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PALLIATIVE

Declan Hammond | Jürgen Hansel | Resie Moonen | Gisela Holle | Sabine Stelter | Mark Braun | Joachim Stürmer
Ulrich Welte | Deborah Collins | Jens Wurster | Philipp Lehrke | Jürgen Weiland | Erfried Pichler | Markus Kuntosch

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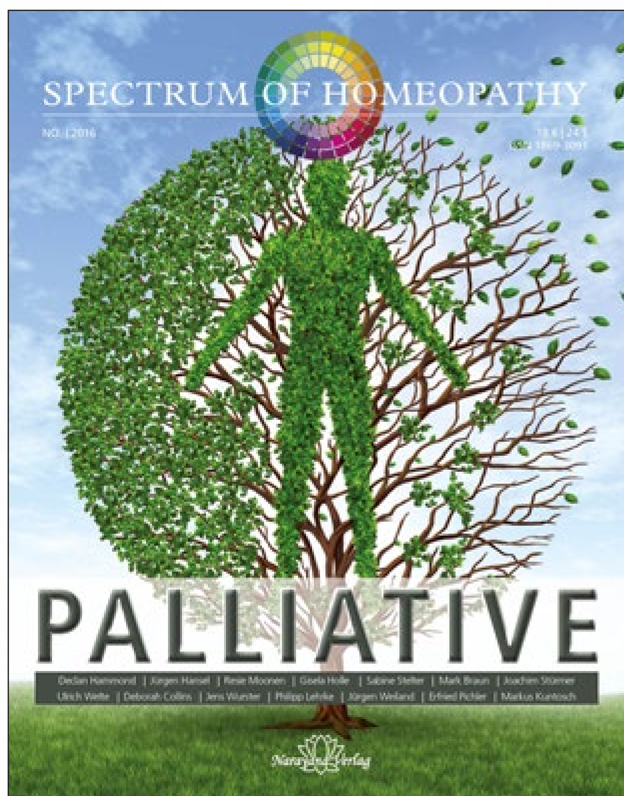

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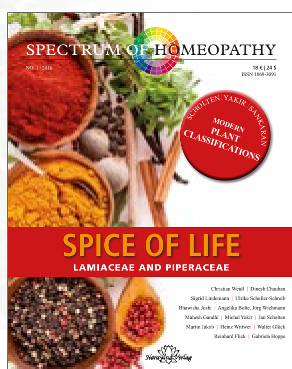

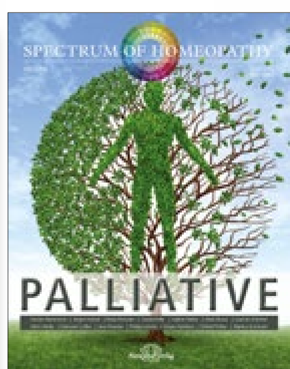

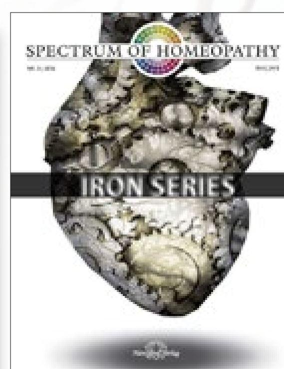

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EDITORIAL

Dear readers,

Since the end of 2015, there have been some changes in the care of terminally ill people in several European countries. In Germany, for example, there were months of intense and emotional debates about euthanasia in the German parliament. The resulting legislation considerably strengthened the role of palliative medicine in the health system, resulting in new regulations for the care of severely ill patients at the end of their lives, whether at home, in a hospice or on a palliative hospital ward. The public health system was provided with additional funding to enable more people to experience a dignified death.

The interdisciplinary structure of palliative medicine and its holistic, individually oriented approach make room for methods with a similar view of humankind. Homeopathy is therefore increasingly seen as a helpful and valuable supplement in the care of the dying. Mark Braun, a palliative and emergency medic, describes his own epiphany with the common remedies found in a palliative homeopathic kit. Such a kit is also very successfully used by Sabine Stelter in her hospice work. Homeopathy can thereby support the treatment of typical complaints, such as nausea, breathlessness, and pain. Yet, its special field is in situations where allopathy can do little or nothing. Restlessness, despair, and harrowing anxiety often react much better to our granules than to psychotropic drugs. Those who have seen how Carbo vegetabilis or Phosphorus can revive the flagging life force one last time will never want to be without homeopathy in terminal care.

There is a relatively small number of mostly well-known remedies that have proven useful at the end of life and which we repeatedly come across in this issue. The first of such remedy is Arsenicum album, which Joachim Stürmer describes in detail, without lapsing into cliché. In homeopathic doses, this remedy can ease the process of dying but also, as described in Jens Wurster's article, prolong life in hopeless situations, while also improving the quality of life. This ability to improve the quality of life together with the prospect of a peaceful death, as we can see in the majority of the articles, is the chief goal of palliative medicine.

We were moved to tears hearing of the poignant way the treasure trove of homeopathic remedies can confer peace, dignity, strength, and a tranquil letting go, as described in the touching and sad accounts of our authors in this issue. Similar to many colleagues who experience providing care to the dying as a great gift, we can sense something beyond rational explanation here – it is rather a heartfelt spiritual joy and loving gratitude for being able to participate in the profound experiences of the people we encounter in this issue of SPECTRUM. Gisela Holle speaks of "healing, the mercy, that we ourselves receive when we witness dying." Declan Hammond summarizes his experience in homeopathic care of the dying: "I have sat with many dying patients and their families and have had the enormous privilege and challenge of supporting them in their dying … When 'curing' is no longer an option, healing is always possible. Recognizing and responding to our dying patients' spiritual pain is a crucial part of this work. Conventional medicine has developed very sophisticated methods of analgesia but these do not address the inner state. Cicely Saunders asked her patients, 'How are you within?' Understanding the nature and the extent of our patients' spiritual pain is crucial in our work."

Our heartfelt thanks go to all of our authors who have gone beyond the professional depiction of the remedies and indications to share with us their often very personal encounters. We thank Declan Hammond for his very moving article, Resie Moonen for her good cheer, Sabine Stelter and Gisela Holle for their deep-rooted practical experience, Mark Braun for his infectious enthusiasm to learn homeopathy, Joachim Stürmer for the precision of his remedy portrait of Arsenicum, Ulrich Welte for the conciseness of his description of the remedies he used to resolve anxiety and fear, Deborah Collins for highlighting the use of Arsenicum as a salt, Jens Wurster for the steadfastness of his trust in the constant prospect of successful homeopathic treatment, Phillip Lehrke for his documentation of the complementary treatment of a case with very poor prognosis, Jürgen Weiland for his objective view of a case with very few symptoms, Markus Kuntosch for revealing the remedy needed to bring light into the dark night of the soul, and Erfried Pichler for realizing that at the end we have to appreciate that there is nothing more to be done.

Christa Gebhardt & Dr Jürgen Hansel

Chief editors

Emergency medicine: homeopathy can be a valuable addition in the ambulance.

Hospice's pharmacy: a selection of remedies available on the ward.

Dark night of the soul: Helleborus can bring light to the suffering mind.

Arsenicum's profile: a thorough analysis of this remedy's core.

Severe pathologies: the complexity of long term homeopathic accompaniment.

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THE STRENGTH TO LIVE

Arnica is the simile, Carbo vegetabilis and Phosphorus are the final remedies

AUTHOR ¦ Jürgen Hansel

SUMMARY: homeopathy and palliative medicine have both a similarly holistic approach. This case history shows how they complement one another in practice. A cancer patient with a pronounced fear of injury is treated in the final three months of her life with remedies from the Asteraceae family that match her personality. When the life force no longer responds, tried-and-tested remedies for the final phase of life, such as Carbo vegetabilis and Phosphorus, briefly revive her, providing effective support for the work of the palliative care team.

KEYWORDS: Arnica, Arsenicum album, Arsenicum iodatum, Asteraceae, Bellis perennis, Carbo vegetabilis, palliative medicine, Phosphorus, rectal carcinoma, restlessness

Since the beginning of the hospice movement in Germany, thirty years ago, outpatient and inpatient palliative care has become an established part of the health system, most noticeably in the last fifteen years. Since 2004, palliative medicine has been compulsory in many medical syllabuses and was adopted as an additional qualification for doctors. In 2007, the entitlement to specialized outpatient palliative care was enshrined in law. In Germany, there are now over 270 such outpatient palliative care teams, 250 palliative wards, 214 hospices for adults, 14 hospices for children, and 1500 outpatient clinics. In November 2015, a law was passed to improve hospice and palliative care in Germany, with the aim of improving the care of people at the end of their lives, especially those living in the countryside. The law increased by a third the funds available for hospice care and palliative medicine.

The development of palliative medicine: when I started my general practice, in 1983, palliative medicine was first appearing in Germany. In the same year, the first German palliative ward was opened at the surgical clinic of Cologne University. At that time, there was not a single hospice for patients who were dying, and for us doctors, there was no additional training for how to deal with the existentially most challenging situations in our work.

I still remember well the first patient who I was privileged to care for during the last months of her life. I had to look up the instructions for an outpatient oral treatment with opiates – nowadays commonly used in the framework of the WHO recommendations – in an English source. I found the chapter "Relief of Pain" in the book "Management of Terminal Disease" by Cicely Saunders from 1978. Saunders founded St Christopher's Hospice in London in 1967, which became the inspiration for the modern hospice movement and palliative medicine.

Saunders advocated a holistic approach, which included the physical, social, and spiritual needs of patients, the relatives, and the treatment team. She placed the affirmation of life at the center of hospice care, together with the acceptance of dying and death as part of life. Death is neither induced nor delayed. Active euthanasia is strictly rejected. The guiding principle is "high-person, low-tech"; the person is the focus, whereas the high-tech medical aspects are secondary. The treatment is aimed at improving the person's quality of life. They are treated in the environment of their choice (outpatient, hospital, home, care home) and are cared for continuously until death. Terminal care includes the relatives and continues to the period of mourning.

Saint Martin, later Bishop of Tours, sliced his cloak with a sword and gave one half to the poor. Legend has it that he was able to perform miracles, such as raising the dead. The symbolic act of charity with the sharing of the cloak – in Latin pallium – is associated with the concept of palliation.

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HOSPICE: FOUNDER CICELY SAUNDERS

The word hospice is derived from the Latin hospitium, meaning an inn or a place of hospitality. In the early Middle Ages, hospices were hostels offering protection, lodging, and care to pilgrims, the ill, the old, and the weak. The founder of the modern hospice movement is the Englishwoman Cicely Saunders (1918–2005). As a doctor, nurse, and social worker, she was very concerned with both the terminal care of the seriously ill and the alleviation of their pain. The Latin "pallium" means cloak or covering in the sense of alleviation, referring to the comprehensive care of someone when healing is no longer possible. The first modern hospice was St Christopher's in London, which opened in 1967 with donations collected by Saunders.

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A centrally coordinated multidisciplinary team is responsible for the individual treatment of each patient: symptom control (pain, thirst, breathlessness, and other symptoms) is provided by specialists and care is given by specially trained carers. Volunteers are an integral part of treatment. If we nowadays view palliative medicine as a multi-professional task, Saunders was exemplary in that she embodied all the key professions in one person: she trained as a nurse, social worker, and doctor.

PALLIATIVE MEDICINE AND HOMEOPATHY

If we examine the principles of palliative medicine as defined by Saunders, we can see some basic similarities with homeopathy, chiefly the holistic approach with the aim of including all aspects of human existence. The subjective sense of wellbeing is first and foremost, not objective data. As in homeopathy, Cicely Saunders was concerned with offering her patients individual rather than standardized treatment.

Yet, homeopathy has paid little attention to palliative medicine, as can be seen by the dearth of books, journals, and seminars on this topic. One reason for this situation can be found in the origins of homeopathy. Since Samuel Hahnemann, the concept of palliation has had negative connotations because the founder of homeopathy associated the term with the effect of the allopathic medicine of his time.

In paragraphs 55 and 58 of his Organon of Medicine, he wrote: "One would have long since abandoned these allopathic physicians if it were not for the palliative relief obtained at times from certain empirically discovered means whose almost instantaneous flattering action was conspicuous to the patient. To some extent, this bolstered the physicians' credit … This is a very faulty, merely symptomatic treatment wherein only a single symptom, thus only a small part of the whole, is one-sidedly provided for." For his own method of healing, by contrast, Hahnemann postulated in paragraph 2: "The highest ideal of cure is the rapid, gentle and permanent restoration of health; that is, the lifting and annihilation of the disease in its entire extent."

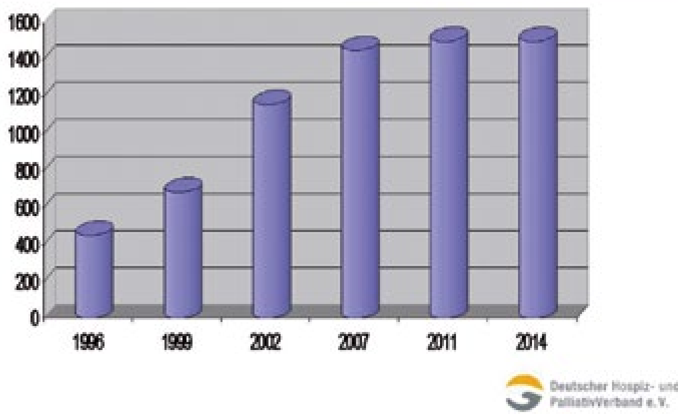
A solely palliative approach cannot hope to meet this standard of cure. Yet, of course, there are patients we meet in homeopathic practice for which Hahnemann's highest ideal of cure does not apply. This is true above all for patients whose illness meets the 1990 WHO definition: "Palliative medicine is the active total care of patients whose disease is not responsive to curative treatment. Control of pain, of other symptoms, and of psychological, social and spiritual problems is paramount."

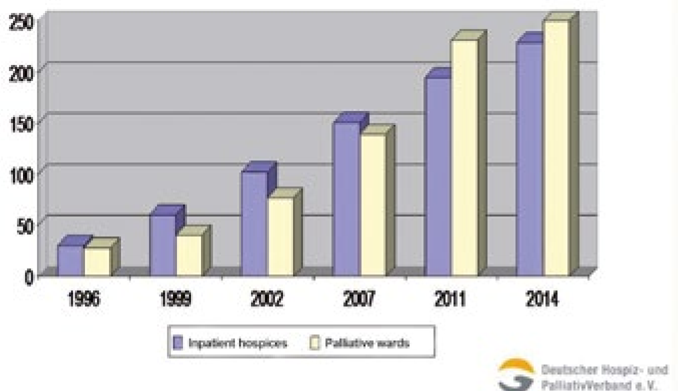
According to this definition, there is a phase in the progress of severe illness in which there is still a prospect of healing – or at least remission – and prolongation of life. And then, there is a phase in which there is no more hope of healing, when the only prospect is relief of symptoms and improvement of the quality of life. This terminal phase is an exception to Hahnemann's postulate and requires from us homeopaths palliative treatment in the original sense: just as Saint Martin divided his cloak (Latin pallium) in two and gave one half to warm the beggar, without aiming to alleviate his poverty, we should aim to relieve the suffering of the incurably ill by treating their complaints symptomatically. In the curative phase, we ideally search for a simillimum, the so-called constitutional remedy.

Flexible approach: in practice, however, it is seldom possible to draw a clear boundary between the curative and palliative phases of illness. The boundaries are rather blurred and so there are frequently situations in which the attempt is still made to treat curatively or at least to prolong life, while at the same time palliative treatment is provided to improve the quality of life. For the goal of prolonging life by chemotherapy and radiotherapy, there is generally acceptance of severe side effects that require accompanying palliative measures. With homeopathy, we can

certainly still achieve good results in the palliative phase with well-chosen constitutional remedies. In palliative medicine the approach is now less rigidly oriented to the strict separation of the phases according to the old WHO definition – the aim is to continuously react in a highly flexible manner to the current state of illness.

In homeopathy, the care of severely ill patients in the shadow of death also demands a flexible attitude to the art of healing. Even classical homeopaths do not always restrict themselves to the administration of a single remedy in such situations. When treating symptomatically, we occasionally need to simultaneously prescribe various remedies for different complaints – there is no taboo in combining a holistic simile with symptomatic remedies to relieve specific local complaints. In many cases, homeopathy is used in addition to conventional palliative medicine in those areas in which the latter has little to offer. This is true above all for the specific forte of homeopathy – to strengthen the life force and the associated physical and mental-emotional quality of life. This sphere of action is also central to the following case history, in which homeopathic treatment is provided in the final weeks of life in close cooperation with the local outpatient palliative care team.





CASE: sixty-three-year-old woman with stenosing rectal carcinoma and metastases in liver, lung, and pleura

In April, the patient was fitted with an artificial anus during resection of a deep-seated carcinoma of the large intestine, the section of the pleura affected by metastases is removed, and parts of the pleural space are cauterized with talcum. Before this operation, deep-vein thrombosis occurred in both legs and therefore a filter was fitted to the inferior vena cava to protect against pulmonary embolism. Finally, before commencing adjuvant chemotherapy in June, a venous port was implanted. After the initial infusions, however, the patient stopped chemotherapy due to the side effects. In July, metastasis of the thigh bone was diagnosed.

Initial casetaking (abridged) on July 27: the patient says: "The illness was apparent for a year. I ignored it." Between the first symptoms and diagnosis, she lost six kg. "I've always had problems with the intestine." First, there was an alternation between constipation and sudden gushing evacuations. Then, she had mainly diarrhea, up to ten times a day at the end, accompanied by abdominal cramps.
When visiting the doctor for a prescription it was noticed that she was repeatedly coughing. The diagnosis was only made after her doctor noticed this symptom. The observation of a shadow on the lung x-ray was followed by further tests, leading finally to the diagnosis of cancer.
When I asked her about it, she explained her aversion to doctors: "You're so much at their mercy." She was afraid of every injury, even the smallest graze. "I'm a social worker and in my work, I deal with any amount of emotional pain and despair but I can't cope with the slightest physical injury, even in my children. An open physical wound has an emotional effect on me.
"The worst thing so far about this illness has been the pleural drainage. It was like being impaled – as if my body was being stretched and torn open from the inside – as if the drainage was going straight through me from one side to the other."
At the moment, she is suffering from the following: "I'm very weak and haven't got any strength to do anything. After fifteen minutes of activity, I have to lie down again. The weakness comes from the stomach as if there's an emptiness developing there, and then all the energy goes out." She has pain in the chest and right shoulder, aggravated by wind. In addition, she complains of pains in the right thigh, in the area of the bone

metastasis, worse on walking. All her complaints are focused on the right side and are worse in the morning.

CASE ANALYSIS

Following the 1990 WHO definition cited above, this is a classic case requiring palliative medicine: a progressive, far-advanced illness with limited life expectancy without any possibility of cure. Yet, for homeopathy this does not necessarily mean that the only possibility is palliative local treatment aimed at symptom relief. In this situation, we can also initially select a remedy based on holistic criteria, using the patient's striking, unusual, and characteristic symptoms.

The first thing to notice is how the patient deals with her illness: "I ignored it." She behaves as if she is healthy, although in fact she is seriously ill. One reason for this is her aversion to doctors. Underlying this is a deep-seated fear of injury that runs through her life and is painfully reactivated by the illness "I can't cope with the slightest physical injury, even in my children. An open physical wound has an emotional effect on me." Since the patient is not at all a fearful person but rather a strong, self-conscious personality, her fundamental fear of injury is all the more striking. With this pronounced sensitivity to the smallest scratch, she undergoes a series of invasive procedures, with the pleural drainage subjectively experienced as the most major trauma – a shock in the language of the repertory. The sensation of impalement is particularly characteristic.

Repertorization of her sensations and the associated reaction pattern leads us to the injury remedy par excellence: Arnica montana. This also covers the patient's decision to break off chemotherapy after the initial impact with the rubric "oversensitive to allopathic medication". Phatak writes of Arnica: "Trauma in all variations, psychological or physical, as well as direct or remote effects can be treated with this remedy." When selecting the remedy, I also regarded the local pain symptoms as the effects of trauma and did not further consider their unspecific form. At the most, the local symptoms are striking in the aggravation from wind.

PROGRESS

August 2: prescription of *Arnica* Q1, three drops a day. Initial aggravation with pain in the entire chest and thigh, and the patient is very restless. After three days, she is feeling much better than before taking the remedy; she is far more stable, has much more energy and scarcely any pain.

August 10: more pain again in the leg and chest.

August 12: energy somewhat lower.

September 2: severe pains and vomiting for four days.

Comments: since the remedy has so far had a positive effect on her life force and pain but is now less effective, the potency is changed.

Prescription: *Arnica* Q3, three drops a day

September 6: no more vomiting, pain noticeably reduced

September 10: severe pain in pleura and breathlessness. The patient is exhausted after the slightest exertion and sleeps a lot. Comments: the change of potency only brought about a short-term improvement, following which the pain – now associated with breathlessness - returns. Yet, the loss of energy is particularly serious. Apparently, the positive effect of *Arnica* on the life force has declined. So, instead of a new potency, a new remedy is indicated. Due to the positive effect of Arnica, I search for a related remedy from the same family, with a strong connection to cancer. I choose the plant that Sankaran assigns to the cancer miasm in the Asteraceae family.

Prescription: *Bellis perennis* Q1, three drops a day

September 17: after a pronounced initial aggravation, the pleural pain is now much less. Her energy was initially unchanged but since yesterday, the patient has felt a noticeable spurt. Yet, she has to repeatedly vomit although she feels no nausea.

Comments: *Bellis perennis* seems to have had a similarly positive effect on the energy and pain as did Arnica before but it has no effect on the vomiting. In addition to the constitutional

REPERTORIZATION

	Arn.	Coff.	Nux-v.	Lach.	Sep.	Ign.	Sulph.	Acon.	Hyper.	Verat.	Cham.	Nat-m.	Valer.	Arg-n.	Bell.	Hell.	Iod.	Lyc.	Merc.
Total	13	10	9	6	6	6	6	5	5	5	4	4	4	3	3	3	3	3	3
Rubrics	7	5	4	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Kingdoms																			
Mind; WELL; Says he is, when very sick (24)																			
Mind; FEAR; Physician, will not see, he seems to terrify her (16)																			
GENERALITIES; SHOCKS; general; injury, from (48)																			
WEAKNESS, enervation, exhaustion, prostration, infirmity; injuries, from (9)																			
GENERALITIES; PLUG, wedge or nail sensation; external (15)																			
GENERALITIES; PLUG, wedge or nail sensation; internal (68)																			
GENERALITIES; MEDICAMENTS, allopathic medicine; oversensitive to (18)																			

remedy, we now need a purely palliative remedy with a strong affinity to the local symptom "vomiting without nausea".

Prescription: *Apomorphinum* 30C, dissolved, one teaspoon as required

September 23: since *Apomorphinum*, the patient vomits less severely and more infrequently.
October 2: in the previous week, the patient's energy severely declined and she feels great weakness. She complains of breathlessness and coughing, and has repeated pain "as if there's a war going on there, as if people are attacking one another with swords." She feels an unusual desire for fatty fried food. She is very preoccupied with a dream: "First, I'm cleaning a garden fork and then I get in an old bus that's going to Siberia, where I'm supposed to dig. At a watchtower, a guard shoots three times in the air and three ravens drop from the sky. Then, I carry on traveling forever in the bus, without arriving."
In a second dream, she is traveling with an empty suitcase. She sees an indication of impending death in these dreams and she feels great sadness that she has to go; "I toe the line from a sense of helplessness."
Comments: the patient's increasing weakness together with the ominous dreams mark a turning point in the progress of the illness. She feels the end approaching and would now like palliative outpatient treatment with the local outpatient palliative care team, with whom she has developed a special relationship. In the last two years before retiring from social work, she herself helped to set up this outpatient hospice and palliative consultation service; she was responsible for the psychosocial care of the severely ill and their relatives.
While receiving palliative care, she would like to continue with primarily homeopathic care, although she definitely does not want to suffer from unbearable pain or similarly burdensome symptoms. She wants to continue consultations so that all possible remedies can be used to treat her symptoms. The palliative medicine required should be agreed as far as possible with the homeopathic doctor.

Since symptom control now occurs increasingly with allopathic remedies, the focus of homeopathic treatment is especially on strengthening the life force, both in the physical and emotional area. Due to the recent desire for fat, I first prescribe *Hepar sulfuris*.

Prescription: *Hepar sulfuris* LM 6, five drops a day

October 17: for the first time, there is no particular reaction to a remedy. The patient feels even weaker and is constantly cold. Yet, she is neither anxious nor restless.
Comments: *Hepar sulfuris* was evidently an incorrect prescription. The error was to go back to the repertorisation used for the first prescription. In this situation, it is better to rely on the tried-and-tested remedies for the final phase of life, prescribed on the basis of the current illness symptoms: an exhausted life force, a feeling of cold, breathlessness or restlessness and anxiety.

Prescription: *Carbo vegetabilis* LM6, three times, three drops.

October 22: the patient has more energy and can again get up. "I just feel better."
October 25: since yesterday, she has been having diarrhea with watery, foul-smelling tarry stools "like a greeting from hell." At the same time, her energy has collapsed and she is very weak. The pain in the thigh has increased once again.
Allopathic analgesics are now administered, with homeopathy used for the local symptoms.

Prescription: *Phosphorus* LM6, five drops, once

October 29: for the last three days, she is again feeling better. The pain is tolerable and there have been no more tarry stools. She even had enough energy today to go out.
November 12: for the last four days, the patient has been very weak and she even finds it an exertion to talk. She can hold nothing down and vomits repeatedly with blood and the stool is once again black. She is very thirsty but only drinks small amounts and is restless at night. She no longer feels cold, she tends to feel warm instead.
Comments: due to the recent *Arsenicum* symptoms (nightly restlessness, thirsty for small amounts) but without feeling cold, I prescribe *Arsenicum iodatum*.

Prescription: *Arsenicum iodatum* LM6, five drops, twice a day.

Contrary to the rules of classical homeopathy, I continue with the prescription of *Phosphorus* LM6, five drops daily, due to the vomiting and stomach bleeding.
November 19: the patient talks in a commanding tone to her relatives, picks her nose until the blood comes, and is as restless as before.
Comments: due to the current symptoms (dictatorial – talks in a commanding tone: arn. cupr. DULC. falco-pe. lac-leo. lyc. Phos. ruta spong. tax. / picking the nose with the finger – bleeds; until it: arum-t. cina phos. spig.) I continue with Phosphorus.

Prescription: *Phosphorus* LM6, five drops daily. *Arsenicum iodatum* is discontinued.

November 20: the patient dies peacefully in the presence of her husband and her two grown-up children.

FINAL REMEDIES

Thanks to our cooperation with the homeopathic care of this patient, the leader of the local outpatient palliative care team expressed an interest in using homeopathy in her work. She

The phases of dying: observations by Elisabeth Kübler-Ross

Together with Cicely Saunders, the Swiss psychiatrist Elisabeth Kübler-Ross (1926–2004) founded the modern movement for hospices and palliative medicine. During her work as a hospital psychiatrist, she did not avoid the dying, as was common at that time, but rather engaged them in conversation. She related these conversations with the ill and dying in the book "On Death and Dying" (1969), which made her world-famous. Kübler-Ross defined the five phases of dying in this book, in which she described her experience of talking with 200 dying patients from the US. She later applied the phases to the relatives and to those who develop coping strategies in extreme situations. The observations made by Kübler-Ross formed the foundations of the modern movement for hospices and palliative medicine.

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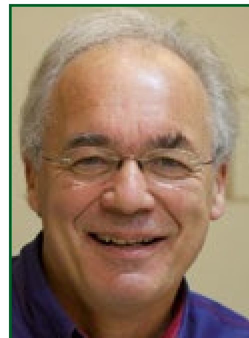
was surprised by the low doses of analgesics necessary in such a severe case, and she was also impressed by how the patient's energy rebounded after taking the homeopathic remedies. From the collaboration on this case, a homeopathic course for doctors and carers working in palliative care was developed.

Tried-and-tested prescriptions: based on the progress of the illness described above, we can distinguish two phases of homeopathic treatment. In the first few months, the patient reacted positively to a remedy that was chosen based on constitutional aspects. After the effect of this constitutional simile began to diminish, in the final month of life, only palliative phase remedies, such as Carbo vegetabilis and Phosphorus were used since these have proved especially useful in this stage of illness – we will encounter these repeatedly in this issue of SPECTRUM. Similarly to how, at the start of life, homeopathic gynecology makes do with a limited set of remedies, at the end of life there is also a relatively small number of remedies for typical problems of this terminal phase. Whereas constitutional treatment requires comprehensive study of homeopathy, it is possible for palliative carers to learn how to administer these few remedies, without the need for thorough homeopathic training. We can only hope that, after midwives and obstetricians, palliative doctors and carers also discover the power of homeopathy for their work with patients at the end of life.



JÜRGEN HANSEL

General physician in homeopathic practice in Munich since 1983, instructor in homeopathic further education and since 1991 leader of the annual Munich workshop of homeopathy in the naturopathic hospital, held in German, and organizer of seminars with Rajan Sankaran, Jan Scholten, Andreas Richter, and Resie Moonen.
For more information, see www.homtage.de (German).

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Like Arnica, Bellis perennis belongs to the Asteraceae family. Rajan Sankaran assigns this remedy to the cancer miasm.

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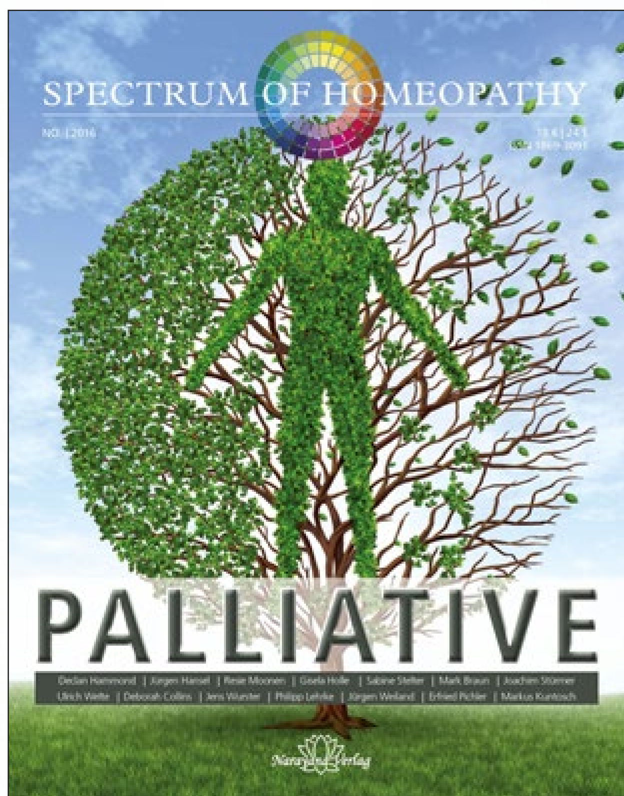

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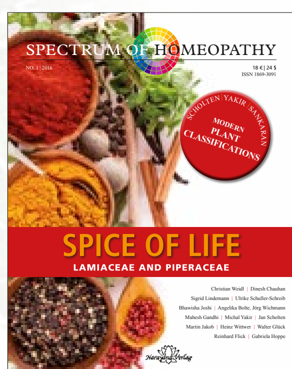

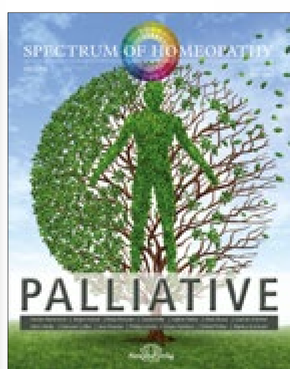

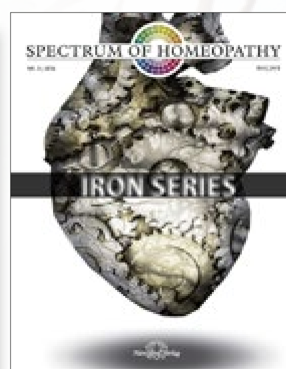

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