

The Cancer Diathesis

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“The pre-cancer stage embraces all the countless manifestations of chronic disease such as diabetes, epilepsy, psoriasis, eczema, arthritis, in its many forms, asthma, hay fever and numerous tubercular affections as well as the venereal diseases together with the numerous abnormal mental and emotional afflictions which harass the (human) race today.”—Arthur H. Grimmer, Collected Works, p. 769.

A diathesis is a hereditary predisposition to a disease. It is recognizable by certain psycho-physical characteristics, by a group of diseases encountered in the ancestors and by a number of associated disorders. Historically, “diathesis” was described in homeopathic medicine in conjunction with, and as a sequel of, a natural (contagious) chronic disease or miasm such as tuberculosis, that is, in the ancestors of the afflicted. The term has been used interchangeably with miasm, even though the “cancer miasm” does not necessarily denote a dyscrasia resulting from an infectious disease (although there is evidence that certain forms of cancer are of an infectious nature). Some classical homeopaths correctly spoke of the psoric, sycotic, syphilitic and tubercular diatheses, a term which I prefer; I am reserving the term “miasm” for infection, as it was originally used by Hahnemann.

A diathesis has the following attributes:

- Predictability of characteristics based on chronic disorder(s) in one or more ancestors
- Characteristics recognizable in early childhood allowing timely detection of the predisposition
- Predictability of susceptibility to a group of disorders (prognosis) associated with the diathesis
- Characteristics and disorders disappear with appropriate treatment

The cancer diathesis may be acquired or inherited. Like the chronic “miasms” of old, the carcinic diathesis is a widely prevalent disorder, with equally recognizable signs, symptoms and constitutional characteristics that can be identified long before pathology develops. This is especially true where a consistent set of constitutional characteristics can be detected – in many cases already at, or shortly after birth. Likewise, long before latent pathological lesions evolve into malignant neoplasms, cancer exists as a regulatory derangement that gives rise to identifiable and specific psychophysical signs, symptoms and personality structures. Recognizing the diathesis would perhaps permit

early treatment to prevent progression into the malignant tumor stage.

Cancer is a systemic disorder potentially affecting all tissues, organs and systems. The disorder begins with a complex physiological response to a gradual, cumulative exposure to toxins (drugs, vaccines, pesticides, hormones, etc.) or to radiation, finally exceeding a threshold of containment. This threshold is reached earlier in persons already afflicted with a psoric, sycotic, syphilitic and tubercular hereditary diathesis, or in otherwise healthy persons as a result of a sudden, overwhelming carcinogenic stimulus and a chronic influx of toxins or other adverse exposures. After a period of latency that can range from a few weeks to several decades, some of these changes may begin to grow into tumors, ulcers or other malignant lesions.

The evolution towards cancer is characterized by a duality of opposing forces. There is the internal regulatory response that leads to proliferation and eventual destruction and degeneration of cells and tissues, even affecting the genetic structure. This has its counterpart in an adaptive response and a systemic immune effort that acts against the formation of lesions or the proliferation of cells, inducing apoptosis, or cell death of malignant cells. The entirety of the cellular response manifests itself in physiological changes, signs and symptoms, genetic changes and even personality attributes that are discernible to the trained eye as the cancer diathesis.

The cancer diathesis appears to grow from the terrain of four previously inherited miasmic predispositions and contains elements of these. The characteristics of cancer are apparent in each of the previous miasms, as well as their hereditary taints:

Tubercular:

Emaciation; malfunction; atrophy; atony; scrophulosis.

Syphilitic:

Destruction; dysfunction; dystrophy; dystonia; ulceration.

Sycotic:

Excess; hyperfunction; hypertrophy; hypertension; proliferation.

Psoric:

Deficiency; hypofunction; hypotrophy; hypotension; metastasis.

The cancer state has all of these. The practitioner must perceive whether a disorder arises out of the cancer diathesis, or out of a much older affliction. Cancer may, in rare cases, engraft on a purely psoric state. However, in an age where we are in the third and fourth generation of widespread inherited cancer, the purely psoric individual free from other miasmatic taints, whose cancer finally erupted as a result of external triggers, is rare indeed. The majority of cancers in industrialized countries arise from a fully developed cancer diathesis. Recognizing the distinguishing characteristics of the cancer diathesis, which has elements of all previous miasms and significant characteristics of its own, is the key to successful cancer prevention and treatment.

Mutation (circa 1999)

For a while now, I have noticed a new type of human being, almost like a new species with certain definite, identifiable characteristics. It is true that individuals with these characteristics have been observed for decades. But what is new is that the previously rare type has now become the norm. And while formerly, many had some elements of the new type, this new creature has reached a culmination of the diathesis. We are talking about an entirely new mutation of humans.

The new generation is now in her twenties to early thirties, slender, haggard, even sickly looking, sometimes with apparent tubercular characteristics, long eyelashes and pretty, delicate features, or a bland, often pale and amorphous face. The latter is mirrored in the personality. Lack of character may be the first identifiable trait when you try to categorize this new type. There is an apparent lack of individuality in the new type's clothing. The new mutation's fashion conforms to a strict code, either a fashionable, preppy style, or, less commonly, a rebellious, messy, slovenly "drop-out" style, varying by each new fad, right now featuring pink hair, pierced noses and invariably favoring the color black. Or she is desperately trying to appear unique, however in reality imitating a myriad of others. The older version, now in her thirties to early forties favors an equally precisely-defined dress code. The colors are more earthy, beige or brownish-greenish, frequently with an admixture of pretty flowery colors, even some bright reds, blues and greens.

When you get to know it, you discover the new species is sensitive. This is not the pretense of sensitivity that you might have found in some baby-boomer males during the eighties. It is a profound sensitivity to criticism, a deep fear of confrontation. It is found in both the male and female of the new species. These creatures are afraid to displease and want to do a perfect job at whatever they set out to do. Their appearance may be well-planned and they frequently are carefully groomed. They have a constant fear of failure, worrying a great deal about performance, exams, grades and any kind of evaluations. They have many compulsive preoccupations, such as checking their watch several times whenever they go

somewhere, as if they were worried they wouldn't arrive on time. As a result, they more often than not appear before the appointed time.

As a rule these individuals do not have a hearty appetite, as can be guessed by their slender appearance. Most don't need to diet, even though they display a surprising life-long preoccupation with their body and appearance, sometimes citing health reasons. This dissatisfaction with appearance goes beyond weight; it extends to all aspects of looks, even to sexual characteristics. The mutant female sometimes thinks her already diminutive breasts are too large. Some even talk about having a breast reduction. Men wouldn't dream of being caught unshaved, feeling unclean. They may shave more than once a day, because the five o'clock shadow makes them appear far more masculine than they would like.

The new breed always has a strong affection for animals – the living beings with which they can most easily identify. It seems every young couple has one, two or more pets: dogs or cats, or both. This is the case even though many have felt in their childhood a certain fear or wariness of dogs. But now they have overcome this fear and they develop a touchingly affectionate bond with these animals that sometimes exceeds what seems reasonable. For example, the monthly bill for pet supplies in these households is sometimes higher than a young couple would spend on a baby. It is as if pets have become a substitute for human offspring.

While this may be understandable while a real child is out of the question because of, say, financial reasons, in this new mutation the situation is quite different: The young woman will confess that she has more love for her dog than she could ever feel for a human being, even her own offspring. Or she confesses that she never felt as close to a human as she felt towards her cat. She usually does have a boyfriend, though, who like her, loves animals. "This is why she could trust him," she relates. He has a dog. They relate through their animals. Through the unconditional love they both receive from their pets, they can achieve a semblance of intimacy, though very fragile. For they are by nature very suspicious of other humans.

Only a rare few extend the same affections to insects or snakes; most have a dread of these critters. However they all share a strong aversion to, even a horror of, hurting any animal. They may feel compelled to stop their car if they see a dead or injured animal on the side of the road. They may take in stray animals of all kinds and may feel considerable inner turmoil when their living situation does not allow them to add the latest victim to their already considerable ward.

They are very sensitive to criticism. Perhaps their fastidious nature makes them so highly sensitive to any trifling imperfection that they reproach themselves even more than

others do. They also become very critical of other, less perfect specimens of humankind, yet often they don't dare to express their feelings. A couple may be drawn together by their need for company and for physical affection, which they received so readily from their animals. Yet they both have to have things a certain way.

One would think that such a couple would fight a lot. But nothing could be further from the truth. They are both peacemakers, each often sacrificing their own needs for fear of confrontation. There may be resentments, but these are forgotten and suppressed since they feel strongly it would not be socially acceptable to express their anger. So they settle comfortably into a life of strict observance of ritual and, eventually, silent desperation.

Not all these young people live as couples. Many give up on relationships. They prefer cleaning up after their animals to having to feel oppressed or criticized by a human companion. In this case they live alone, occasionally seeing a best friend, invariably of the same type, for human company, sharing their frustrations. Many eventually extend their sensitivities and become vegetarian, or refrain from eating meat of the four-legged kind (red meat). Or they complain that steak makes them feel too full.

They are meticulous about their diets, because of sensitivities to certain foods, or from a fear of disease, especially cancer. They often refrain from dairy products and especially eggs. Invariably they have a peculiar relationship to eggs. Perhaps it is the runny yolk they can't stand, or the white of the egg seems too slimy, such as in a fried egg, sunny side up, or in boiled eggs. Or she says she used to like eggs, but now can't stand them. They may complain about other slimy foods, such as oysters or boiled okra. He may change from liking a certain food, to a complete aversion, only to return to like it a few years later.

Invariably they like ice-cream, often the chocolate flavored kind, or vanilla, or with some chocolate ingredient, such as chocolate chips. Or their favorite flavor is lime, especially key lime pie. They generally prefer spicy food and soups. They usually either like coffee, or they are too sensitive to coffee and get very nervous or develop insomnia from it. Or they indulge in diet coke and other drinks high with caffeine.

The new strain is often precocious and somewhat hyperactive in childhood. They may have difficulty concentrating, a trait that persists well into adulthood. Their talents appear to be in math rather than in verbal skills. Or they excel just in art or music. In fact, some experience real difficulties in writing, or in verbalizing their feelings. They may even stutter a little. Nevertheless, they usually excel academically, as they are industrious as students and are quite perfectionist, even compulsive, about their homework.

Yet in spite of being advanced intellectually, they remain emotionally immature and terribly dependent and needy. They may be so overwhelmed by responsibility for others' needs that they cannot stand to be needed themselves. This may later contribute to a reluctance to have children on their own, which they often attribute to their sense of responsibility, such as waiting a few years until they are more economically stable. But throughout their life they suffer from a certain lack of calling, a meaninglessness, which leads them to re-evaluate their careers until they discover something "meaningful," often a helping profession. Or they have no such compunctions and live a dutiful life in the suburbs, comfortable in the structure of a corporation, yet occasionally wondering if there isn't more to life.

On occasion, a member of this new variety cites oppression and even abuse by her parents, or her teachers, or even outright sexual abuse. This emancipation from the pleasing child may lead to an equally problematic adolescent rebellion against authority, but more often than not to a psychological crisis during puberty or in early adulthood. In their thirties they may find themselves on a psychotherapist's couch exploring vague memories of physical or even sexual abuse by an older sibling or relative.

The new sort needs exercise. He invariably feels better after a strenuous jog or a workout at the gym. She must have an opportunity to dance. Even when depressed, she can get a whole new lease on life from an evening out on the dance floor. Not all can do this, though. Their sense of embarrassment and a feeling of physical awkwardness may prevent them from dancing altogether, but even though they may not admit this, they really would like to be able to dance. They may still love to dance alone at home to some lively music.

**RECOGNIZING THE
DISTINGUISHING
CHARACTERISTICS OF
THE CANCER DIATHESIS,
WHICH HAS ELEMENTS
OF ALL PREVIOUS
MIASMS AND SIGNIFICANT
CHARACTERISTICS OF
ITS OWN, IS THE KEY TO
SUCCESSFUL CANCER
PREVENTION AND TREATMENT.**

Generally they prefer calming music, like classical or New Age, or some gentle popular rhythms. Their homes are well organized and neat, except when they just don't have the energy to clean up. They like light; lots of sunshine, for they may suffer from a touch of SAD (seasonal affective disorder), and may feel depressed in winter or after twilight. They often have a sense of exhilaration during a thunderstorm or they may feel nervous when a storm approaches. They love to go to the beach. They feel profoundly calmed by the ocean; some cite they are magnetically drawn to it. They "feel the power" of the ocean and may actually have a fear of being in the water itself. They love to sit in the sun, though they fear its power and often avoid it for fear of skin cancer.

Invariably they love nature and so they will often join the Sierra Club or become active in some environmental cause. Some can hardly be out in nature on account of their allergies. But they will advocate for animal rights and/or save a critter from certain death by adopting it from the pound. Some are very interested in contemporary spiritual movements and talk about guiding spirits or angels. They are certain they live at the dawning of a New Age. To them, the universe is full of benevolent beings and they could not possibly imagine a vast, cold, indifferent universe operating by the laws of science. They are certain they are guided in their life by a higher power. There must be some agency out there, or even several, that cares about humanity, for they themselves care deeply. After all, they are full of sympathy. They often gravitate towards the healing professions, alternative medicine, psychic healing, massage etc. Or they will adopt and defend the scientific paradigm rigidly, for fear they may be ostracized. They may openly rebel against traditional religions, insisting they are a mental aberration. They become staunch defenders of modern medicine, perhaps because of the nagging fear of death. They feel that the scientific approach will give them a fighting chance, however slim, if they are diagnosed with a serious disease such as cancer.

Sensitive to bad news, many can't stand watching the nightly news on TV because the world is just too cruel, too crude. In their personal life, they encounter people who are "too rude." They are not political except in the previously mentioned causes, such as the environment and animal rights, unless they make politics their profession. They frequently feel guilty and may donate to their causes. Their behavior is politically correct. In spite of a high intelligence and good education, they entirely lack the habit of critical thinking, partly because it would cause confrontations, and that is their greatest fear. They avoid confrontation at all cost.

They need constant change. Their discontent with the status quo requires constant engagement. They love to travel. They love to shop for new things. They love to stay up late reading. They are avid readers, unless early on a learning disability causes them to focus more on physical activities, such

as surfing, skate-boarding, hiking or mountain climbing. They like to work late at night. Mornings are hard; they may take a while to get up and don't get going until the afternoon.

They love to decorate and frequently feel the need to re-decorate their house. Their home is their castle – it is a world they can control. Beauty and truth are important to them; what is more true than the honest countenance of a pet and what is more beautiful than to wake up to the sun's rays shining through a stained glass window hanging?!

Control is paramount to this type of person. Their actions are guided by a strong unconscious fear of losing control, a fear of vagueness and lack of direction. They take their work and responsibilities very seriously. If they don't feel in control at work, it haunts them at night, preventing sleep. They may work on weekends, at the same time complaining that "they don't have a life."

In school or at work they are prone to become the scapegoat for someone or a whole group of people. This is due to their lack of defenses and their often unconscious desire to please. They may be inadvertently taken advantage of in relationships by a stronger partner and may suffer for years in the relationship, unable to do anything about it.

Afternoons pass slowly. Dreading twilight, they must go and walk, jog, do the necessary shopping or walk their animals before the sun goes down. At night they lock their doors securely, often double-checking that it is really locked. They may have irrational fears: about foods, about contamination and about diseases. They are overly concerned about the health of ailing relatives. They are often very concerned they may have an incurable disease or that they may have cancer.

Their sexual relationships may begin early and their high sexual interest may at first lead to promiscuity. She may have difficulty achieving orgasm, or never experience it at all. Or she may like sex, but may not feel able to lose control enough to reach climax. Others use sex to get affection. They may change partners as frequently as they change their underwear. Underneath the frantic search for sexual fulfillment, both male and female are really looking for intimacy, closeness, someone they can really trust, and sooner or later they will settle into a stable relationship. Their sexuality is emotional, rather than purely physical. They may get quite jealous and suspicious of their partners.

They are likely to experiment with drugs or alcohol, hoping to break through their inhibitions and self-perceived limitations and more often than not precipitating a life-long addiction. Or they may avoid these substances altogether for fear of health problems. Or they may have a strong reaction or very bad experience with a recreational drug and never try again.

Life seems to go by quickly and soon they find themselves in their thirties or even forties, still struggling with their purpose in life. They feel a need for freedom and yearn to really live, to break out of their constraints. They feel discontent, but don't know what is wrong. Some say they feel they haven't actualized their potential. They will "work on themselves" for years: in psychotherapy or spiritual groups, or with spiritual practices, or by reading self-help books, or seeking individual consultation of a psychic or guru to overcome their limitations. They will finally feel they have achieved a certain hard-earned inner and outer freedom.

It is often at that point in their life that the long-feared verdict arrives, sometimes after a routine physical. They are suddenly forced to confront the thing they have always dreaded. Their fear of fears. The death sentence. The cancer diagnosis.

Recognizing the Cancer Diathesis in Cancer Patients

To ascertain the characteristics of the cancer diathesis we need to look no further than to those in whom the diathesis has morphed into a confirmed cancerous pathology. The following collection of characteristics is taken from almost two decades of documentation and personality descriptions of cancer patients in my practice: men, women and children. The subjects were questioned about their past and present characteristics during homeopathic consultations. In addition to the standard questions covered during an initial consultation they (or their parents) additionally filled out a detailed health history and self-assessment questionnaire. I have distilled the characteristics obtained during the case-taking into the composite picture of the general and mental characteristics of the cancer candidate presented below. This extensive list is still not a complete listing.

Family history:

Cancer, leukemia, diabetes, hypertension, mental illness e.g. schizophrenia, suicide (especially if the victim has been diagnosed with cancer), alcoholism, drug use or abuse, allergies, asthma, tuberculosis, pernicious anemia, high blood pressure, auto-immune disease.

History:

Excessive crying since birth; developmental delays and disorders, growth disorders, learning disorders; food allergies, small appetite, picky eater; adverse reaction to vaccines; early sexual exploration, early sexual abuse; multiple partners especially outside of a steady relationship; prolonged parental control, emotional or physical abuse victim; bedwetting; nosebleeds in childhood; ailments at puberty; mononucleosis as teen; kidney and/or liver disease; constipation; recurrent infections; tooth decay; auto-immune disorders; arthritic and rheumatoid conditions; anemia; eczema, especially of hands; unexplained fevers.

General Symptoms:

Changeable symptoms
Opposite symptoms
Absence of symptoms
Adverse reactions to vaccines
Strongly affected by drugs, chemicals, toxins; electromagnetic fields, radio frequencies, microwaves, X-rays, gamma radiation
Sensitive to odors, foods, emotions
Food allergies
Craving for sweets, chocolate, milk, caffeine, salty foods, crunchy foods, nuts, soups, spicy foods, desires a large variety of foods and needs constant change; doesn't know what he/she is craving
Aversion to runny eggs, especially runny egg white; slimy foods; certain textures of foods; certain foods; entire groups of foods, such as green vegetables; changeable craving alternating with aversion to that food.
Changeable, capricious appetite; anorexia
Emaciation; obesity
Stunted growth; growth disorders; dwarfism
Early or delayed onset of puberty and menopause
Late or lack of development during puberty
Immaturity; lack of development, late development, physically and emotionally
Ailments at onset of puberty
Tendency to recurrent infections
Never well since some disease or exposure
> Seaside, loves being near ocean; relaxed, peaceful near the ocean even if afraid of the water
High libido; or complete absence of libido
Insomnia, can't turn off mind while trying to sleep
Child sleeps in genupectoral (knee-chest) sleep position or sleeps on back with arms over head or on left side
Liver and kidney complaints
Essential systemic hypertension
Anemia
Easy bruising; purpura; petechiae
Thrombocytopenia
Multiple moles, birthmarks; warts
Characteristic "flushed" face
Café-au-lait complexion
Bluish sclerae
Mind, Personality and Behavior:
Gentle, sensitive, impressionable, affectionate people
High-strung, responsible, industrious, driven people
Responsible; well-behaved children
Obstinate, contrary; disobedient; rebellious children and teenagers
Desire to conform; desire to rebel
Clumsy, awkward in social situations
Timidity with strangers
Very shy or very out-going and also in-between
Love of music; art; beauty; tasteful decoration

Love of and inclination to dance; vastly improved in general after dancing
 Love of animals; extreme sympathy with animals; "cannot hurt a fly"; must stop her car and go back to see if an apparently dead animal may be still alive in order to provide assistance, etc.
 Fear of diseases, incurable diseases; accidents, disabilities; and especially, cancer
 dogs; large; black dogs
 insects and spiders
 drowning; suffocation
 the dark; of being alone, after sunset; creepy crawling sensation at night, in dark rooms
 thunderstorms, but exhilarated by them; esp. lightning; rain; "dancing in the rain"
 confrontation; of speaking in front of a group
 failure
 speaking or expressing self
 commitment; relationship; opinions; causes; to stylize themselves
 Amorousness, strong desire for affection; or non-affectionate
 Early sexual experimentation; masturbation in toddlers
 Promiscuity in adolescence
 Restlessness; hyperactivity; desire to touch everything and everyone
 Lack of concentration; inability to study
 Frequent change of occupation; can't stay with one activity
 Repetitive behavior, repeating words; gestures, motions, thoughts and ideas
 Peculiar gestures, behaviors, thoughts and ideas
 Grimaces, gestures, peculiar habits: picking, pulling or twirling hair; picking or ripping cuticles, finger nails, biting fingers or fingernails, etc.
 Lack of sensitivity for other's feelings, on account of feeling overwhelmed
 Hypersensitivity to other's feelings, whether or not their feelings have been expressed (empathic)
 Easily affected by others; feels the emotions of others
 Increased concern over the opinion of others; sensitive to criticism, fear of reproach and confrontation
 Perfectionist: fear of failure if he produces anything less than perfect, which can cause total paralysis and inability to act
 Constant life-long fear of failure, even though delivers outstanding performances; unduly dissatisfied with self
 Sensitive to any sign of imperfection on her part; embarrassed over imperfection on other's part
 Sympathetic, affectionate, caring, kind, great desire to please
 Lack of self-defense; easily victimized; scapegoat; permits himself to be punished in an almost masochistic fashion
 "Perfect slave"
 Continued self-sacrifice for a greater cause

Fastidious or snobbish; extreme concern with order and organization
 Chronically suppressed grief and anger
 Worry about health of relatives
 Worry about own health; hypochondriasis
 Denial of disease
 Obsessed with death and dying, anticipation of own death; planning for their own death, in young persons.
 Precociousness; "gifted and talented," "indigo children," "crystal children," their parents, "idiot savant"
 Procrastination
 Tendency to be finished before the assigned time, or chronic tardiness
 Desire to arrive before the appointed time, or chronic tardiness
 Worry about her age; anticipation long before next birthday
 Never celebrates birthday, does not disclose his age
 Lack of motivation
 Orderly, highly organized

**PSYCHOPHYSICAL
 CHARACTERISTICS OBTAINED
 FROM CANCER PATIENTS ARE
 FOUND YEARS OR DECADES
 BEFORE THE CANCER
 PATHOLOGY APPEARS.**

Chaotic, unkempt, dirty, slovenly, untidy
 Lack of, or low self-esteem
 Neurotic behaviors; inviting reproach from others; self-deprecation
 Chaotic persons without goals, drifters
 Obsessive-compulsive individuals, from mild to extreme and disabling
 Desire for control
 Frequent tendency to switch

therapeutic approach or interrupt treatment
 Desire to use multiple therapies or modalities, practitioners
 Disgusted by the sight of the human body; their own or others
 Issues with bodily appearance: anorexia, bulimia, dieting; tendency towards body modification: self-mutilation; self-alteration; breast reduction/enlargement; various forms of plastic surgery; trans-sexual operations; tattoos, piercings, surgery, changing hair color, name etc.
 Desire to dress in black; multiple bright colors or afraid to use colors
 Desire to travel; to redecorate her home; to move from place to place
 Desire for artistic expression
 Looking for "true love," "soul mate," their "twin," etc.
 Lack of identity; confusion of sexual identity; of objects of love; bisexuality; homosexuality
 Unable to find her life's "calling"
 Irresolution regarding occupation or course of study
 Desire to "escape," into movies, "recreational" drugs, alcohol, sex, food, music, literature, art, etc
 Immature persons: adult children; boyish men; child-like women;
 Mentally and emotionally immature; "unborn," they desire "rebirth," emotional "release," emotional "expression," emotive

therapies, “working on themselves,” “past-life regression” and interest in past lives, life after death
 Desire to “find oneself,” susceptible to spiritual and religious influence; tendency to join cults
 Ungratified religious and spiritual longings: anticipation, desire for, seeking of and sense of imminent “spiritual breakthrough”
 Experience of spiritual or religious “breakthrough” in mid-life, frequently and tragically just before cancer diagnosis
 “New-age” convictions, strange and bizarre religious notions
 Delusions of being a great teacher
 being led
 guiding beings
 Clairvoyance; “psychic” abilities, precognition, etc.
 Channeling of angels, spirits, “higher-beings”
 Bizarre, strong and often correct intuitive directives that they follow in their lives and during treatment
 Schizophrenia

A Cancer Prevention Check List

Just for fun, I developed an abbreviated version, narrowing a diagnosis of the cancer diathesis down to ten key points (with a few embellishments) that you can use to test yourself. If you score ten points you have a fully developed cancer diathesis.

Ten confirmatory points to identify a cancer diathesis:

- Strongly affected by, or exhilaration from (and/or childhood fear of) thunderstorms
- Strongly affected by, or feels better (calm, peaceful), or feels worse (fear, oppression) by the ocean
- Desire for sweets; caffeine (chocolate, coffee, tea, soft drinks); and/or feels worse from caffeine (anxious palpitations, insomnia) or totally avoids coffee and caffeine (but may or may not love the smell of coffee)
- Aversion to slimy textures of foods; esp. runny white of the egg.
- Love, sympathy for animals and nature; never cruel to animals, or loves animals more than people
- Desire for harmony; desires to please, to conform; avoids confrontation, arguments, reproach
- Ameliorated by order; classical or harmonious music; beauty; nature; nice décor;
- Sympathetic, kind, caring, highly responsible; fastidious, perfectionist about work, living environment, habits; always busy
- Worried about responsibilities, health; can't turn off mind, causing insomnia; worries about future, health of close relatives; anticipation, appears before the appointed time, etc.
- Sensitive interpersonally (e.g. to rudeness; becoming an easy target, “scapegoat”); mentally (e.g. to bad news; all impressions); emotionally (e.g. to confrontations, anger, criticism); towards the feelings of animals, trees, nature, etc.; physically (e.g. food allergies; odors; skin; itching)

Carcinosinum as Treatment for the Cancer Diathesis

“The nosode of cancer corresponds to the cancer diathesis.”
 Arthur H. Grimmer, *Collected Works*, p. 840

Psychophysical characteristics obtained from cancer patients are found years or decades before the cancer pathology appears. Anybody who has studied the symptoms of *Carcinosinum* in the available texts will immediately recognize a similarity between the symptom picture we have shown above and the proving symptoms of the cancer nosode. A review of the literature shows that the cancer nosode *Carcinosinum* covers most of these symptoms and characteristics and seems to capture that which is peculiar about the cancer diathesis. However, the carcinic state is additionally covered, at least in part, by many tubercular, syphilitic, sycotic and psoric constitutional polycrests.

The following quotes by noted classical homeopaths confirm that *Carcinosinum* is especially useful in the treatment of the cancer diathesis.

“I have been more or less disappointed with its (*Carcinosin*) action, but I have had some apparent reactions where it acted like *Tuberculinum* and *Cancerinum*, not curing the case entirely, but making easier the action of the subsequent remedies. I believe it should be given early to get the best results.”
 —Arthur H Grimmer, *Some Cancer Remedies and Their Indications*. p. 797.

“There is no case of carcinoma that *Carcinosin* will not benefit at some period of its existence, so much so, that I would suggest the proverb, ‘when in doubt, give *Carcinosin*.’”
 —Robert M Cooper, in *The Therapeutics of Cancer*, p. 25.

“Carcinomyalgia, a term given by me many years ago to generalized myalgic symptoms associated with malignant disease... *Carcinosin* has a definite remedial action in these cases. This suggests that the power of this remedy lies in some potentized specific active material associated with the growth and if such specific active material exists in the growth it is surely reasonable to suppose that it is also present in the system, and, if so, why should not its advent have preceded that of the growth.”
 —Robert M Cooper, in *The Therapeutics of Cancer*, p. 30.

“Whenever there is a history of cancer; when there is a family history of cancer, esp. in mother, or on the mother’s side of the family; esp. in combination with family history of diabetes, alcoholism, high blood pressure, mental illness, suicide, hay-fever and tuberculosis. Indispensable in prevention and treatment of all forms of cancer. It is claimed that *Carcinosinum* acts favourably and modifies all cases in which either a history of carcinoma can be elicited, or symptoms of the disease itself exist.”
 —John H Clarke, *A Dictionary of Practical Materia Medica*.

“*Carcinoma* relieves the sharp, burning, tearing pains. With this remedy (nosode), patients have been kept comfortable for many years, when cure was impossible and the cancerous development continued. The malignant progress was delayed and sufferings usually accompanying this condition were avoided.” —James T Kent, *Lesser Writings*, pp. 523-4.

“In all cases of chronic illness having a cancerous heredity or the constitutional symptoms of the diathesis a course of treatment with *Carcinosinum* 30 – 200[C] once a week will be likely to benefit.”—John H Clarke, *The Prescriber*.

“After removal of cancer of the breast a prolonged course of constitutional treatment is essential. Weekly doses of *Carcinosinum* 30 – 200[C].” —John H Clarke, *The Prescriber*.

“[In undoubted cases of breast cancer] In all cases the nosode *Scirrhinum* 30 – 200 [C], or *Carcinosinum* 30 - 200[C] in weekly doses should be given.” John H Clarke, *The Prescriber*.

“The results (of *Scirrhinum* and *Carcinosin* in the treatment of cancer) have been inconstant and variable.” —Mauritius Fortier-Bernoville, *Homeopathic Treatment of Cancer*.

“Another point in the prescription of *Carcinosin* as a constitutional remedy is that it is probably unsafe to give it to patients suspected of cancer. It has been frequently used in the treatment of cancer. In one article in an old *Homeopathic Recorder* it is claimed to ease the pain of cancer of the breast. It is not easy to find a single case of cancer treated by *Carcinosin* alone and it seems to be of very doubtful value in the treatment of the disease. In fact, it almost seems that the further away you get from actual cancer, as in childhood, the more useful *Carcinosin* is as a constitutional remedy.” —Douglas M Foubister, *The Carcinosis Drug Picture*.

“All *Carcinosins* have a common action. It may be that the site of the tumor from which a preparation was made can be a guide to the choice, but so far there are no clear differentiating symptoms. It is hoped that the unusual approach to discovery of the indications for *Carcinosin* will not put anyone off from a clinical trial.” —Douglas M Foubister, *The Carcinosis Drug Picture*.

“Gibson Miller liked to say that if he were confined to the use of one single remedy he would choose *Sepia*. I am sure that if this great homoeopath were alive today he would choose *Carcinosinum* which is the nosode, or should one

rather say, the sarcode, of cancer. Following the work of Dr D M Foubister and Dr W Lees Templeton of the Faculty of Homoeopathy of Great Britain, this remedy has come into current usage at the same level as *Sepia*, *Sulphur*, *Lycopodium*, *Phosphorus* and other constitutional remedies, surpassing them all in the number of times it is indicated.”

—J Hui Bon Hoa, *The Carcinosis Drug Picture*.

The cancer predisposition has multiplied exponentially over the course of a century since these observations were made. It is not difficult to see why today *Carincosinum* is the single most important constitutional remedy and why virtually everyone will benefit from it.

In addition to *Carcinosinum*, the following remedies have been suggested by various authors for the cancer diathesis:

Artemisia abrotanum, *Agava tequilana*, *Anantherum muricatum*, *Anilinum*, *Arsenicum album*, *Arsenicum iodatum*, *Bunias orientalis*, *Cadmium metallicum*, *Cadmium sulphuricum*, *Cancroin*, *the Calcareas*, *Carbolicum acidum*, *Conium maculatum*, *Cundurango*, *Epihysterinum*, *Epitheliocinum*, *Gaertner*, *Graphites*, *Hydrastis*, *Lac caprinum* (and other *Lac remedies*), *Lachesis*, *Lycopodium clavatum*, *Mercurius vivus*, *Micrococcinum*, *Natrum muriaticum*, *Nitricum acidum*, *Oscillococcinum*, *Paratyphoidinum*, *Perhalonium*, *Petroleum*, *Phosphorus*, *Phytolacca decandra*, *Radium*, *Saccharum album*, *Sarcolacticum acidum*, *Sarsaparilla*, *Scirrhinum*, *Sepia*, *Silica marina*, *Sulphur*, *Sycotic Complex*, *Thallium metallicum*, *Toxoplasma gondii*, *Trifolium pratense*.

Some Clinical Observations

“There is good reason to believe, as I have endeavoured to show in some of my past papers, that in some cases actual aggravation of the systemic condition takes place after such removal (of a tumor) tending to result in a breaking out of a distant metastasis of a disseminated and more malignant form. The significance of this increased malignancy is emphasized by the fact that such recurrences yield far less readily to treatment than by the original growth. This fact alone convinced me that we had to deal with a disease’s initially constitutional origin and of which the tumor was a secondary manifestation. If two or more independent neoplasms exist in the body, the removal of one of them tends to be followed by greatly increased activity in that, or those, which remain. Coincidentally with the appearance of a malignant tumor, it frequently happens the general health of the patient shows signs of temporary improvement.”

—Robert M Le Hunte Cooper, *The Cancer Problem: Some*

LIKE A CANCER, OUR
CULTURE THRIVES ON WASTE,
DESTRUCTION, UNLIMITED
SILENT PROLIFERATION
AND REPLICATION, WHILE
CONSUMING ITS VITAL FORCES
UNTIL IT FINALLY SUCCUMBS.

Deductions Based on Clinical Experience, in John H Clarke, *The Therapeutics of Cancer* p. 30.

Since 1993, I have employed *Carcinosinum* systematically in the Q-potencies for thousands of cases showing symptoms of the cancer diathesis. When examining the treatment success over the past two decades, it can be said positively that many of the symptoms and disorders of the cancer diathesis disappear during treatment with this remedy. In addition, I have been able to confirm what other authors have also observed, that those who have the signs of a cancer diathesis do not appear to evolve towards the cancer pathology while under regular treatment with the cancer nosode. In fact, in thoroughly treated patients the cancer pathology almost never develops, even after treatment has been discontinued, so long as significant carcinogenic influences can be avoided. Since the cancer diathesis is now noticed in the majority of the general population, almost all who seek homeopathic treatment should take the remedy *Carcinosinum* in alternation with other suitable remedies.

Of course, the usual treatment guidelines and precautions must be observed that are enumerated in the *Organon*. Treatment with the cancer nosode requires a full understanding of the concepts presented by Hahnemann. This especially includes the notion of predisposing and occasioning causes; the primary and secondary action of drugs; the relationship between obstacles to cure and aggravations; the temporal relationship of similar and dissimilar disorders; complex chronic diseases; alternation of remedies; his notes on the Q-potencies, etc. I have made an effort to address these issues in multiple tutorials that are available on CD.

Carcinosinum acts deeply and profoundly on the cellular level. This was confirmed in several laboratory studies that have shown effects *in vivo* and *in vitro* (e.g. in studies conducted by the West Bengal group under Professor Khuda Bukhsh). I have observed repeatedly that taking the nosode before the obstacles to cure are removed can increase symptoms of the cancer diathesis and even precipitate the cancer pathology.

This can be explained by one of the characteristics of the cancer dyscrasia itself. Individuals with the cancer diathesis have lost the ability to “self-correct” themselves without treatment, even after the chemical or other influence has been removed, such as by discontinuing drugs, (prescription, OTC and recreational) toxins or vaccines and by removing exposure to electromagnetic fields, ionizing radiation (X-rays, radiation treatments, nuclear radiation), etc. These adverse influences should first be antidoted with the appropriate remedy, i.e. a remedy made from a potentized vaccine, drug, pesticide, X-ray, etc.

As we have seen, a chief characteristic of the cancer diathesis is a generalized hypersensitivity. This has led previous researchers such as O A Julian to describe many of the characteristics of the

cancer diathesis in the context of an immune disorder, referring to it as the “allergic diathesis” or allergosis. However, this state is actually a precursor of the cancer pathology and an essential part of the cancer diathesis. The sensitivity stage seems to be able to prevent the development of cancer as it forces the patient to reduce exposure to toxic substances.

Immunologist Sherry Rogers, MD, has shown how many hypersensitivity reactions result from overexposure to toxins. The organism develops multiple “detoxification *cul-de-sacs*” that prevent breakdown of toxins. Once the metabolic detoxification pathways are obstructed, the immune system is activated to build antibodies against the toxins and the patient develops hypersensitivity to multiple substances. Multiple chemical sensitivity is a disabling condition often seen in persons with the cancer diathesis. In such sensitized patients the immune system is on high alert, responding to a constant influx of toxins, and the only way these patients can exist is by reducing or totally removing exposure. The sensitivity phase can temporarily delay the onset of cancer pathology because it results in a reduction of exposure to toxic substances in the individual.

Grimmer, one of the most experienced homeopathic physicians in treating the cancer pathology repeatedly mentioned “irritations” from our industrialized living environments causing obstacles to cure and sensitizing patients. He used specific remedies to remove these obstacles before addressing the pathology itself. We have encountered this also in the cancer diathesis. External harmful factors, especially those that can cause cancer, represent obstacles to cure in our effort to remove the cancer diathesis. The solution is to first remove these obstacles and then to antidote their effects.

Many clinicians have reported that cancer candidates have more adverse reactions to medications and vaccines. Their sensitivity and difficulty metabolizing poisons may explain why they have problems in overcoming the primary and secondary effects of many ordinary drugs, inoculations and toxic exposures. Each of these exposures creates its own disease or disorder; the names and symptoms for each one may be impossible to ascertain. Each one of the artificial disorders produced by an adverse factor in this weakened individual is dissimilar from the constitutional characteristics. Therefore, it would be unwise to start treatment with a constitutional remedy such as *Carcinosinum*. Clinical observations indicate that removing the artificial disorders with the simillimum to the disorder, rather than the simillimum to the patient, avoids unnecessary aggravations. Clearing the effects of the drug disorder often leads to a rapid improvement. This can be followed by *Carcinosinum*, which will now be far more effective in its action and can be given safely without the otherwise all too common aggravations.

It is not uncommon that treatment with this nosode promotes the maturation and expulsion of moles and even latent

tumors. The nosode is highly effective in bringing to a head the development of superficial cancers such as malignant moles, melanomas and skin cancers and moving the case towards cure. In numerous clinical cases advanced cancerous tumors have diminished in size and disappeared under treatment with *Carcinosinum*. In advanced cancers the nosode has the effect of clearly delineating the margins of the pathological cells from the healthy cells, preventing infiltration and metastasis.

The cancer diathesis encompasses many chronic disorders other than cancer. Among the conditions that today most often originate in patients with the inherited cancer diathesis are diabetes, epilepsy, psoriasis, eczema, arthritis, allergies (including food allergies), asthma, hay fever, multiple chemical sensitivity, hepatitis, AIDS, chronic fatigue syndrome, fibromyalgia, multiple sclerosis, substance abuse, ADHD, autism, obsessive compulsive disorder, schizophrenia, bipolar disorder, suicide and of course, leukemia and a wide variety of cancers. *Carcinosinum* appears to be beneficial in all mental and physical conditions arising out of or associated with the cancer diathesis. To remove the inherited diathesis and eradicate all its symptoms takes a minimum of several years of treatment with the nosode and other appropriate medicines.

If an individual with cancer or with any of the diseases associated with the cancer diathesis shows a primary carcinic taint, even if other miasmatic taints are present, the appropriate psoric, syphilitic, sycotic or tubercular remedy will not completely cure. The case needs to be treated with the appropriate carcinic remedy, more often than not *Carcinosinum*. Clinical observation shows it is best to address the cancer diathesis before tackling other, older inherited diatheses, as cancer represents the most recent development in the evolution of pathology. However, should the carcinic taints have evaded the observer at first, there is no harm in treating the cancer diathesis later on. In cases of fully developed inherited cancer diathesis, to prevent cancer it may be necessary to continue treatment with the nosode indefinitely while carefully avoiding carcinogenic influences.

This confirms Foubister's observations that if tubercular, sycotic, syphilitic or psoric characteristics are at first not apparent in a patient, they will sometimes appear after treatment with *Carcinosinum*. This confirms that the chronic miasmatic states are usually precursors of cancer, although it is conceivable that somebody with the cancer diathesis may develop an acute case of gonorrhoea that, if untreated, develops into a hereditary diathesis of the sycotic infection. It corroborates further Hahnemann's observations that dissimilar diseases neither cure nor supplant each other. My own observations are in accordance with Hering's Law that in complex chronic states, whether inherited or acquired, the most recent disorder must be treated first to avoid complications. In all cases, symptoms disappear in reverse chronological order.

Conclusion

As tuberculosis was the dreaded disease one hundred years ago, developing on top of the already prevalent chronic miasmatic scourges of the ages, so cancer has become the modern plague. One out of two alive today will develop cancer pathology during their lifetime. Since the turn of the twenty-first century, elements of the cancer diathesis can be observed in roughly ninety percent of the population in industrialized countries. Nearly a hundred percent of the juvenile population has a carcinic taint. Cancer has reached such epidemic proportions today that even with the firm knowledge of its numerous causes, any prospects of stopping and reversing this trend seems unlikely.

The cancer diathesis manifests as a peculiar psychophysical syndrome that contains elements of all previously identified miasms. Recognizing it can serve as an early qualitative diagnostic indicator for cancer. If this happens early and leads to treatment with homeopathy it may very well prevent the disease itself. Virtually everyone seeking treatment in North America would benefit from the remedy *Carcinosinum* today.

We live in a carcinogenic world. The characteristics of the cancer diathesis correspond closely to the spiritual nemesis we see in our technological consumer culture. Like a cancer, our culture thrives on waste, destruction, unlimited silent proliferation and replication, while consuming its vital forces until it finally succumbs. The current drive towards all things natural does not merely represent a social phenomenon; it is a manifestation of a collective pre-pathology, a syndrome belonging to the cancer dyscrasia. As with all symptoms of disease, it makes sense for the cancer candidate to reduce toxic exposures by moving into a more natural environment.

Homeopathic treatment can do a great deal to mitigate and even cure the group of diseases arising from the cancer diathesis, including cancer itself. But without eradicating its cause at the root of our psychophysical addiction to wasting our limited resources in order to produce and consume useless and harmful toxic merchandise, the hereditary cancer diathesis will undoubtedly mutate into more advanced stages of degeneration.

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