



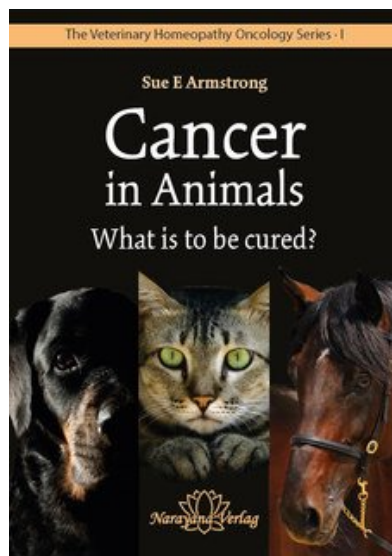
Sue Armstrong Cancer in Animals - What is to be cured? - E-Book

Reading excerpt

[Cancer in Animals - What is to be cured? - E-Book](#)

of [Sue Armstrong](#)

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FOREWORD

This is the first in a series of books on the homeopathic and integrative approach to veterinary cancer management in animals. Other books in the series will cover nutrition and supplements in cancer management, canine neoplasia, feline neoplasia and equine neoplasia. The species-specific books will cover the major cancer types for each species and will include example case studies throughout.

I have been developing my ideas and current understanding for over 30 years in clinical veterinary practice, treating mostly dogs, cats, horses and also humans as an RSHom. Of all the chronic case manifestations that I have had to deal with on a daily basis, cancer is the one that I have been drawn to because it challenges us all as practitioners on so many levels. Cancer exposes our inadequacies, fears and falsehoods perhaps better than any other disease process and it can be so unforgiving when it does it. No other disease process has had as much money poured into it for research over the decades as the collective of cancer. The history of how this money has been allocated and what the human race has done with the findings of the research has provided us with a beautiful mirror on human nature, greed and politics that has changed little as we evolve.

My initial intention when starting these books was to provide a comprehensive body of work to support the work of veterinary homeopaths. However, the concept of the books has evolved as I have talked to conventional veterinary oncologists and to clients who have experienced the cancer process in their own animals. I hope that the series will provide a source of information to help everyone involved in cancer in animals, or indeed in humans, to see things from a different perspective, and to piece together the different ideologies into a more unified whole.

My nature includes a deep aversion to conflict, which of course has ended up being the challenge of my life, as our deepest fear nearly always does. It has been the saddest aspect of my life's work that homeopathy has brought me nothing but conflict, most notably in the aggressive attitude towards it held by so many members of my own profession. None of us has all the answers to treating the diseases that afflict humans and other animals, nor do any of us fully understand the purpose of disease and what is truly to be cured. Homeopathy is not a belief system, it is a science, and we ignore it at our peril.

INTRODUCTION

Cancer is not a new disease; it has been a part of the story of humans and other animals from the beginning of cellular life on earth. A fossilised rib excavated from a shallow cave at Krapina, Croatia, came from a Neanderthal living 120,000 years ago and was found to have the same bone tumour type that is commonly found in humans and animals today. Bone is the most common tissue remaining from our ancestors and one of our few tangible connections with the dead. Other examples of cancer, in other organs and tissues, have been found in Egypt in the mummified remains of humans living between 1000 and 4000 years ago, confirming that we have a long history of living and dying with cancer.

Cancer is nearly always viewed as the enemy, a terrible disease that we have to eradicate and fight. Every cancer charity, government and organisation talks in this way, making us deeply fear not only the disease but the very word *cancer*. I have patients who cannot even bear to see the word written, and resort to such requests as “Please do not use the ‘c’ word”. There is perhaps a greater depth to the story of cancer than is obvious at first sight: cancer may well be inevitable for at least a percentage of us and our animals if we do not die prematurely from other causes such as accidents, epidemic diseases or poisoning. However, only a percentage will inevitably succumb to cancer; other causes of age-related death such as non-neoplastic major organ failure will be the ending for others. Throughout time the volume and nature of the threats that can lead to premature death have changed. As we both identify the threats and learn to deal with each of them, minimising their impact on the health of humans and animals, we are still left with the inescapable birth, life and death scenario of each individual and the natural processes of ageing and dying.

Genetic mutations are happening all the time in the mammalian body at a small but steady rate; if this did not occur throughout time, species could not adapt or evolve. I will be looking at some of the extrinsic causes of mutations later in the book but the reality is that mutations happen in every one of us and our animals as random events, and cancer is a major ‘natural’ cause of age-related death and is most likely a price that we pay for the evolution of life on Earth. I was brutally and yet poignantly reminded of this aspect of cancer recently with the loss of my own beloved German Shepherd dog, Kei, who, in the last month of writing this book, developed an aggressive cardiac haemangiosarcoma with secondary lung metastases. After just five days of

his expressing clinical symptoms, his life was ended. He had been, up to that point, a 'healthy' German Shepherd dog, having lived eleven and a half years of relatively problem-free life. The trail of the origin and development of his cancer was, however, written in the richer texture of his life story (as it can nearly always be traced in us all). This was an example of cancer the completer, the end-game of life, working swiftly, and with only the short disturbance that attends any end of life for the bearer and loss for those left behind. This is not to say that end-of-life cancer should not be treated; however, the reality with this form of cancer presentation is that it is invariably incurable and treatment, such as it is, can only ever involve palliative end-of-life care. It is also the typical cancer presentation that appears following an earlier 'cure' of an often completely different cancer phenotype. I have discussed this phenomenon with several experienced homeopaths and conventional oncologists and all were familiar with this observation. The homeopathic understanding of miasmatic theory and Hering's Law mean that experiences with these cases can lead to massive feelings of self-doubt for homeopaths regarding their abilities. Surely you have failed if your patient ultimately dies of a tumour, and surely your previous attempts to cure must have been suppressive? If that were the case every doctor, veterinary surgeon and homeopath on this Earth fails, and suppresses disease all the time, because not one single human or other animal has yet achieved eternal life. While I know there are many who disagree, I do not believe that life on Earth should ever be eternal for any single living being, no matter how clever we think we have become at manipulating nature. Every individual living thing has a birth, life and a death, and life itself evolves over time to be what it needs to be in order to survive.

The presentation of cancer I have described above is, despite being essentially the same cellular process, a different beast from the one we fear most: cancer that has been triggered ahead of the normal end-stage ageing process. These cancers develop when we or our animals have not reached old age, have not declined gradually in our ability to maintain homeostasis and have not completed our life potential and purpose; this is cancer that shortens life, cancer that interrupts the life while it is still in flight. This presentation of cancer can take many forms, can have completely different speeds and complexities and, as I will discuss later, this is invariably a reflection, in homeopathic terms, of the miasm involved. These cancers are primarily triggered by our actions, behaviour and lifestyle. There will be predisposition in the form of susceptibility and underlying miasmatic disease, but rather than the miasm developing slowly until the organism is finally destroyed the miasms are activated and accelerated.

It is very difficult to estimate the real size of this problem in the companion animal population because these numbers are simply not recorded and collated. However, the current estimate for cancer rates in humans in the UK is that one in three people will experience cancer in their lifetime and one in four

an unusual stress or a physical or chemical injury that occurs prior to the manifestation of cancer. He believed that cancer falls into three groups:

- a. Pre-cancer stage
- b. Early or incipient stage
- c. Late or advanced cancer

One remedy is rarely sufficient in late or advanced cancer cases, with a series of complementary remedies being required. Grimmer also placed importance on diet, advocating the introduction of a meat- and fish-free diet but also the selection of foods according to the patient's constitution.

James Compton Burnett (1840-1901)

Burnett wrote one of the few books devoted to the homeopathic treatment of cancer, *The Curability of Tumours by Medicines*. He also provided many useful observations and case histories and expanded the materia medica of remedies with specific cancer affinity. Among his many observations were the following:

- The starting point for many tumours is suppressed skin disease
- Blows, bruises and falls may initiate tumours. Burnett also wrote, when discussing tumours in the breast arising from trauma, that even in cases of injury and trauma there would be an underlying constitutional predisposition to neoplasia and it is this that 'constitutes the danger to the future integrity of the individual' (Burnett, 2005)
- Constitutional treatment should be initiated immediately after any surgery
- The surgical removal of tumours is unsatisfactory – 'the disposition is not even aimed at'. Burnett also talks eloquently of the issue of time being a strongly motivating factor for people when making decisions regarding the treatment of tumours. If surgery gives a perceived recovery in a few weeks, even though death might occur sooner, humans often prefer that option to the slow treatment of tumours using medicines that might take years, although the patient lives considerably longer. This is a major issue that we still have to deal with today. Burnett also comes to the conclusion that post-surgical cases and recurrent tumours can still be cured
- Vaccinosis is a cause of tumours
- The concept of perverted vitality of the part producing the tumour. To cure the organism the perverted vitality must be returned to normal and the remedy must match the vitality of the tumour: 'What comes vitally must go vitally'
- Tumours are pathologically hybrid in their nature, e.g. there may have been 'a person with an underlying herpetic diathesis, who suffered much from gastric fever, was then vaccinated, then had much grief and sorrow... followed by the formation of a tumour.' He comments that because of this complexity treatment will not be simple, and patience and time are needed.

When writing of his methodology for treating tumours he gives us the following:

1. Hahnemann's method of case taking
2. Consideration of the miasms involved, Vaccinosis, Grauvoglian constitutions, Traumatism and past illness or disease
3. Consideration of the organ/tissue involved and 'balance the facts that physiology, pharmacology and pathology tells us about it'
4. Start the case with a single well chosen remedy, the results of which will teach the next step

Compton Burnett also, importantly, introduced the nosode *Scirrhinum* from a scirrhous tumour, which he proved on himself. He claimed that *Scirrhinum* had aided in the cure of many breast cancer cases.

Robert Thomas Cooper (1844-1903)

Dr RT Cooper worked extensively on cancer using low potency, so-called 'arborivital' remedies given as single drops of pure tincture and repeated at intervals varying from a few days to several weeks. Cooper believed that cancers were a result of growth forces within the person that were very similar to those found in plants and trees: 'in the living plant we get a force which, if applied ... to disease, will arrest its progress and even cause its dispersal'. The 'arborivital' tinctures were made from the living plant, 'the flowers and small shoots being plucked from the growing plant, put into proof spirit, and exposed to the sun afterwards when possible'. He believed that succussion and trituration were not necessary to produce remedies with curative potential.

He was responsible for introducing many of the smaller remedies that have become so useful in the homeopathic treatment of cancer today, e.g. *Scrophularia nodosa* and *Ornithogalum umbellata*.

RM Le Hunt Cooper

Dr RM Le Hunt Cooper continued the work of his father following the latter's death. He delivered a paper in 1927 to the International Homeopathic Association entitled 'The cancer problem: Some deductions based on clinical experience'. The approach he described was introduced by his father, Dr Robert T Cooper, and was similar to the current Split Dose Method of Ramakrishnan. For example *Carcinosinum* was given in a 30C or 200C potency at weekly or longer intervals, and a remedy known to have an effect on the site of tumour growth was also used at weekly or longer intervals. Some severe aggravations were reported alongside good curative evidence.

A typical tale of Carcinosinum – Gemma’s story

Gemma, a female spayed Flat Coat Retriever, presented at 7 years of age with depression and lethargy following the recent loss of her mother, who had an undiagnosed splenic haemangiosarcoma that had ruptured.

The owner described Gemma as a very obedient dog who had never been ‘naughty’ like her mother and sister. ‘She wants loving all the time, and is so willing to please. My husband doesn’t like them in the kitchen and now as soon as she hears his car coming she slinks off into another room on her own. She loves going shooting with him and is a really good working dog but she is so sensitive if he tells her off and is upset for the rest of the day. I really feel for her when this happens, as she is so mortified. Even though the others are far more naughty, somehow he gets angrier with her than he does with the others if she does anything wrong, as he doesn’t expect it from her. I think he finds her obedience somehow annoying and he thinks she is bland despite her being one of the best working dogs we have had.’



‘Gemma’ The name has been changed to protect her identity

Even with no other history, this dog is strongly placed within the Cancer miasm with her breed, her mother’s cancer history and her personality. Gemma showed the typical mental and emotional portrayal of a *Carcinosinum* patient and responded beautifully to the remedy, coming out of her depression and starting to express herself and play with her sibling. Therein, however, lies a hidden but very big problem, because these animals are often owned by humans who have a high demand for obedience and performance, so when the remedy acts to balance the animal they can run straight into conflict with the owner. I have had the same comments again and again after successful *Carcinosinum* treatment ‘what have you done to my dog? They are so much more wilful now. I think I prefer the old version!’

A brief materia medica of Carcinosinum

I have included symptoms that are exclusively human for completeness of the overall picture.

LIFELESS/PASSIONLESS/WITHDRAWN versus PASSIONATE/ STRIVING/PERFECTIONIST

Physical features noted in humans:

- Blue sclerotics
- Café au lait complexion
- Moles and naevi
- Arrested development
- Down's syndrome
- Obesity
- Malformations
- Brittle bones

Mind:

- Fear and anxiety – not as fearful as *Phosphorus*
- Fears: Animals, thunderstorms, water, alone, dark, ghosts, evil, before an event, failure, strangers, being attacked, sharp objects, busy streets, high places, narrow places, abandonment, authority
- Fear about health – can be seen in animals as caution and carefulness
- Anticipation – this arises out of the need for perfection
- The slightest thing can hurt deeply out of bitter experience
- Panic attacks
- Desire for affection
- Sympathy towards the owner – compassion
- **Sympathy** for other animals (occasionally with an unaccountable cruel streak)
- Obstinacy
- **Aversion to reprimand and contradiction – easily offended**
- Inability to deal with conflict – this can be seen between animals or as animals who cannot cope with raised voices or conflict in the humans around them
- Love of travel – animals that are happy to go to new places and travel in the car or trailer
- Love of animals – this can be seen as animals being sympathetic towards other species – the nurturers
- Love of beauty and nature
- **Fastidious** – need for **perfection**
- **Rebellious**
- **Restless young animal with sudden destructive outburst**
- **Disobedience**
- Guilt – humans will blame themselves for their childhood misfortunes
- Sensitivity to music – the *Carcinosinum* animal will often be aware of a certain instrument or rhythm and want to be in front of the speakers or in the room, or conversely they can want to leave the room in those circumstances
- Enjoyment watching a thunderstorm

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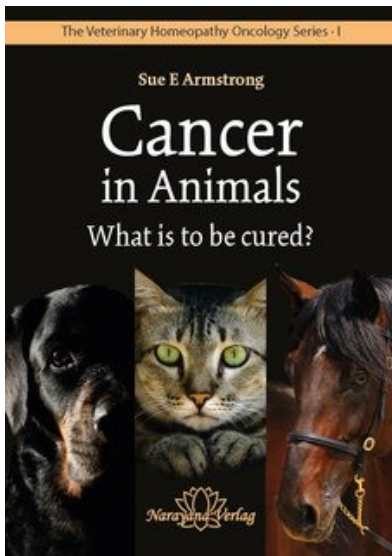
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Sue Armstrong

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