Farokh J. Master
Tumours and Homoeopathy

Leseprobe

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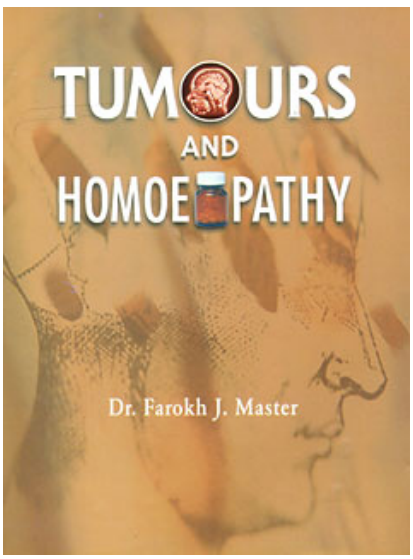

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CHAPTER -1 INTRODUCTION TO NEOPLASIA

DEFINITION

Tumour is derived from the Latin word 'tumere' which means 'to swell'. It is denned as a circumscribed non-inflammatory growth arising from existing tissue, but growing independently of the normal rate or structural development of such tissue, and serving no physiological function. Neoplasia literally means New Growth.

Neoplasm or tumour as it is commonly referred to, is also defined as 'an abnormal mass of tissue, the growth of which exceeds and is uncoordinated with that of the normal tissues and persists in the same excessive manner after the cessation of the stimuli which evoked the change'. Thus we understand that fundamental to the origin of all neoplasms is loss of responsiveness to normal growth controls.

CLASSIFICATION

Tumours or Neoplasms are broadly classified as

1. Benign
2. Malignant

Benign - It is derived from the Latin word 'Benignus'

bene= well + genus = born.

A tumour is said to be benign when its cytologic and gross characteristics are considered relatively innocent, implying that it will remain localised, cannot spread to other sites, and is, therefore, generally amenable to surgical removal and cure of the patient.

Benign tumours are composed of well-differentiated cells that resemble very closely their normal cells of origin.

Malignant - Malignant tumours are collectively referred to as cancers.

Malignant is derived from the Latin word 'Malignus' which means evil.

Cancer is derived from the Latin word for Crab - it adheres to any part that it seizes upon, in an obstinate manner, like the crab.

A tumour is said to be malignant when it can invade and destroy adjacent structures and spread to distant sites (metastasise) to cause death.

A malignant tumour is best defined by the following four characteristics

i. - In most cases, cancer originates from a single stem cell which proliferates to form a clone of malignant cells.

ii. Autonomy - malignant tumours steadily increase in size regardless

of the normal bio-chemical and physical influences in the local environment and the nutritional status of the host. (Their autonomy, however, is by no means complete. Some neoplasms require endocrine support and such a dependency can sometimes be exploited to the disadvantage of the neoplasm. Moreover, all are critically dependent on the host for their nutrition and blood supply.)

iii. Anaplasia - There is lack of normal co-ordinated cell differentiation. Though anaplasia is a marker of cancer, all cancers are not necessarily anaplastic.

iv. Metastasis - Cancer cells develop the capacity for discontinuous growth and dissemination to other parts of the body.

Properties similar to each of these characteristics can be expressed by normal, non-malignant cells at certain appropriate times - for example, during embryogenesis and wound repair — but in cancer cells the characteristic is inappropriate or excessive.

NOMENCLATURE OF TUMOURS

Tissue of Origin	Benign	Malignant
1. Composed of one parenchymal cell type		
a. Tumours of mesenchymal origin.		
		Sarcomas
1. Connective tissue and derivatives	Fibroma	Fibrosarcoma
	Myxoma	Myxosarcoma
	Lipoma	Iiposarcoma
	Chondroma	Chondrosarcoma
	Osteoma	Osteogenic sarcoma
2. Endothelial and related tissues	Hemangioma	Angiosarcoma
Blood vessels	Capillary	
	Cavernous	
Lymph vessels	Lymphangioma	Lymphangiosarcoma
Synovia		Synovioma (Synoviosarcoma)

CHAPTER X REPERTORY OF NEOPLASIA

A wealth of data pertaining to the management of tumours lies scattered in various books. This chapter is presented as a repertory of neoplasia. It is a compilation of rubrics from the following repertories:

1. Kent's Repertory
2. Boger's Boenninghausen's Characteristics and Repertory
3. Boger's Synoptic Key
4. Boericke's Repertory
5. Synthetic Repertory
6. Phatak's Repertory

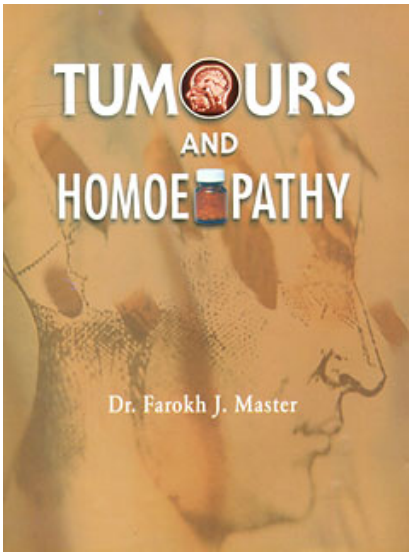
The rubrics are arranged under the following locations:

1. Head and External Head
2. Eye
3. Ear
4. Nose
5. Face
6. Mouth
7. Throat and External Throat
8. Stomach
9. Abdomen
10. Rectum and anus
11. Urinary organs - Bladder
    - Prostate
    - Urethra
12. Genitalia - Male
13. Genitalia - Female
14. Larynx and Trachea
15. Chest
16. Back
17. Extremities
18. Glands
19. Bones
20. Skin
21. Blood
22. Nervous system
23. Generalities

The rubrics that have been selected are those that pertain directly to new growths - both benign and malignant; as well as those that indicate neoplastic processes, especially malignancy. The rubrics that indirectly indicate neoplasia are —

Caries (inclusive of necrosis)
Hypertrophy
Induration
Swelling - hard
Ulcers - indurated
Ulcers - malignant

The rubrics also cover certain symptoms associated with malignancy, like cancer cachexia, cancer pains (listed



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