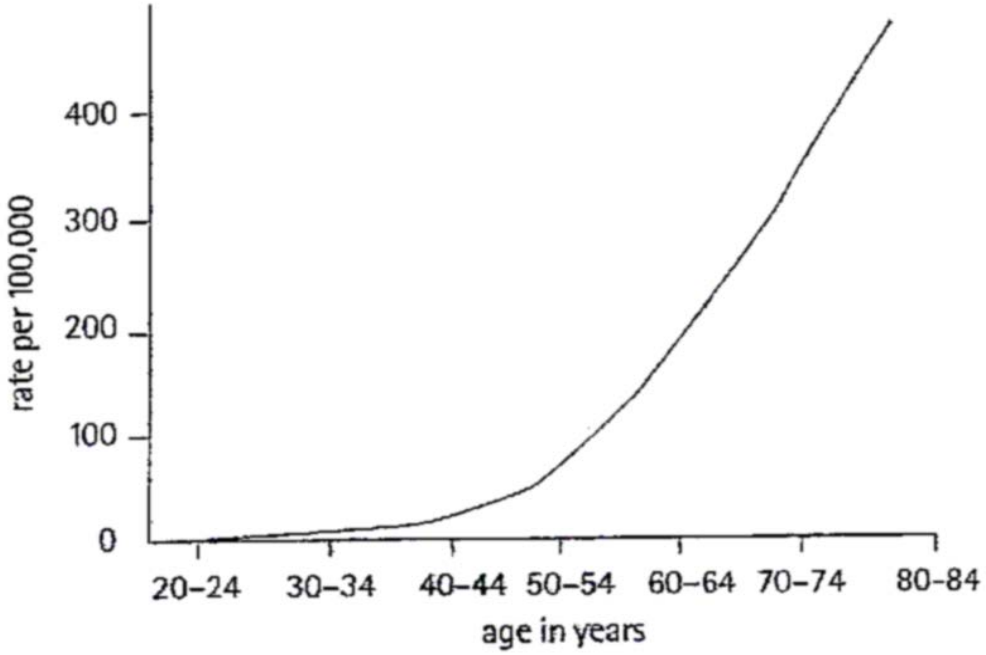
Colorectal carcinoma

Colon cancer and rectal cancer are the most common malignant tumours in Germany after bronchial cancer in men and breast cancer in women. Their incidence is particularly high in western countries. Thus, non-genomic factors such as the westernization of lifestyle gain a major significance. Colorectal cancer can develop in every area of the colon, however, the distal intestinal area that is 'dose to the outside world' is more common. The peak incidence is around 65 years of age with a steep incline of the morbidity rate from the age of 45. Hence, colon cancer, as with many other forms of cancer, is connected with the age-dependent detachment of the upper constituent elements.



Age dependency of the incidence of colorectal cancer

,Colorectal cancer can develop in various ways. In terms of anthroposophical medical knowledge of the disease, the adenoma-carcinoma sequence has a particular significance as it indicates in its morphological changes the different actions of the constituent elements.

Alongside numerous non-genomic factors, hereditary dispositions (familial adeno-matous polyposis [FAP), hereditary flat adenoma syndrome [HfAS] and hereditary non-polyposis colorectal cancer [HNPCC]) should be considered. At least 5% of all colorectal cancers have an autosomal dominance inheritance pattern: hereditary non-polyposis

colorectal cancers, partly with associated tumour diseases (Lynch syndrome), which are related to a constitutionally changed effectiveness of the constituent elements. The time of occurrence and familial anamnestic data are deciding factors in this context and they are collected on the basis of the Amsterdam and Bethesda criteria.

5.2.1 The adenoma-carcinoma sequence

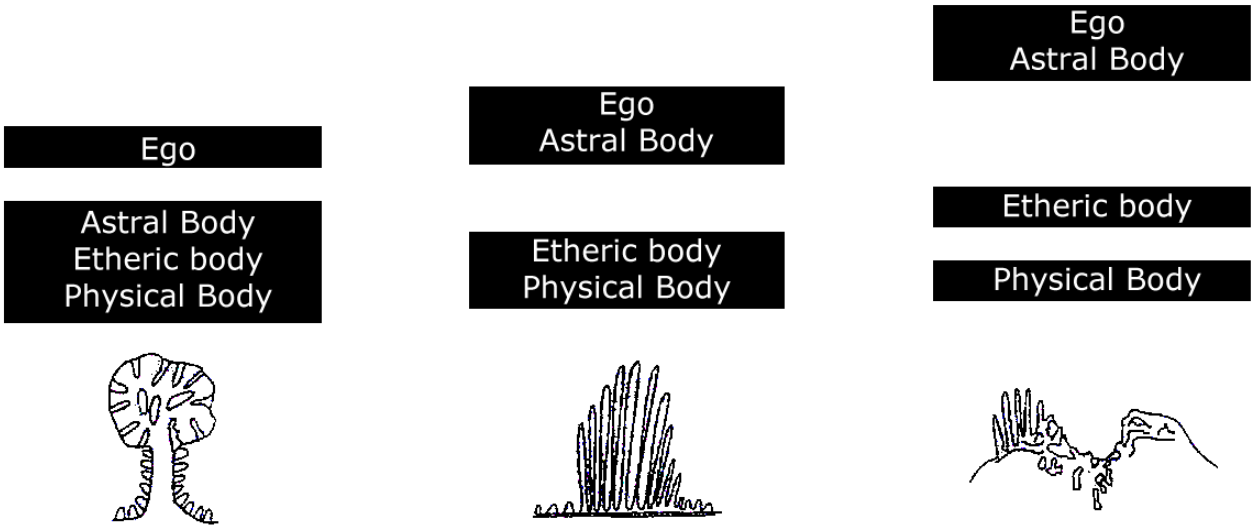
When the upper *constituent elements* detach themselves from the gland organization and, as a result, the night side of the glandular function with its regenerative vitality processes prevails, then the epithelial cells that drift towards the surface do not lose their ability to divide and grow. Adenoidal polypous neoplasms can develop. They show a prevailing of *glandular formation,* not necessarily of glandular function. They occur more and more frequently in older age. The tubular adenomas that are still closely related to glands have the lowest frequency of malignant degeneration. A *tubulovillous adenoma* can possibly develop from them: villous papillary structures now develop. They are increasingly found in extensive villous adenomas. A gesture that seeks the external world and grows into it in a villous way has emerged while the tubular, that is, the adenoid structure withdraws. This type of adenoma now displays the highest frequency of malignant degeneration. Finally, an invaginating, sense organ-related form gesture [see fig.1] develops in the malignant ulceration. The centripetally invaginating character of malignant growth continues in the infiltrative destructive growth behaviour of a carcinoma and its metastatic pathway that permeates the organism.

5.2.2 The action of the constituent elements in the adenoma-carcinoma sequence

The changed constellation of the constituent elements in the adenoma-carcinoma sequence becomes understandable through the different actions of the constituent elements in individual sections of the gastrointestinal tract

Action of the constituent elements in the gastrointestinal tract and in the adenoma-carcinoma sequence

Constituent Elements



Tubular Adenomanom Villous Adenoma Colon carcinoma

Action of the constituent elements in the gastrointestinal tract and in the adenoma-carcinoma sequence

The sense organization and, hence, the Ego-organization that is effective through perception predominates in the upper part of the digestive tract. In contrast, a densely

packed *gland organization* with obvious dependency of its functionality on emotions and, therefore, on the *astral organization* is found in the stomach.

The adenoid structures withdraw in the small intestine and appear as if relocated in the large exocrine glands of the pancreas and the liver. The intestinal glands remain as the gland organization of the small intestine. The villous forms, which indicate an anabolic, resorptive quality, arise here now as a new formation. The astral organization withdraws and thus gives rise in the small intestine to the villi as an instrument of the etheric *organization.* The villi withdraw in the colon, the extensive metabolic action of jejunum and ileum is abandoned and a prevailing *physical quality* appears.

Those actions of the constituent elements that are, on a small scale, the basis of adanomatous neoplasms, are therefore, on a large scale, archetypically found in the digestive tract.

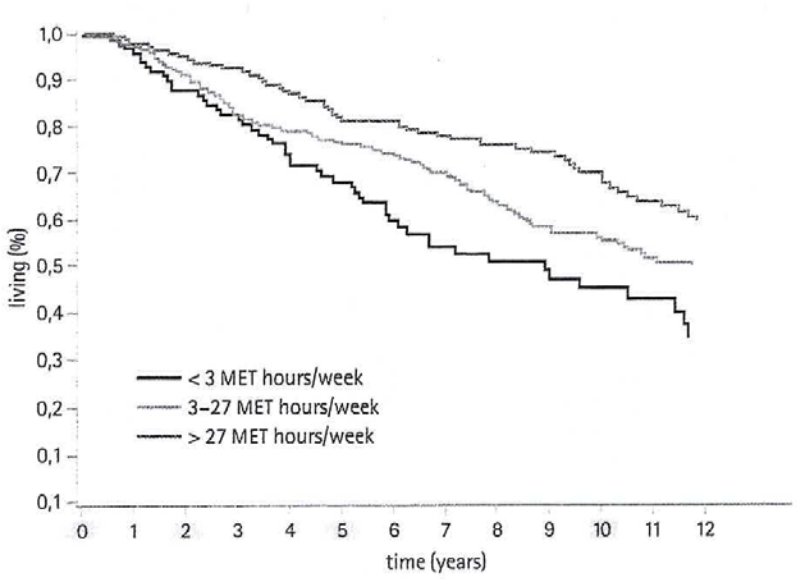
When it comes to an *insufficient action of* the *Ego-organization* the *glandular structures,* then - corresponding to *the prevailing of the astral action* and *comparable to* the *glandular structure of the stomach - morphological formations* arise that show a gland-like *tubular structure (tubular adenoma),* When the *astral action now* withdraws and gives rise to a *prevailing etheric quality* as is characteristic for the *small intestine,* then *vinous formations (tubulovillous and vinous adenoma)* arise. When, furthermore the *ietkeric quality withdraws,* then a *coarse, malignant neoplasm with ulcerative disintegration of tissue develops in* the predominance *of the physical level.*

5.2.3 Nutrition and movement

The *epidemiology of* colorectal cancer points to a strong influence of *non-genomic factors.* An influential factor worth mentioning is *nutrition.* For instance, colorectal cancer occurs particularly often in those countries in which the consumption of fat and calories is highest and, in comparison, the intake of a fibre-rich diet is lowest. Furthermore it is known that a *high intake of vegetables* probably has a protective effect. Additionally, biographical circumstances probably come into question: persons who were exposed to the 1944-45 winter of starvation had a slightly lower risk of a later occurring colon cancer. A number of things suggest that transient environmental influences during childhood or adolescence have a distinct impact on the genetics and epigenetics of cancer. The effectiveness of the constituent elements that is physiological for later adulthood develops during childhood. Physical (e.g. nutrition), psychological (e.g. traumatization as a child) and spiritual influences (e.g. too early excessive demands on memory abstract procurement of information) can disturb this development and tend towards various diseases. The few available studies show a potential influence of (mal)nutrition for colon cancer.

During the digestion of fibre-rich food, an enhanced effectiveness of the higher constituent elements ensues in the metabolism organization from which they usually detach themselves within the context of the adenoma-carcinoma sequence. The observation that sufficient *physical exercise* and, hence, the enhanced activity of the higher constituent elements in the metabolism-limb system also has a preventive effect on the developments of colon cancer supports this point of view. Physically active persons of both genders are said to have an up to 50% reduced risk of disease.

'Moderate physical training such as climbing stairs, fast or brisk walking' are also said to reduce the relative risk. A reduction of mortality in patients with colon cancer stage I-III is probably achievable through exercise (Nurses' Health Study) [see fig].



Increasing physical activity was associated with a distinct improvement of mortality in colorectal cancer (p = 0.002) and of general mortality (p = 0.0003). Men who achieved 27 MET hours/week, showed a risk-adjusted quotient of mortality in colorectal cancer of 0.47 (95% CI, 0.24-0.92), compared to those who achieved less than 3 MET hours/week. Fig. according to Meyerhardt et al.275 MET: metabolic equivalent of task

When the higher constituent elements withdraw from their function in the digestive tract, then a *proliferative liveliness,* which can ultimately merge into a *malignant transformation,* develops. Conversely, an intensive effectiveness of the higher constituent elements in the metabolism-limb organization seems to counteract the development of *colon cancer.*

Obesity and, in particular, *abdominal fat deposition,* are associated with a higher risk of cancer. Patients with diabetes mellitus probably also have an increased risk of disease.

Furthermore, CRC patients with diabetes mellitus type 2 have a poorer prognosis compared to non-diabetic patients. These observations indicate the importance of the volitional activity of a person and, therefore, the effectiveness of the Ego-organization in the metabolism-limb system. The genomic level defines by no means deterministically the course of a disease. As disease manifestations in the human microenvironment, changes that can undoubtedly be observed in this area belong as much to the type of disease and are equally submicroscopic revelations of the disease's nature, as other disease manifestations on a macroscopic level.

5.2.4 Colorectal cancer and inflammation

The connection between colorectal cancer and inflammation is complex. *Chronic inflammatory intestinal diseases* are linked with an increased risk of CRC. On the other hand, a pronounced local inflammation (high-grade local inflammatory response) in a node-negative CRC seems to be associated with a better prognosis, whereas a low-grade inflammatory response is associated with a prognostic deterioration. 'A high-grade local inflammatory response may represent effective host immune responses impeding tumour growth,' as summarized by Roxburgh et al. In this respect, the above mentioned

connections between acute, respectively, chronic inflammation and carcinogenesis also seem to exist in colorectal cancer.

5.2.5 Observations in relation to the ensouled-spiritual constitution

The *will* of the human being can follow inner impulses and external needs. Taking action based on an understanding of the motives makes them one's own concern, whereas their obligatory 'implementation' places one's own intentionality secondary to external needs. In many patients with colorectal cancer, this area of conflict in which the human will places itself seems to be significant. There are patients who subordinate their own intentions to act largely to external needs. They can be patients who appear strong-willed and decisive, but who nevertheless comply with external needs in the sense of a *consistent performance of duty.*

> Case documentation
> A female patient with advanced colon cancer presented herself and, after an initially favourable course of the disease, returned for in-patient treatment due to deterioration related to progressive liver metastasis. She was realistic and clear in her ideas and wishes and appeared decidedly determined in her decision making which her family almost always accepted (her daughter is a medical colleague). Even shortly before her death, she did not want to bother her husband, who lived further away, with her disease; she stated that his health was also not stable and he should not come even when her death was imminent. A rift, however, has never been the subject of discussion between the spouses. This strong, internally clear and 'factually' oriented will power determined the course of the treatment and the disease until the end.

On the other hand, there are patients who appear as if withdrawn in their volitional expression and are therefore too often subject to dominant influences of the outside world. The one 'type' of patient as well as the other 'type' of patient can be dedicated to their professional life through devoted loyalty which puts personal matters aside. In both situations, the will absorbs the outside world 'similar to a sense organ', whereas the wishes that develop from internal motives withdraw.

Constitutionally, the slightly less common neurasthenic type is In contrast to the obese type with an emphasis on metabolism.

5.2.6 Therapeutic aspects

Surgical removal of a tumour is still a crucial part of therapy. Through *adjuvant* and *palliative chemotherapy* (if required, supplemented with antibody-based therapies), significant stage-dependent prognostic improvement can be achieved. The side effect profile can be favourably influenced by *simultaneous mistletoe therapy* and the condition under chemotherapy can be improved.

The therapeutic goal consists of the *strengthening of effectiveness of the upper constituent elements* in the area of the colon.

To support the *iron process*

Ferrum hydroxydatum D2, D3, 5% (Weleda) trit. (50% (prescription- 1-1-1 pinch preparation [e.g. Apotheke an der Weleda]) powder)

can be prescribed.
A stimulation of 'sensory *process' In* the *colonic mucosa* can be effected through an extracts from carraway *seed*

Carum carvi, ethanol. decoctum (Weleda) mother tincture 20-20-20 drops ,

also together with *Carbo betulae*

•*Carvon Tabletten* (Weleda Switzerland) 2-2-2.

This medicine can be effective, particularly for *a flatulent abdomen* without a tendency to *constipation.*
The support of *motility* and, hence, the dynamic effect of the constituent elements in the movement organisation is achieved (eg when there is constipation) through bitter substances:

•*Gentiana lutea Rh 5%* (Weleda) compound 20-20-20 drops

•*Gentiana lutea, ethanol. decoctum D1* (Weleda) U. 20-20-20 drops

•*Gentiana Lutea e radice D2* (WALA) globuli velati 10-10-10

or also

•*Carpellum Mali comp.* (Weleda) trit. 1-1-1 pinch.

The treatment for *constipation* is described in [XVIII 8.2 1] In terms of in*appetence* and *nauseam,* see [XXVII. 4.4 Nausea]. When there are *colicky symptoms* in advanced colons cancer,

•*Oxalis comp (Weleda) amp.* 1-0-0
•Nicotiana comp. (WALA) amp. 1-0-0

and

•*Colocynthis e fructibus D4* (WALA) amp. 1-0-0
•*Colocynthis D4* (Weleda) amp. 1-0-0
•*Ammi visagna comp.* (WALA) suppositories as required

can he given. in this instance, *external use* of
•OXALIS COMPRESS with *Oxalis-Essez* (WALA) 1 tbsp in. 1/4L water, 1 x daily
or *Oxalis,* Folium *20%* (Weleda) tincture

•*Oxalis, Folium 10%* (Weleda) ointment 1 x daily, (particularly at night)
•CARRAWAY OIL COMPRESS 1 x daily

•*Oxalis e planta toto W 10% oleum* (WALA) 1x daily

is very helpful. For diarrhoea,the use of Carbo betulae in conjunction with stibnite and chamomile has been proven to be effective:

•*Birkenkohie comp.* (Weleda) capsules up to 2-2-2-2

Where applicable, *liver metastases* can be treated through *radio frequency ablation* with *intralesional installation of Viscum.* Through the immunological confrontation with the disintegrating tumour caused by the mistletoe, therapeutic options open up that reach beyond the local ablative approach.
The general aspects of *mistletoe therapy* in conjunction with chemotherapy are discussed in [3.5 mistletoe therapy]