

## Editorial

## Homeopathy and rational therapeutics

Do any of you believe in New Year's resolutions? Neither do I. However, avoiding the banality of unrealistic promises to eat and drink less, exercise more, strike a better home/work life balance, be nicer to people and so on, the start of a new year is an appropriate time for reflection and taking stock of priorities facing us in 2005.

2004 was an excellent year for the *European Journal of Cancer*. Together with the American Society of Clinical Oncology (ASCO), we celebrated a 40th birthday and in the Special Issue "Cancer Research: Back to the Future. Celebrating 40 years of the *EJC*", we compared several aspects of current research interest with the state of knowledge 40 years ago. We were very pleased to find our ISI impact factor increased for the 3rd year running, and the Editors have received very favourable reports on the range and quality of articles published in the 18 issues during the year. To promote further interest in the journal, we have separately re-issued an Editor's selection of recent papers to emphasise the breadth of material published in *EJC*. Jaap Verweij's selection reported the development of the first of a new class of anti-emetics, (NK<sub>1</sub> antagonists) which offer further improvements in the management of a major side-effect of cancer therapy. The problem is that the use of NK<sub>1</sub> antagonists is recommended in addition rather than as a replacement to existing combinations of anti-emetic drugs. One of the greatest challenges of modern cancer therapeutics is "polypharmacy". We are all familiar with the concept of combination chemotherapy, but the increased sophistication of therapeutic research is leading us to a situation where there are more and more drugs available for treating any given condition, more drugs such as anti-emetics for supportive care and the management of the side-effects of therapy, and of course as treatment becomes more successful and cancer management becomes a chronic process, more and more patients are exposed not only to the multiplicity of cancer therapeutics, but also to concomitant medicines for diseases of advancing years – hypertension, heart failure, arthritis and so on. A real challenge for

the future is to refine prescribing to avoid the problems associated with patients taking too many drugs simultaneously.

"Too much of a good thing can be harmful". Those of you who are still reflecting on New Year's eve celebrations may be all too sympathetic with this well known phrase, but it is not irrelevant to the theme of polypharmacy in cancer therapeutics. I was recently reflecting on the seminal work "Organon der Rationellen Heilkunde" by Samuel Hahnemann, published in 1810. Hahnemann (1755–1843) had practiced conventional medicine in Dresden before rejecting conventional wisdom on the grounds of abusive "polypharmacy" as practiced with bleeding, purging and vomiting. His subsequent practice in revolution to this conventional wisdom became the origins of what we now know as homeopathy. From experiments with quinine used for the treatment of malaria he evolved the concept of "similia similibus curantur" (like should be cured with like). He proposed the principal that a patient should be given a drug that would reproduce in a healthy person the symptoms or the clinical picture of the disease under treatment. He emphasised the importance of very careful history-taking and proposed the use of very small doses of drugs used singly in preference to his criticism of over-dosage with many drugs at the same time. Whilst I am not proposing a specific role for homeopathy in the management of cancer, we are of course all aware these days of the rising interest in complimentary medicine for which many of the concepts of homeopathy are applicable. Where I do think there is an interesting lesson is to try and reduce the complexity of modern day polypharmacy to reflect a balance more towards Hahnemann's "System of Rational Therapeutics". Hahnemann was rewarded in his lifetime by becoming rich and famous, and had other ideas which may appeal to some of you – at the age of 79 years he married a woman of considerable wealth who was 40 years younger than him, possibly a good decision on both accounts! So a suggested challenge for those of you involved in prescribing anticancer medicines in the coming year – reflect on the possibility

of reducing the range of drugs that patients are expected to consume, not only for their cancer, but for their co-morbid conditions. I found in my own practice that it is not impossible to do this and there may be true benefit for patient's well-being.

2005 is set to be an interesting year for the *EJC*. Reflecting on the Impact Factor and the papers that are most widely read in the journal, we are aware of the excellent reputation of our Reviews, Current Perspectives and Special Issues. The Editors have commis-

sioned some potentially excellent papers under these headings, to appear during 2005, and we hope that you will all enjoy reading them. On behalf of all of the Editors, we wish you a very happy and literary New Year.

Professor John Smyth  
*EJC, Editor-in-Chief*

Available online 6 November 2004