



THE HOMOEOPATHIC QUILL

ISSN: 3108-1215

Page no: 09 - 16

INTEGRATIVE CARE IN ORAL ONCOLOGY: NUTRITION AND HOMEOPATHY IN FOCUS

Ms. Jahagirdar Sofiya*¹

¹Final Year BHMS Student; Ahmednagar Homoeopathic Medical College, Ahmednagar

Article Received: 10 / 03 / 2025

*Corresponding Author: Ms. S Jahagirdar

Article Published: 25 / 04 / 2025

Email:

Abstract: Oral cancer remains a significant global health issue, particularly in regions with high tobacco, alcohol, and betel quid use. Nutritional support is crucial for patient recovery, treatment tolerance, and quality of life. This review outlines the etiology, clinical presentation, diagnostic modalities, and conventional treatments for oral cancer, with a focused discussion on dietary management across the disease continuum. Additionally, it explores the role of homeopathy as a supportive therapy in symptom management and holistic patient care.

Keywords: Oral cancer, nutrition, dietary management, homeopathy, supportive therapy





THE HOMOEOPATHIC QUILL

ISSN: 3108-1215

Page no: 09 - 16

1. Introduction Oral cancer accounts for a substantial proportion of head and neck malignancies, with squamous cell carcinoma being the most prevalent histological type. Major risk factors include tobacco and alcohol use, human papillomavirus (HPV) infection, poor oral hygiene, and nutritional deficiencies. Given its often asymptomatic early stages, oral cancer is frequently diagnosed late, leading to poor prognoses. Comprehensive care includes surgical, chemotherapeutic, and radiotherapeutic interventions, often necessitating adjunct nutritional and supportive measures.

2. Etiology and Risk Factors

Tobacco use (smoking and smokeless forms) is the leading cause, inducing precancerous changes like leukoplakia and erythroplakia.

Alcohol acts synergistically with tobacco to exacerbate carcinogenesis.

Betel quid chewing, common in South Asia, is linked to oral submucous fibrosis, a known precancerous condition.

HPV types 16 and 18 are implicated, especially in oropharyngeal cancers.

Chronic irritation from dental prostheses and poor oral hygiene are contributory factors.

Deficiencies in iron (Plummer-Vinson syndrome) and vitamin A impair mucosal integrity.

3. Clinical Features and Diagnosis Symptoms include non-healing ulcers, oral pain, dysphagia, bleeding, and lymphadenopathy. Diagnosis involves clinical examination, imaging (CT, MRI, PET-CT), biopsy, and hematological tests to assess nutritional and immunological status.

4. Conventional Treatment Modalities Treatment strategies depend on the stage and include:

- Surgical excision
- Radiotherapy
- Chemotherapy (often cisplatin-based)
- Targeted therapy (e.g., cetuximab) and immunotherapy (e.g., nivolumab)
- Rehabilitation through reconstructive surgery and speech/swallowing therapy

THE HOMOEOPATHIC QUILL

ISSN: 3108-1215

Page no: 09 - 16

5. Nutritional Management in Oral Cancer Nutritional challenges arise from treatment side effects such as mucositis, xerostomia, dysphagia, and altered taste perception. A multidisciplinary approach including dietitians is essential.

Pre-Treatment Phase:

Encourage a balanced, nutrient-dense diet to build reserves and enhance treatment tolerance.



During Treatment:

Emphasize soft, moist, high-protein and high-calorie meals.

Use frequent, small meals with added supplements (e.g., protein powders, healthy fats).

Ensure hydration with electrolyte-rich fluids.

Modify texture and temperature to alleviate mucositis and dysphagia.

THE HOMOEOPATHIC QUILL

ISSN: 3108-1215

Page no: 09 - 16



Post-Treatment Phase:

Gradual reintroduction of solid foods.

Continued use of supplements and possibly enteral feeding (PEG) if swallowing is impaired.

Focus on antioxidants (berries, leafy greens) and omega-3 fatty acids for recovery.

6. Supportive Role of Homeopathy in Oral Cancer

Homeopathy, as a complementary therapy, contributes significantly to palliative care in oral cancer by mitigating treatment side effects, enhancing psychological well-being, and potentially aiding immune modulation. It is not a replacement for conventional cancer therapy but may improve overall quality of life when used integratively.

A. Symptom Management in Oral Cancer

Arsenicum album

- Indication: Burning, corroding ulcers in the oral cavity, intense restlessness, emaciation.
- Use: Especially useful in advanced stages with ulceration and pain.
- Potency: 30C to 200C, depending on individual response.

Condurango

- Indication: Indurated, non-healing ulcers of the mouth or lips; early-stage cancerous lesions.



THE HOMOEOPATHIC QUILL

ISSN: 3108-1215

Page no: 09 - 16

-
- Use: Helps slow progression and promotes ulcer healing.
 - Potency: Often used in mother tincture or 6C.

Phytolacca Decandra

- Indication: Enlarged, painful cervical lymph nodes, painful throat, and difficulty swallowing.
- Use: Frequently used for lymphatic involvement and glandular swellings.
- Potency: 6C to 30C.

Hydrastis canadensis

- Indication: Raw, excoriated mucosa; thick, ropery saliva; cancer of the tongue and cheeks.
- Use: Acts on mucous membranes; promotes ulcer resolution.
- Potency: Mother tincture, 6C, or 30C.

Calendula officinalis

- Indication: Post-operative healing of surgical wounds and radiation ulcers.
- Use: Promotes granulation and prevents sepsis.
- Potency: Typically used externally as a lotion and internally in 30C.

Kreosotum

- Indication: Foul-smelling, bleeding oral ulcers; spongy gums; advanced cancer with tissue decay.
- Use: Reduces fetor and tissue destruction.
- Potency: 30C to 200C.

Carbo animalis

- Indication: Indurated glands, offensive ulcers, and cachexia.
- Use: Effective in late-stage, ulcerative lesions with marked wasting.
- Potency: 30C to 200C.

B. Psychological Support

Emotional health is integral to cancer recovery. The following remedies support mental resilience:

Ignatia amara



THE HOMOEOPATHIC QUILL

ISSN: 3108-1215

Page no: 09 - 16

- Indication: Grief, sudden emotional shocks, suppressed sobbing.
- Use: Patients who try to appear strong while inwardly distressed.
- Potency: 200C and higher in acute grief cases.

Natrum muriaticum

- Indication: Silent grief, aversion to consolation, past emotional trauma.
- Use: For patients who have difficulty expressing emotions.
- Potency: 30C to 200C.

Aurum metallicum

- Indication: Deep despair, suicidal ideation, sense of worthlessness.
- Use: Particularly useful in terminal stages or those with hopelessness.
- Potency: 200C and above (use cautiously).

Staphysagria

- Indication: Suppressed anger, humiliation, and suppressed emotions following surgical interventions.
- Use: Often useful in emotionally sensitive patients.
- Potency: 30C to 200C.

C. Immunomodulatory and Constitutional Support

These remedies are selected based on the patient's general constitution and susceptibility, aiming to improve systemic vitality:

Carcinosinum

- Indication: Family history of cancer, oversensitive personality, perfectionist traits.
- Use: Constitutional remedy for cancer-prone individuals.
- Potency: 200C to 1M, under professional supervision.

Thuja occidentalis

- Indication: After effects of vaccination, chronic infections, immune compromise.
- Use: For detoxification and immunological balance.
- Potency: 30C to 200C.

Scirrhinum

- Indication: Cancerous diathesis with fibrous tissue hardening.



THE HOMOEOPATHIC QUILL

ISSN: 3108-1215

Page no: 09 - 16

- Use: Used in certain cases of chronic induration.
- Potency: 30C or as nosode in specific cases.

Syphilinum

- Indication: Deep-seated destructive tendencies, ulcerations, fetid discharges.
- Use: Considered in miasmatic backgrounds of cancer.
- Potency: 200C under guidance.

D. Clinical Administration and Considerations

- Remedies must be individualized and prescribed based on **constitutional analysis** and **symptom similarity**.
- Potencies and dosage should be customized by a **qualified homeopathic practitioner**.
- Homeopathy can be administered **concurrently with chemotherapy, radiotherapy, and nutritional protocols** without known interactions.
- Remedies like **Calendula, Arnica, and Hypericum** are also beneficial post-surgery to aid healing and reduce complications

7. Conclusion: Oral cancer requires a comprehensive treatment protocol involving surgery, radiotherapy, and chemotherapy, supported by robust nutritional and psychological care. Diet plays a vital role in treatment tolerance, recovery, and quality of life. Homeopathy, when used judiciously and professionally, can provide supportive care in symptom management and emotional wellbeing. Future research and integrative models of care may offer more individualized and holistic treatment pathways for oral cancer patients.

References:

1. Shafer's Textbook of Oral Pathology – Rangila, Rajendran
2. Oral and Maxillofacial Pathology – Neville, Damm, Allen, Bouquot
3. Burket's Textbook of Oral Medicine
4. Contemporary Oral and Maxillofacial Surgery – Peterson



THE HOMOEOPATHIC QUILL

ISSN: 3108-1215

Page no: 09 - 16

5. Banerji, P., & Banerji, P. (2008). Cancer management with homeopathy. Evidence-Based Complementary and Alternative Medicine
6. Frenkel, M. (2010). Is There a Role for Homeopathy in Cancer Care? Questions and Challenges. Current Oncology
7. Boericke Materia Medica

Ms. Sofiya Jahagirdar

Final BHMS Student
AHMC, Ahmednagar