literature [35], some homeopathic medicines were proposed to be used routinely. This is the case with *Phosphorus* 15C for the side effects of anti-angiogenic medicines, *Rhus toxicodendron* 7C, *Arsenicum iodatum* 9C and *Sulfur iodatum* 9C for folliculitis caused by anti-EGFR [36], *Acidum phosphoricum* in increasing dilutions for fatigue, *Thuja occidentalis* 15C to improve perfusion tolerance of monoclonal antibodies, *Cantharis* 7 CH for hyperkeratotic blistering of palms of the hands and soles of the feet secondary to taking sorafenib or sunitinib.

Conclusion and vote of the plenary session

Prevention of epistaxis:

- *Phosphorus* 15C, 3 pellets in the evening.

Treatment of epistaxis:

- *Achillea millefolium* 5C, 3 pellets to repeat every 15 minutes if there is bleeding.

Prevention and treatment of folliculitis:

- *Rhus toxicodendron* 5C, 3 pellets morning and noon and *Arsenicum iodatum* 9C 3 pellets in the evening.

Treatment of diarrhoea:

- *Arsenicum album* 30C, 3 pellets once daily and *Podophyllum peltatum* 5C 3 pellets several times daily only during periods of diarrhoea.

Treatment of Fatigue:

- *Acidum phosphoricum* 5C, 10 pellets on day 1;
 - *Acidum phosphoricum* 9C, 10 pellets on the 2nd day;
 - *Acidum phosphoricum* 15C, 10 pellets on the 3rd day;
 - *Acidum phosphoricum* 30C, 10 pellets on the 4th day.
- in sessions of 4 days to be renewed every 10 days if necessary (3 sessions per month)

The use of hetero-isotherapeutics in 7C of tyrosine kinase inhibitors [37], although interesting, was not used for first-line recommendations.

RADIOTHERAPY

Proposals of the steering group

Clinical experience, the Kulkarni A article [38] and especially the double-blind study of Balzarini A [39], which highlights the efficacy of *X-Ray 15C* and *Belladonna 7C* in the treatment of acute breast radiodermatitis, enabled the working group to make proposals for the management of the potential side effects of radiotherapy. Grade 1 and 2 radiodermatitis, fatigue, diarrhoea, constipation, mouth ulcers and mucositis were addressed.

The group preferred that Grades 3 radiodermatitis, other digestive disorders as well as urogenital, nervous, musculoskeletal, vascular or pulmonary disorders be dealt with in an individualised homeopathic consultation. They may be the subject of subsequent recommendations (level 2).

Conclusion and vote of the plenary session

Prevention of stress and agitation during the centering scan and/or radiotherapy sessions:

- *Gelsemium sempervirens*, 30C, 10 pellets the day before and 10 pellets on the day of the scan.

In cases of side effects during radiotherapy:

- *Radium bromatum* 9C, 3 pellets every day.

A specialised homeopathic consultation may be necessary.

Treatment of Fatigue:

- *Acidum phosphoricum* 5C, 10 pellets on day 1;
- *Acidum phosphoricum* 9C, 10 pellets on the 2nd day;
- *Acidum phosphoricum* 15C, 10 pellets on the 3rd day;
- *Acidum phosphoricum* 30C, 10 pellets on the 4th day.

in sessions of 4 days to be renewed every 10 days if necessary (3 sessions per month).

Grade 1 Radiodermatitis:

- *X-ray* 9C, 3 pellets once daily;
- *Apis mellifica* 15C and *Belladonna* 9C, 3 pellets of each to suck together 3 times a day.

Grade 2 Radiodermatitis:

- *X-ray* 9C, 3 pellets once daily;
- *Cantharis* 5C, 3 pellets 3 times daily.

Treatment of diarrhoea:

- *Arsenicum album* 30C, 3 pellets once a day;
- *Podophyllum peltatum* 5C, 3 pellets several times a day.

Treatment of mouth ulcers:

- *Borax* 5C, 3 pellets 3 times a day.

Prevention and treatment of mucositis, (ENT radio-chemotherapy, for example):

- *Kalium bichromicum* 9C and *Mercurius corrosivus* 9C, 3 pellets of each 3 times a day or diluted in a glass or a bottle of water after having shaken the mixture vigorously: a mouthful 3 to 5 times a day.

The use of Calendula Mother Tincture Ointment, although tested in a positive double-blind study [40], has not been retained since it is more of an indication for phytotherapy

HORMONE THERAPY

Proposals of the steering group

Prescribed in both men and women in sensitive hormonal cancers, hormone therapy may have adverse effects, and is a frequent source of discontinuation of treatment and consequently loss of opportunity. Faced with these situations,

homeopathy can provide an interesting response, especially if treatment has been individualised [41].

The steering group chose to retain four side effects for the frequency of their occurrence and the disability they represent: hot flushes, musculoskeletal pain, fatigue and injection site reactions.

For hot flushes, depending on the pathophysiology and experience of the prescribers: *Sepia officinalis*, *Glonoinum*, *Sulphur*, *Sanguinaria canadensis* and of course *Lachesis mutus* were proposed.

For musculoskeletal pain, *Rhus toxicodendron* 9C and *Ruta graveolens* 5C at the dosage of 3 pellets of each three times a day [42]. For fatigue and asthenia, *Kalium phosphoricum* and *Acidum phosphoricum*, prescribed generally in high dilution, to be taken twice daily or a dose of 10 pellets once a week [33]. For injection site reactions, *Histaminum* 15C and *Apis mellifica* 15C: 5 pellets each three times a day on the day of injection. In the case of a local reaction, the group proposes to take *Apis mellifica* 15C every fifteen minutes and to space out according to improvement.

Conclusion and vote of the plenary session

Treatment of hot flushes:

- *Sepia* 5C + *Belladonna* 5C + *Sanguinaria canadensis* 5C + *Lachesis mutus* 5C, 2 pellets each to be sucked together 3 to 6 times a day or diluted in a glass or a bottle of water after shaking vigorously. Take a sip 3 to 6 times a day as the flushes occur.

Treatment of musculoskeletal pain:

- *Rhus toxicodendron* 9C and *Ruta graveolens* 5C, 3 pellets of each to be sucked together morning, noon and evening.

Treatment of fatigue:

- *Acidum phosphoricum* 5C, 10 pellets on day 1;
- *Acidum phosphoricum* 9C, 10 pellets on the 2nd day;
- *Acidum phosphoricum* 15C, 10 pellets on the 3rd day;
- *Acidum phosphoricum* 30C, 10 pellets on the 4th day in sessions of 4 days to be renewed every 10 days if necessary (3 sessions per month).

Prevention and treatment of a reaction or pain at the injection site:

- *Ledum palustre* 9C, 10 pellets after injection.

Regardless of the symptom, in case of insufficient therapeutic results of the above protocols, a homeopathic consultation is recommended.

POST-CANCER SUPPORT AND/OR PALLIATIVE CARE

Proposals of the steering group

Many medicines are evoked according to the sensitivities and the reaction modes of the patient, whether during convalescence [43] or palliative care [44]. It emerges quickly from the debates that it is impossible to propose a standard homeopathic-recommendation and that good care for this period requires an individualised homeopathic consultation.

Conclusion and vote of the plenary

Improved quality of life:

- **a homeopathic consultation is recommended** as part of a multidisciplinary approach.

DISCUSSION

Samuel Hahnemann (1755-1843) elaborated the fundamental principles of homeopathy, namely similitude, individualisation and infinitesimality, based on clinical observation and experimentation [45]. He thus became the precursor of experimental medicine developed later by Claude Bernard (1813-1878).

These principles being open and not enclosing the practitioner in a stereotyped prescription mode, several homeopathic currents developed, the main ones being unicism, pluralism, complexism and anthroposophic medicine. Since homeopathy is a therapeutic method mainly carried out by general practitioners, numerous observations and experiments have been added to the homeopathic literature. If the true evaluation work, that is the first publications of randomized double-blind studies dating back to the mid-eighties, is now the subject of numerous meta-analyses, this is not the case in supportive care where few studies exist or are exploitable.

The development of homeopathy in oncology supportive care in surgeries and, for the past 12 years or so, its entry into cancer centres, has led to an interesting sharing and clinical feedback. Its increasing use by patients [1], and the interest of a growing number of oncologists, make homeopathy an inescapable therapeutic practice in cancer care plans.

Faced with these new paradigms, it seemed essential to create an interface between the various currents of homeopathic prescription and the professionals in oncology by putting together therapeutic recommendations.

Given that IHSSCO included all currents of homeopathic practice, conflicts of schools, practices or people might have arisen. This was never the case during the whole duration of our debates.

Various elements made it possible to obtain this professional consensus:

- we spontaneously and intuitively put the patients first, the absolute priority being their quality of life and the optimisation of their state of health;
- our common goal is to encourage patients to undertake and follow the personalised care plan proposed by the multidisciplinary consultation meeting;
- our recommendations are aimed at avoiding a loss of opportunity which spacing, or even stopping treatments of the cancer because of major side effects, would represent.

The lack of time and availability of the participants of the various steering groups was certainly the weakest link of this work. However, they were able to compensate for this by a remarkable investment and a point-by-point discussion at the plenary session.

The choice of homeopathic treatment being based on the patient's specific and individualized symptoms, one might be surprised at seeing the publication of standard recommendations in homeopathy. This is made possible because, in supportive care, the side effects depend more on the cancer treatment used than on the individual reaction mode of the patient. Some treatments always cause the same side effects and allow standard homeopathic prescriptions.

Another difficulty which was encountered was the choice of dilution. Where possible, we have taken the dilution used in clinical studies (*Arnica montana* 30C postoperatively, *Rhus toxicodendron* 9C for osteo-articular pain of anti-aromatases...). In other cases, we relied on prescribing habits and the experience of the experts present at the plenary

session. The anthroposophic medicine approach has been very useful to help us choose the ideal time of the day for taking the medicines (*Phosphorus* in high dilution in the evening, for example).

In spite of our different practices, the opportunity given to all the participants to take an active part and to be listened to with respect have meant that the recommendations were adopted unanimously.

At the end of this congress we can say that we have succeeded in building a strong professional consensus for a set of recommendations designed to help the practitioner and the patient find the most appropriate care plan. These recommendations form part of a program of improving good practice in supportive care, as much through the quality as the safety of prescriptions. They are not intended to replace what already exists but to improve it.

CONCLUSION

Since the founding article on cancer supportive care in France in 2003 [46] and the first Cancer Plan published in the same year [47], the accompaniment of the cancer patient has evolved very favourably over the last fifteen years. The quality of life of the patients is steadily improving, whether through the creation of a framework around the diagnosis disclosure or the integration of accompanying care throughout the treatment.

However, beyond conventional techniques and treatments, patients are increasingly asking for "gentle", "holistic" and non-toxic therapies for the management of their side effects [48]. More and more health professionals are interested in complementary medicines and are looking for information on this topic.

The objective of our recommendations is to provide for novice homeopathic oncologists, as well as homeopaths not specialized in oncology, a prescription tool which would be both sure and easily accessible. These recommendations are very safe to use due to the absence of drug interactions and side effects. Their low cost and 100% reimbursement in France in cases of cancer puts them within everyone's reach.

Some clinical situations will require specialised care by a homeopathic physician whose integration in the supportive care team of the cancer centres seems to us desirable.

The use of homeopathy in oncology is still very recent. The inadequate number of clinical studies required the input of our clinical experience in the development of these recommendations. Let us hope that the support of the hospital environment, with its research know-how, will be able to compensate this lack in the years to come.

Disclosure of interest

Bagot JL and Karp JC, declare participating in ad hoc interventions (expert reports, advisory activities, conferences and training activities) for Boiron SA.

Messerschmitt C, Lavallée V, Blajman H et Fischer-Levy I, declare participating in ad hoc interventions for Boiron SA.

Veron F declares that he has no competing interest.

Tourneur-Bagot O, stated that she had participated in one-off interventions for training actions for the Bayer laboratory and given advice for the Gilbert laboratory.

Wagner JP declares participating in ad hoc interventions (expert reports, advisory activities, conferences and training activities) for Boiron SA, Amgen, Roche, Kyowa Kirin, Astra Zeneca, Pierre Fabre laboratories.

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APPENDIX 1.

List of the 48 Physicians, Pharmacists, Nurse and Veterinary Surgeon present at the Strasbourg Congress who signed the recommendations of the IHSSCO 2017 for supportive care. ANDREU Martine, BAGOT Jean-Lionel, BASTIN Véronique, BERKROUBER Bénédicte, BERLAND Emmanuel, BLAJMAN Hervé, CHARVET Christelle, CHEYNIS Lionel, CHOU Michèle, COLLETTE Mathilde, DEMONCEAUX Antoine, DUBOST Valentine, DUPONT Marie-Odile, ERTZ Christiane, EYNIUS Colette, FEIDT Patricia, FISCHER-LEVY Isabelle, GALMICHE Alain, GRANDMOUGIN-ARNOUX Aleth, JOST Stéphanie, KARP Jean-Claude, KEMPENICH Robert, LAV-ALLÉE Véronique, LESCHI Delphine, LOPEZ Catherine, LOPEZ-MARQUEZ Yecenia, MARIAMET Marie-France, MARTINI Laure, MEIJER Gio, MENIGOT Florence, MES-SERSCHMITT Christiane, MULLER Sophie, NEVEU Pascal, PECQUEUR-TOLLNAERE Joelle, PIMBEL Catherine, RAZA-FITSALAMA Denis, RIBEREAU-GAYON Benoit, ROBERT Alain, ROBERT Alaric, ROCHEBLAVE Philippe, THEUNISSEN Ingrid, TOUMI Nabil, VERDIER Sora, VERON Fabrice, VERON Clothilde, WAGNER Jean-Philippe, WISSLER-KOENIG Elisabeth, WOHLFAHRT Robert

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