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EFFICACY OF HOMOEOPATHIC MEDICINES AS ADJUVANT TREATMENT IN CANCER: AN OBSERVATIONAL CASE SERIES

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ABSTRACT

Breast cancer is most common types of malignancy in female which we encounter in our day-to-day opds. Where environmental factors and lifestyle play a major role for developing ca breast. Treatment includes surgery, chemotherapy, radiations and HRT, which causes many side effects including weakness, poor appetite, sleeplessness etc. so, here Homoeopathy is used in conjunction with other mode of treatment with intention to reduce post treatment side effect which hampers patient's quality of life (QOL). So, here retrospective study of 3 cases of ca breast are done where Homoeopathic treatment used as an adjuvant therapy. Among the three patients with a high symptom burden evaluated using Edmonton symptom assessment system (ESAS), out of which two underwent surgery, radiation, and chemotherapy, while one underwent surgery only. Medicines were prescribed on the basis of prescribing totality of the Patient. The findings suggest that the addition of Homoeopathy led to a notable reduction in symptom burden and an overall enhancement in patient well-being, demonstrating its potential as a supportive therapy in breast cancer care. So, these results to pave the way in the cases of cancer as an adjuvant therapy and as a sole therapy for further systematic research in such cases.

KEY WORDS – Breast cancer, Homoeopathy, Edmonton score, Quality of life, Integrative approach

INTRODUCTION

Cancer ranks among the top five leading causes of death worldwide, with breast cancer being the most common malignancy in females and the second leading cause of cancer-related mortality among them. In 2022 alone, an estimated 2.3 million women were diagnosed with breast cancer, and approximately 670,000 deaths occurred globally.^[1,2]

Breast carcinoma represents a malignant neoplastic proliferation of epithelial cells originating from the ductal or lobular structures of the breast.^[3,4,6]

A positive family history, particularly among first-degree relatives confers a five- to six-fold increase in risk.^[5,9] The disease exhibits a strong hormonal dependence. Hence, women with early menarche, late menopause, or nulliparity are associated with prolonged lifetime estrogen exposure—are at greater risk of developing breast cancer.^[7,13] Conversely, an extended duration of lactation has been shown to confer significant protection, independent of parity or age at first full-term pregnancy.^[8,13] Additionally, tobacco use, obesity, and alcohol consumption are well-established risk factors contributing to both the incidence and recurrence of breast carcinoma.^[7,4] Genetic susceptibility to breast cancer is mainly linked to inherited mutations in genes such as BRCA1 and BRCA2, which greatly increase the risk of breast and ovarian cancers.^[9,13] Radiation exposure before age 30 greatly increases breast cancer risk.^[10,13] Use of hormone replacement therapy has increases the incidence of breast cancer.^[4]

Beyond survival, however, a critical dimension of cancer care lies in optimizing patient's quality of life. Breast cancer and its conventional treatments including surgery, chemotherapy, and radiotherapy—are frequently associated with pain, fatigue, nausea, emotional distress, and long-term functional limitations, all of which can profoundly affect daily living, psychosocial well-being, and social participation.^[12] Thus, balancing survival outcomes with quality-of-life preservation has become a hallmark of modern oncology.^[11]

J. H. Clarke, in his work *The Therapeutics of Cancer*, describes cancer as a constitutional disease requiring deep individualized Homoeopathic treatment rather than mere local intervention. He documents cases where Homoeopathic medicines resulted in tumor regression, pain relief, arrest of disease progression, and improved quality of life, even in advanced stages. Clarke further supports his observations with the clinical experiences of R. T. Cooper, who emphasized tissue vitality and organ-specific remedies; J. Compton Burnett,

who highlighted constitutional taints and the use of nosodes; and A. H. Grimmer, who stressed susceptibility and systemic resistance. Collectively, these authors present homoeopathy as having a definite therapeutic and palliative role in cancer management. [18]

Although many cancer patients use Homoeopathy and randomized trials also exist for Homoeopathy in supportive oncology, there is limited, systematically documented evidence describing clinical course and safety when Homoeopathic treatment is used alongside standard therapy in patients with breast carcinoma. This case series of three patients aims to provide detailed clinical as well as patient-reported outcome data by using Edmonton symptom assessment system (ESAS) [14] to generate hypotheses and inform future controlled studies.

CASE 01

Chief complaint:

14/09/2023 – 70/ F, patient came with complaint of non-pitting edematous swelling over whole left arm and forearm, pain in left shoulder joint radiate to arm since 2014. (after modified radical mastectomy [MRM]) < at night, raising arm. weakness and fatigue after MRM.

Associated complaint:

since a year recurrent urinary tract infection with burning urination in every 1-2 month.

Past history:

1. Hysterectomy -1998 (due to uterine fibroid)
2. Tubectomy – 1981
3. Renal calculi – 1970, 2011 (05mm- conventional medicine), 2021 (16mm – operated)
4. MRM - 2014

Family history:

Father	Dead	MI
Mother	Dead	Cerebral stroke
Brother (4)	Dead (younger)	Ca liver

Investigation:

2016 – HRCT – chest: left sided mastectomy noted. Fibrotic band noted at apical segment of right upper lobe < lingular segment of left upper lobe.

2019- PET-CT – mild FDG uptake is noted in prominent right upper para tracheal node (SUVmax 26) approx. 1.0×06 cm.

Date	Symptoms	Prescription	ESAS score	Rationale for prescription
14/09/2023	<ol style="list-style-type: none"> 1. Desire for spicy food 2. Profuse perspiration on face 3. Non-pitting edematous swelling over left arm and forearm 4. Pain in left shoulder joint radiating to arm and < at night, rising arm 5. Burning micturition and pain in bladder 6. Weakness and fatigue after operation 	Rx. <ul style="list-style-type: none"> ▪ Carcinosi n 1M single dose ▪ Calc flour 30 BD ▪ Phytolac ca 200 BD ▪ Hydrasti s Q (10-10) BD 	30	<ul style="list-style-type: none"> • Carcinosi n modifies all cases in which either history of carcinoma can be elicited, or symptoms of the disease it self exist.^[15] • Phytolacca for glandular swellings, tumors of breast with enlarged axillary lymph nodes, pain in shoulder joints with inability to raise arm < at night. Pain in bladder before and during urination with painful urging.^[15,17] • Hydrastis for cachectic individual with great debility, poor appetite, lancinating pain in breast extending up to shoulder and drawn arm.^[15,17]
12/10/2023	<ol style="list-style-type: none"> 1. Mild better in weakness & fatigue 2. Swelling and shoulder pain as it is 3. Burning micturition 	Rx. <ul style="list-style-type: none"> ▪ Calc flour 30 BD ▪ Phytolac ca 200 BD ▪ Hydrasti s Q (10-10) BD 	29	<ul style="list-style-type: none"> • Hydrastis for cachectic individual with great debility, poor appetite, lancinating pain in breast extending up to shoulder and drawn arm.^[15,17]

26/10/2023	<ol style="list-style-type: none"> 1. Severe burning micturition 2. Itching at urethra <night 3. Shoulder pain mild reduced 	<p>Rx.</p> <ul style="list-style-type: none"> ▪ Sulphur 1M Single dose ▪ Calc flour 30 BD ▪ Phytolacca 200 BD ▪ Hydrastis Q (10-10) BD 	29	
09/11/2023	<ol style="list-style-type: none"> 1. Patient feeling better in shoulder joint 2. Mild edematous swelling reduces. 3. Burning urination decreases 4. Leg pain(shooting) < walking and long standing 5. Generalized energy improve 	<p>Rx.</p> <ul style="list-style-type: none"> ▪ Ledum pal 200 ▪ Iodum 30 BD ▪ Hydrastis Q ((10-10) BD 	25	Ledum pal for shooting type of leg pain <motion and shoulder pain on rising and moving arm. [17]
23/11/2023	<ol style="list-style-type: none"> 1. Better in shoulder pain and oedematous swelling (20%) 2. Better in burning micturition 3. Leg pain decreases around (40%) 	<p>Rx.</p> <ul style="list-style-type: none"> ▪ Ledum pal 200 ▪ Iodum 30 BD ▪ Hydrastis Q BD 	21	Iodum glandular hyperplasia with swelling and hardness with great debility.[16]
08/02/2024	<ol style="list-style-type: none"> 1. Better ~ 30% in shoulder joint pain 2. No burning while urination 3. Better in weakness and fatigue 4. Generalized energy improve much 	<p>Rx.</p> <ul style="list-style-type: none"> ▪ Ledum pal 200 ▪ Iodum 30 BD ▪ Hydrastis Q (10-10) BD 	16	

CASE 02**Chief complaint:**

27/01/2022 – 44/ F K/C/O ca breast in the past 10 months recurrent lumps in right breast with stitching type of pain in breast & feels tired all day. (Breast conservative surgery (BCS) - July 2020 and MRM done April 2021). At this time, she is recovering from 4th chemotherapy.

Associated complaint:

Itching on back and legs, sometimes ecchymosis on pinching skin, poor appetite, thirst less, profuse perspiration, sleeplessness occurs after chemotherapy.

Personal history:

Patient is allergic to fumes of agarbatti and strong smell causes headache.

Desire for spicy food.

Sleep only for 3-4 hour, on right lateral.

Tongue – blackish discoloration at middle

Menstrual history:

FMP – 14 years of age, regular for 4-5 days in every 28-30 days hot flushes before menses

On 1st July 2021 during first chemo menses stopped & at that time patient feels hardening of breast (22/06/2022 – menstrual flow returns)

Leucorrhoea – scanty jelly like transparent

Obstetric history:

2 LSCS – after delivery there was less milk production and breast were inverted during lactation

Past history:

1. Fistula in Ano – 2005 (operated)

Family history:

Father	Dead	CA colon, BPH
Mother	Dead	AMI
Brother (2)	Dead (elder)	AMI

Investigation:



12 April 2021- IHC

ca right breast

Invasive duct carcinoma

ER, PR, HER2 – Negative

Pathological stage – pT2N0Mx

REFERENCE LABORATORIES				
LABORATORY REPORT				
Name : [REDACTED]	Sex/Age : Female / 44 Years	Case ID : 10400		
Ref. By :	Dis. At :	Pt. ID :		
Bill. Loc. : Surgicare Hospital Anand		Pt. Loc. :		
Reg Date and Time : 12-Apr-2021 11:18	Sample Type : Tissue	Mobile No. :		
Sample Date and Time : 12-Apr-2021 11:36	Sample Coll. By : non STMPL	Ref Id1 :		
Report Date and Time : 19-Apr-2021 13:15	Acc. Remarks	Ref Id2 :		
TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Immunohistochemistry ER-PR & Her2Neu				
Specimen	Surgical resection specimen - Right modified radical mastectomy			
Natural of material	Formalin fixed tissue			
Fixation time	12hrs			
*Specimen immersion time (cold ischemia time)	Unknown			
Block no	H1109506TU-B			
Clinical Diagnosis	Ca. Right breast			
Morphological Diagnosis	Invasive duct carcinoma			
Antigen Retrieval By	Ventana CC1			
Detection System	Ventana Ultra View Univariate DAB Kit			
Result Of Estrogen Receptor - ER [EP1 DAKO]				
Intensity Score for ER	No Intensity			
Percentage Score ER	0			
Total Score & Interpretation ER	(0) Negative [Internal control is present and stains as expected.]			
Result For Progesterone Receptor - PR [PG R636 DA]				
Intensity Score for PR	No Intensity			
Percentage Score PR	0			
Total Score & Interpretation PR	(0) Negative			
HER2NEU [C-er B 2 oncoprotein DAKO]				
IHC score for Her2neu	0 (Negative)			
Reported by	Dr. Shraddha Mehta, Dr. Prashant Parikh			
	<ul style="list-style-type: none"> All controls show appropriate reactivity. False negative results can occur due to poor antigen preservation. Intensity and percentage positivity of hormonal receptor study can vary in different areas of tumor as well as in primary site as well as tumor deposits. This relates to tumor heterogeneity as well as poor preservation of the antigen due suboptimal fixation. Hence if one biopsy show negative hormone receptor study then co-relation with grade of tumor and if required repeat testing from another tumor to be carried out for further confirmation. 			
Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)				
 Dr. Prashant Parikh M.D. (Path. & Bact.) Consultant Pathologist		Dr. Bhavna Mehta M.D. (P.D.C.C.) (Histo & Renal pathologist)		
Page 5 of 8				
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Regd. Office - Supratech Micropath Laboratory & Research Institute Pvt. Ltd. KEDAR* Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380 006 Phone: +91-79-4040 8181 / 6161 8181 Email: contact@supratechlabs.com CIN : U85195GJ2013PTC077365,2013-14 Web: www.supratechlabs.com				

07/04/2022 – PET-CT Findings- post right MRM status without evidence of hyper metabolic heterogeneously enhancing lesion at the operated site. No evidence of FDG lymph nodal or distant metastasis.

Date	Symptoms	Prescription	ESAS score	Rationale for prescription
27/01/2022	7. Poor appetite 8. Thirst lessness 9. Profuse perspiration on all over body 10. Sleeplessness 11. Itching on back and legs 12. Hot flushes before menses 13. Tongue blackish discolored 14. Stitching type of pain in right breast 15. B/L pitting oedema over legs.	Rx. <ul style="list-style-type: none"> ▪ Conium 200 BD ▪ Phytolacca 30 BD ▪ Hydrastis Q (10-10) 	58	<ul style="list-style-type: none"> ▪ Carcinosis modifies all cases in which either history of carcinoma can be elicited, or symptoms of the disease itself exist.^[15] ▪ Conium for enlarged glands causes induration and engorgement with cancerous conditions, breast painful before and during menses.^[15]
06/04/2022	1. better in sleep 2. oedematous swelling reduces mild 3. stitching pain in breast as it is. 4. Tired and weakness 5. 26/05/2022 – weight- 86kg	Rx. <ul style="list-style-type: none"> ▪ Conium 200 BD ▪ Phytolacca 30 BD ▪ Hydrastis Q (10-10) 	50	<ul style="list-style-type: none"> ▪ Phytolacca for glandular swellings, tumors of breast with enlarged axillary lymph nodes.^[15,17] ▪ Hydrastis for cachectic individual with great debility, poor appetite, lancinating pain in breast extending up to
19/07/2022	1. 26/06/2022- menses appear again last for 4-5 days, regular flow, heaviness and pain in	Rx. <ul style="list-style-type: none"> ▪ Conium 200 BD 	47	

	breast before menses 2. Appetite mild improves 3. Perspiration reduces 4. Sleep better	<ul style="list-style-type: none"> ▪ Phytolacca 30 BD ▪ Hydrastis Q (10-10) 		shoulder and drawn arm. ^[15,17]
27/08/2022	6. In July no menses 7. L.M.P- 20/08/222 - single drop of menses 8. Fels as if pus forming in right breast 9. Low grade fever since 2-3 days 10. CA 125 - 6.2 U/ml	Rx. <ul style="list-style-type: none"> ▪ Carsinosin 1M single dose ▪ Conium 200 BD ▪ Phytolacca 30 BD ▪ Hydrastis Q (10-10) 	45	
05/10/2023	4. Weight - 90kg 5. Better in sleep 6. Appetite improves 7. Tongue normal 8. Perspiration reduces 9. Stitching pain reduces in right breast	Rx. <ul style="list-style-type: none"> ▪ Conium 200 BD ▪ Phytolacca 30 BD ▪ Hydrastis Q (10-10) 	37	

CASE 03**Chief complaint:**

29/09/2022 - 54/ F on 20/09/2022 she had undergone for right breast Modified radical mastectomy (MRM). Before 6-month nodular type of tumor developed in right breast & operated for same. Patient does not want to take chemotherapy and wants Homoeopathy instead.

Personal history:

Poor appetite, thirst less after chemotherapy

Desire for fruits

Menstrual history:

Menopause in the year of 2016

Obstetric history:

3 FTND

1 spontaneous abortion

Past history:

Angioplasty - 2018

Family history:

Father	Dead	AMI
Mother	Alive	Healthy
Brother (1)	Alive	Varicose vein
Sister (2)	Alive	Healthy
Husband	Dead	AMI

Physical examination:

Weight- 65kg

Height- 151cm

Tongue- white coated

Face- moles

Investigation:

21/09/2022 – surgical pathological report

Right breast carcinoma

Bifocal infiltrating duct carcinoma grade- III

No Paget disease

18 right axillary lymph nodes are free from lesion

Adjoining breast has no specific lesion

pT2(2)N0Mx

Date	Symptoms	Prescription	ESAS score	Rationale for prescription
29/09/2022	<ol style="list-style-type: none"> 1. Poor appetite 2. Thirstlessness 3. White coated tongue 4. Desire for fruits 5. Nodular swelling on breast 6. Burning and stitching type of pain in right breast 7. Weakness and tiredness after MRM 	Rx. <ul style="list-style-type: none"> ▪ Conium 200 BD ▪ Asterias rubens 30 BD ▪ Hydrastis Q (10-10) 	32	<ul style="list-style-type: none"> ▪ Carcinosis modifies all cases in which either history of carcinoma can be elicited, or symptoms of the disease itself exist.^[15] ▪ Conium for enlarged glands causes induration and engorgement with cancerous conditions, breast painful before and during menses.^[15,16]
10/11/2022	<ol style="list-style-type: none"> 1. Stitching type of pain in right side back (triceps muscle) 2. Poor appetite 3. Thirstlessness 4. White coated tongue 5. Desire for fruits 6. Nodular swelling on breast 7. Burning type of pain in right breast 8. weakness 	Rx. <ul style="list-style-type: none"> ▪ Conium 200 BD ▪ Asterias rubens 30 BD ▪ Hydrastis Q (10-10) BD 	34	<ul style="list-style-type: none"> ▪ Asterias rubens for breast swollen, indurated pain extends over inner arm to end of little finger, cancer of breast even in ulcerative stage acute, lancinating pain. axillary glands swollen hard and knotted.^[15,17]
09/01/2023	<ol style="list-style-type: none"> 5. Better in back pain and heaviness 6. Appetite mild improves 7. Thirstlessness 8. Burning type of pain decreases in right breast 9. Tiredness 	Rx. <ul style="list-style-type: none"> ▪ Conium 200 BD ▪ Asterias rubens 30 BD ▪ Hydrastis Q (10-10) BD 	29	
09/09/2023	<ol style="list-style-type: none"> 11. Appetite improves 12. Thirst mild improves 	Rx.	20	<ul style="list-style-type: none"> ▪ Hydrastis for cachectic individual with

	13. Better in triceps muscle pain and heaviness 14. Burning pain in right sided breast	<ul style="list-style-type: none"> ▪ Conium 200 BD ▪ Asterias rubens 30 BD ▪ Hydrastis Q (10-10) BD 		great debility, poor appetite, lancinating pain in breast extending up to shoulder and drawn arm. [15,17]
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DISCUSSION

In this retrospective analysis of three cases of breast carcinoma, common adverse effects of conventional treatment were observed, including poor appetite, insomnia, generalized weakness, pain at the affected site, and post-operative lymphadenopathy. Homoeopathic medicines such as *Conium maculatum*, *Phytolacca decandra*, *Asterias rubens*, and *Hydrastis canadensis* were prescribed to reduce symptom burden. All three cases demonstrated a reduction in symptom severity as measured by the Edmonton Symptom Assessment Scale (ESAS). Excluding follow-ups of less than one month, a consistent trend toward symptom improvement was observed following Homoeopathic intervention. Notably, one patient received Homoeopathic treatment alone after surgery, without adjuvant chemotherapy or radiotherapy, and showed comparatively better symptomatic improvement. The rationale for remedy selection was well documented with references to authentic Homoeopathic source books, and patients also reported perceived benefits from the treatment.

CONCLUSION

The study of these cases shows the positive effect of Homoeopathic Medicines as an adjuvant therapy in cases of breast cancer and in improvement of quality of life (QOL) of patients. The side effects produced by other mode of treatment has reduced significantly after using Homeopathic medicines. Further pilot studies with a greater number of patients should be done to see the further clinical efficacy.

LIMITATION OF STUDY

The present study is limited by its small sample size which reduces statistical power. Therefore, larger prospective controlled studies are required to establish clinical effectiveness.

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CONSENT OF THE PATIENT

Written informed consent was obtained from the patient for publication of report and results of the treatment.

CONFLICT OF INTEREST

The author declares that there is no conflict of interest.

GUARANTOR

The corresponding author is the guarantor of this article and its contents.

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