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Easing cancer patients' symptoms

by Florence de Crevoisier-Fedder

A short-term project in a Thai hospital found a significant number of cancer patients and others with complex pathologies experienced an easing of their symptoms after treatment with craniosacral therapy and in some cases homeopathy.

n October 2012, I worked for three weeks as a volunteer therapist in the Queen Sirikit Centre for Breast Cancer in Bangkok. I primarily treated outpatients selected by the surgical team, using CST or classical homeopathy. My objective was to assess how much these therapies could help with controlling pain or other symptoms. This article details some of the interesting results I observed and a few reflections on choosing between craniosacral therapy and homeopathy in such an environment.

My contact in the Centre was its Director, Dr Kris Chatamra, who is also surgically involved. Acupuncture is already offered to patients in his hospital, a charitable organisation. Homeopathy is just starting to spread in Thailand; a teaching programme led by Frederick Schroyens started last year. As for CST, the few Thai people I met who had some idea about it had gone to Singapore for a few days' training. So I did a presentation on both therapies for an assembly of surgeons, doctors and nurses and gave a few sample CST sessions afterwards as well.

In order to track the effects of both therapies, I asked my patients to score their symptoms and wellbeing using a scale they were familiar with (please see the box). An oncology nurse or assistant was present at the beginning of the 45 minute consultations, mostly to translate, but she also kept notes and scores including one set of scores taken from all patients after my departure.

Helping cancer patients in bangkok



Above: Waterfront scene in Bangkok. During Songkran, the water festival, people spray or pour water over each other to celebrate the end of the dry season Pictured right: Forence with three hospital staff; Bee, Lek and Bim

Assessment of the effects of CST or homeopathy

Symptoms were scored 0- 10, 0 meaning absent symptom, 10 symptom at maximum intensity Wellbeing was scored 1-10, 1 meaning poor and 10 feeling very well

Improvement from the treatments over the three weeks was assessed in each patient as follows:

No change: scores have not changed by more than a point in any tracked symptom.

A slight improvement: at least one tracked symptom has improved by 2 points.

A significant improvement: at least one symptom has improved by 3 points or more (this means an improvement of 30% or more). When the wellbeing score improved significantly besides a shifting

pattern in other symptoms (some are down, others up) I used this as a marker of improvement.

Good result: at least one symptom has improved by more than 5 points or almost disappeared (its last score is 0 or 1).

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Range of issues treated I gave a total of 51 treatments, for debilitating symptoms which included mostly pain- leading to further problems such as insomnia or decreased mobility – but also symptoms like nausea, weakness, cough. Out of the 25 patients I treated, eight had symptoms which were not related to cancer or its treatment. They were mostly doctors or personnel linked to the Centre, with a wide range of ailments such as dysphagia, tinnitus or insomnia.

If I add all results together regardless of the number of sessions or therapy used, 19 of the 25 patients treated improved; seven patients had good results from their treatments, five patients improved significantly, seven patients improved slightly and six patients showed no change. Three patients were prescribed homeopathy, one of them in addition to CST; the rest had CST only.

Among the eight patients who had one CST session only, half did not show any change in symptoms. But among the 14 patients who had at least two sessions, only two showed no change: it really benefits patients to have more than one CST session. However with homeopathy, each prescription produced a good result in the few cases treated.

Treating post radiation therapy and post chemotherapy

More than half of the cancer-related issues I treated were side effects of the treatment of cancer. CST was suitable for all cases. I felt that, in such a limited time, homeopathy could only be used to treat acute symptoms, not the underlying chronic condition and I prescribed only if I could see a suitable remedy clearly.

Another issue with short term projects is the pressure to help the patients and produce clear, good results within the time you are there. Keeping a scoring sheet was a useful tool to assess the impact of the therapies although it has its own issues. For example, scores are not objective and I needed to track very precise symptoms otherwise the final scores would not reflect the overall progress achieved.

I only treated two patients for the side effects of chemotherapy so cannot infer much but a good result was obtained with homeopathy for one patient with extreme nausea, vomiting and weakness. The second patient presented with peripheral neuropathy for the past month with severe shooting pains and numbness in digits. After two sessions of CST the numbness improved slightly.

I treated eight patients with pain or side effects post-radiation, six with CST only. My experience is that the patients responded to the therapies whether they had just finished the radiation programme, were in the middle of it or were still suffering from side effects years later. Just one of these patients, who had only one CST session, did not improve. Issues included pain due to scarring or tension in the skin in five patients. For three of these, I used unwinding of the scarred/tense area at some point in the treatment and felt that it made a difference. One of these patients had also been hawking much phlegm for four years since radiation, preventing sleep. The phlegm scores decreased from 10 to 4 with CST.

Most interesting among the postradiation cases was that of a lady with a painful constant cough who was midway through her many weeks of radiation therapy. I treated her three times with CST at the end of each week of radiation and the pain from her cough disappeared (scoring 0 after its original 8) while the cough frequency decreased to 3.

I also treated burning/itching in two patients, immediately after the last radiation session. One healed very well with homeopathy (itching and burning pains, which can remain for months, scored 0 after two weeks). I gave the other patient the support of CST as her skin was healing well and her burning symptoms were not very acute.

This case reflects well the way I work with a very different mind-set when doing homeopathy or CST. When I consider using CST my issue is to create the right healing space for the patient, to facilitate what the body is intrinsically able to do. With homeopathy I interfere and the ideal facilitation process only happens if I can identify and give the right remedy. However I believe that homeopathy and CST ultimately involve a similar healing process in the patient via different means. Via my hands or the right remedy, the treatment seems to resonate with a certain frequency in the patient. I rely on the research by John Zimmerman which measured the biomagnetic field emanating from the hands of therapists while they work 1 Also, clinical experience teaches



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homeopaths that if you treat a patient with too low or too high a potency of the right remedy, maybe nothing will happen. Change to a better fitting potency and you may see a beautiful reaction.

Complex cases

CST enabled me to treat and help a few complex cases with a lot of pathology in their background. For example, one lady had breast cancer two years earlier with added bilateral Oophorectomy, then cholecystectomy in the past year with complications. She now had signs of an ongoing cystitis, back pain preventing sleep (scoring 8) and bilateral 'phantom' pain (scoring 5) in the ovaries areas. After three CST sessions, she could sleep again (back pain last scored 2), she described only an awareness of the ovaries areas (scoring 1) and her cystitis symptoms were almost over.

Conclusion

This project suggests that CST and classical homeopathy have the potential to play a role in the treatment of complex cases, including cancer patients who are on medication or undergoing various allopathic procedures. More research is warranted given that nine patients in this project benefited significantly, or more, from CST only (symptoms improved by 30% or more). Also, CST gives patients a much needed time to relax and resource. Even in such a short term project, homeopathy may be very efficient to help the patients acutely, provided the right remedy can be spotted. Practising both therapies allowed me to tailor treatments for each patient and work more efficiently given my level of experience.

After studying the results for all patients, Dr Chatamra commented: 'Both craniosacral treatment and homeopathy would favourably complement conventional treatment. (The two therapies) would certainly broaden the management of problems in oncological patients.'

Reference: 1.- James Oschman, Energy Medicine, The Scientific Basis, 2000:78, Churchill Livingstone

'You should treat my patients'

Florence Crevoisier-Fedder explains how the Bangkok project (see pages 4,5 and this page) came about.

have known Kris Chatamra, a breast and oesophagus surgeon, for over 25 years. Last year I gave Dr Kris, as he is known to his patients and many people in Thailand, a short CST treatment and he then exclaimed: 'You should treat my patients!' This challenging and exciting proposition was too tempting for me to resist. At first we only discussed giving CS treatments with a view to help alleviate pain in general. Acupuncture has been used at the Queen Sirikit Centre since its opening in 2005 and is also offered in other Thai hospitals to help with pain control.

Dr Kris then decided he wanted me to see if homeopathy could help patients with strong symptoms after radiation or chemotherapy. I therefore selected a number of likely remedies which I brought along. The obvious issue with homeopathy is that if you know the remedy needed but do not have it with you, you cannot treat the patient with homeopathy! In my case however there is always CST as a fall back therapy in that scenario.

I decided to use homeopathy to treat only patients with clear acute presentations of symptoms, not their chronic problems which require long term treatment, but it was left to me to choose between CST and homeopathy on a case by case basis. Altogether, CST better fitted this project where I had to treat patients with chronic or complex pathologies. I believe that it is the first time cancer patients in Thailand were given access to homeopathy or CST in a hospital as part of their treatment but then the Queen Sirikit Centre is an exceptional, charitable hospital.

From donations and many charity events, Dr Kris and his wife have managed to raise the £16m needed to create it and run it since its opening, within the Chulalongkorn medical school and hospital. The standard of care is high, all patients have access to the latest diagnostic and treatment equipment and the wards and treatment areas look like those of a world class clinic. There is very good support for the breast cancer patients from groups of volunteers. The nurses I worked with were very caring for the patients whom they knew well.

Anyone who walks into the outpatient department with a serious (cancerous) lesion gets admission easily. Patients who are registered with a Thai hospital can access treatment in the 79-bed Centre for 30 Thai baht (about 60p!). The Thai government scheme pays for the basic care but any extra care costs are picked up by the Centre. Patients are however all interviewed about their financial situation and those who can pay do pay.

The charity also runs projects in the slums, four times per year, with information campaigns supported by celebrities and survivors. Based on initial interviews, about 120 patients are selected each time and driven the following week to the hospital to screen them for breast, cervical or pelvic diseases. A day at the hospital means losing a day's wages or needing child care for the patients from the slums so they often go to the hospital with their entire family, who also get fed and entertained for the day by volunteers!

My next visit to treat patients in the centre is planned for November 2013.