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Communication

## Exploring the Scope of Homeopathy in Addressing Vaccine Hesitancy in HPV and Cervical Cancer Prevention

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Abstract: Human papillomavirus (HPV) infection remains a significant global health concern, particularly due to its association with cervical cancer, the fourth most common cancer among women worldwide. This article explores the molecular mechanisms underlying HPV-associated cervical cancer and discusses screening and diagnostic methods crucial for early detection and management. Key receptors, molecules, genes, and proteins involved in HPV-induced carcinogenesis are examined, providing insights into potential therapeutic targets. Screening programs, including Pap smear testing and HPV DNA testing, are essential for identifying precancerous lesions, while emerging diagnostic modalities such as HPV mRNA assays offer enhanced accuracy. Early detection through screening programs significantly improves treatment outcomes, emphasizing the importance of timely intervention. Management pathways ensure comprehensive care for patients with invasive cervical cancer, with colposcopy playing a crucial role in diagnosis and treatment. Furthermore, vaccination against HPV stands as a cornerstone in prevention efforts, although vaccine hesitancy remains a challenge. Homeopathy, as a complementary therapy, offers a holistic approach to addressing vaccine hesitancy and supporting overall immune health. While further research is needed to assess the efficacy of homeopathic remedies, a comprehensive approach combining vaccination initiatives and targeted interventions is essential in the fight against HPV and cervical cancer. By leveraging molecular insights and advancing screening and diagnostic technologies, significant strides can be made in reducing the global burden of cervical cancer.

Keywords: human papillomavirus; homeopathy; vaccination

#### Introduction

Human papillomavirus (HPV) is a pervasive viral infection with a broad spectrum of manifestations, ranging from benign skin warts to potentially life-threatening conditions like cervical cancer. This viral family encompasses over a hundred distinct strains, each with its own propensity for causing various afflictions. [1] Notably, certain strains, such as types 16 and 18, are particularly notorious for their role in cervical cancer, accounting for a significant portion of cases worldwide. Additionally, HPV types 6 and 11 are responsible for the majority of genital and anal warts, underscoring the diversity of outcomes associated with HPV infection. [1]

Cervical cancer, a devastating consequence of persistent HPV infection, ranks as the fourth most common cancer among women globally. The staggering statistics project an alarming burden, with

an estimated 660,000 new cases and 350,000 fatalities anticipated in 2022 alone. Notably, the incidence and mortality rates of cervical cancer disproportionately afflict low- and middle-income nations, highlighting underlying disparities in healthcare access and infrastructure. [2] Social and economic factors compound these challenges, further exacerbating the burden on vulnerable populations. Moreover, the intersection of HPV infection with other health conditions, such as HIV, substantially elevates the risk of developing cervical cancer, emphasizing the intricate interplay between viral pathogens and immune health. [2]

Fortunately, cervical cancer is not an inevitability; it is a preventable and treatable disease with the implementation of comprehensive interventions. The cornerstone of prevention lies in vaccination against high-risk HPV strains, offering a proactive defense against cervical cancer development. Alongside vaccination, screening programs play a pivotal role in early detection and management of precancerous lesions, averting the progression to invasive malignancy. Timely access to treatment further enhances prognosis, underscoring the critical importance of healthcare infrastructure in combating cervical cancer. [3]

Early detection is paramount in the fight against cervical cancer, as it significantly improves the likelihood of successful treatment outcomes. With timely intervention, the disease is eminently curable, offering hope and relief to affected individuals and their families. However, achieving universal access to screening, vaccination, and treatment remains an ongoing challenge, particularly in resource-constrained settings. Addressing these barriers necessitates concerted efforts on a global scale, with policymakers, healthcare providers, and advocacy groups collaborating to expand access to essential services. [4,5]

Looking ahead, the global community has set ambitious targets to eradicate cervical cancer by 2030, signaling a collective commitment to eliminating this preventable disease. Achieving this goal demands sustained investment in healthcare infrastructure, innovative technologies, and community outreach initiatives. Furthermore, addressing the social determinants of health is paramount in narrowing disparities and ensuring equitable access to cervical cancer prevention and treatment services. HPV infection poses a significant public health challenge, with cervical cancer representing one of its most devastating consequences. However, through targeted interventions and collective action, we have the opportunity to prevent countless cases of cervical cancer and save lives. By prioritizing vaccination, screening, and treatment, we can mitigate the burden of cervical cancer and move closer to realizing a world free from this preventable disease. [6,7]

#### Decoding the Target Receptors, Molecules, Genes, and Proteins Specific to Cervical Cancer Caused by HPV: Unraveling Screening and Diagnostic Methods

Cervical cancer, a malignant tumor of the cervix, remains a significant global health concern, particularly in developing countries where access to healthcare and screening programs is limited. Human Papillomavirus (HPV) infection, notably HPV types 16 and 18, stands out as the primary etiological factor behind the majority of cervical cancer cases. Understanding the intricate molecular mechanisms underlying HPV-associated cervical cancer is pivotal in developing effective screening and diagnostic strategies. In this article, we delve into the key receptors, molecules, genes, and proteins implicated in cervical cancer caused by HPV, while also shedding light on the screening and diagnostic tests crucial for early detection and management. [8,9]

#### **Target Receptors and Molecules**

HPV initiates infection by targeting specific receptors on the epithelial cells of the cervix. One of the crucial receptors involved is heparan sulfate proteoglycans (HSPGs), which facilitate viral attachment and entry into the host cells. Following entry, HPV primarily infects the basal epithelial cells, where it establishes its genome and initiates the transformation process. The viral oncoproteins E6 and E7 play pivotal roles in HPV-induced cervical carcinogenesis. E6 is known for its ability to target and degrade the tumor suppressor protein p53, thereby thwarting apoptosis and promoting

cell survival. On the other hand, E7 disrupts the function of the retinoblastoma (Rb) tumor suppressor protein, leading to uncontrolled cell proliferation. [10,11]

#### **Genetic Alterations and Protein Expression**

The interplay between HPV oncogenes and host cellular machinery results in the dysregulation of various cellular processes, ultimately culminating in malignant transformation. One of the hallmark genetic alterations observed in HPV-associated cervical cancer is the integration of viral DNA into the host genome. This integration event often disrupts cellular genes, including tumor suppressors, and promotes oncogenesis. Furthermore, aberrant expression of cellular proteins, such as cyclin-dependent kinases (CDKs), cyclins, and various signaling molecules, contributes to the dysregulated cell cycle control and unchecked proliferation characteristic of cervical cancer. These molecular alterations serve as valuable biomarkers for disease detection and prognosis assessment. Cervical cancer remains a significant global health concern, but with early detection and effective management strategies, its impact can be mitigated. Screening programs, including traditional cytology (Pap smear) and newer HPV DNA testing, play a vital role in identifying precancerous lesions. Additionally, emerging diagnostic modalities such as HPV mRNA assays and p16 immunohistochemistry offer enhanced accuracy in detecting high-grade cervical lesions. Early identification of cervical cancer symptoms is crucial for timely intervention and successful treatment. [12–15]

### **Early Detection Through Screening Programs: Global Perspective with Treatment**

Screening for cervical cancer has been revolutionized by the Pap smear test, allowing for the early detection of cellular abnormalities. HPV DNA testing has further improved sensitivity and specificity, enabling the identification of high-risk HPV types even before the onset of cellular changes. These screening modalities are instrumental in reducing cervical cancer incidence and mortality rates. Increased cervical screening in low- and middle-income countries will lead to the identification of more cases of invasive cervical cancer. [16] Therefore, alongside preventative programs, referral and cancer management methods must be strengthened to ensure timely diagnosis and treatment. Routine cervical cancer screening, starting at age 30 and every five to ten years thereafter, is recommended for women. HIV-positive women should undergo screening every three years from age 25. Screening with high-performance HPV tests at ages 35 and 45 is advised by global guidelines. Self-collection for HPV testing is as reliable as healthcare provider samples, offering a preferred option for women. Early detection of precancerous lesions allows for prompt treatment to prevent progression to cervical cancer. Treatment options include the "see and treat" approach, where treatment is provided during the same visit following a positive screening result, or the "see, triage, and treat" approach, recommended for HIV-positive women. Precancer treatments, including LEETZ, cone biopsy, thermal ablation, and cryotherapy, are brief, minimally invasive, and highly effective. [17]

#### **Emerging Diagnostic Modalities**

In addition to traditional cytology and HPV testing, emerging diagnostic modalities such as HPV mRNA assays and p16 immunohistochemistry offer enhanced accuracy in identifying high-grade cervical lesions. These molecular tests enable clinicians to stratify patients based on their risk of progression to invasive cancer, facilitating personalized treatment approaches. [18]

#### **Identification and Diagnosis of Early Cervical Cancer**

Early detection is key to successful treatment outcomes in cervical cancer. Symptoms such as weight loss, exhaustion, irregular bleeding, vaginal discharge, and pelvic pain should prompt

consultation with healthcare professionals. Following clinical assessments and diagnostic testing, patients are referred for appropriate treatment options, including surgery, radiation, chemotherapy, and palliative care. [19]

#### Management Pathways for Invasive Cancer Care

Management pathways ensure timely referral and comprehensive care for patients with invasive cervical cancer. A multidisciplinary team coordinates diagnosis, staging, and treatment decisions based on national guidelines. High-quality care encompasses physical, psychological, spiritual, and palliative support, ensuring holistic patient management. [20]

#### Colposcopy

Diagnosis and Treatment Colposcopy, a method of visual inspection of the cervix, is crucial for diagnosing and treating cervical lesions. During colposcopy, abnormal tissues are identified, evaluated, and targeted for treatment using various techniques, including LEETZ, cone biopsy, thermal ablation, and cryotherapy. These procedures are effective in removing abnormal cells and preventing the progression to cervical cancer. [21]

Cervical cancer prevention and treatment rely on effective screening programs, early detection of precancerous lesions, and prompt intervention. Traditional methods such as Pap smear testing, combined with emerging diagnostic modalities like HPV DNA testing, offer enhanced accuracy in identifying high-grade lesions. Management pathways ensure comprehensive care, while global initiatives aim to increase access to screening and treatment in low-resource settings. By implementing screening and diagnostic strategies and providing timely interventions for precancerous lesions, the burden of cervical cancer can be significantly reduced, ultimately saving lives and improving women's health worldwide. [21]

#### Prevention and Management of HPV Infection and Cervical Cancer

Vaccination against HPV stands as a cornerstone in the prevention of HPV infection and subsequent cervical cancer. With six vaccines available as of 2023, all proven safe and effective, they offer protection against the high-risk HPV strains, notably types 16 and 18, responsible for a significant portion of cervical malignancies. Prioritizing vaccination for females aged 9 to 14, before sexual activity initiation, is paramount. Ideally administered in two or three doses, with additional doses recommended for individuals with compromised immune systems, these vaccines are increasingly being recognized for their role in preventing HPV-related cancers in males as well. Alongside vaccination, other preventive measures such as smoking cessation, condom usage, and voluntary male circumcision contribute significantly to reducing HPV transmission rates. The management of cervical cancer involves a comprehensive screening and treatment approach aimed at early detection and intervention. Utilizing mRNA screening tests followed by appropriate triage strategies, such as colposcopy or cytology, enables the identification of abnormalities necessitating further evaluation or treatment. For individuals with mildly abnormal test results, a one-year followup may be recommended before proceeding to colposcopy, especially in cases of prior negative screening results within the last five years. High-risk patients, including those with HPV 16 positivity and HSIL cytology, may require immediate treatment without the need for prior colposcopy. Utilizing primary HPV testing for screening, coupled with reflex cytology testing, allows for efficient management of positive HPV results, with expedited treatment for high-risk HPV types and abnormal cytology findings. Surveillance following treatment for dysplasia is essential, involving regular testing over an extended period to monitor for recurrence and ensure long-term protection against cervical cancer. Through a combination of vaccination, screening, and treatment strategies, the burden of HPV infection and cervical cancer can be effectively mitigated, emphasizing the critical role of preventive healthcare measures in safeguarding women's health. [22,23]

#### **Challenges of Vaccine Hesitancy**

Despite the proven efficacy and safety of HPV vaccines, vaccine hesitancy remains a significant barrier to achieving high vaccination coverage rates. Factors contributing to vaccine hesitancy include concerns about vaccine safety, mistrust in pharmaceutical companies and government health authorities, misinformation spread through social media and other channels, cultural and religious beliefs, and lack of awareness about the benefits of vaccination. Despite the proven benefits of HPV vaccination, vaccine hesitancy persists for various reasons. Misinformation propagated through social media and other channels has led to concerns about vaccine safety, efficacy, and long-term effects. Cultural and religious beliefs, as well as distrust in pharmaceutical companies and government health agencies, also contribute to vaccine hesitancy in certain populations. Addressing these concerns requires a multifaceted approach that encompasses education, communication, and community engagement. [24–26]

#### The Role of Homeopathy

Homeopathy is a system of holistic medicine founded in the late 18th century by Samuel Hahnemann. It is based on the principle of "like cures like," wherein a substance that causes symptoms in a healthy individual is used to treat similar symptoms in a sick individual. Homeopathic remedies are highly diluted substances derived from plants, minerals, or animals. Homeopathy is a system of holistic medicine based on the principle of "like cures like" and the use of highly diluted substances to stimulate the body's innate healing mechanisms. While homeopathy is not a substitute for conventional medicine, it has been utilized as a complementary therapy in various health conditions, including infectious diseases and cancer supportive care. Homoeopathic Approach - Cancer often evokes fear of mortality and the harshness of treatments like chemotherapy. Homoeopathic cancer treatment involves two approaches. Firstly, individualized prescriptions based on the patient's complete symptom picture. Secondly, it plays a supportive role in integrative medicine, managing cancer and alleviating side effects of conventional treatments. This method stimulates the body's natural healing abilities, enhancing overall well-being. Even late-stage cancer can be managed with Homoeopathy, providing cost-effective care and reducing healthcare burden.

However, in its early stages, cancer can be effectively treated with appropriate homeopathic remedies, offering a holistic approach to therapy. Early intervention with homeopathy offers a significant opportunity to prevent further health decline and complications arising from cervical carcinoma. [27]

In the context of HPV and cervical cancer prevention, homeopathy may offer a complementary approach to address vaccine hesitancy and enhance overall immune health. Homeopathic remedies such as Thuja occidentalis and Carcinosinum have been traditionally used in the management of HPV-related conditions and may play a role in supporting the body's response to HPV infection. [28]

Furthermore, homeopathic practitioners emphasize holistic care and individualized treatment, which can include counselling and education on vaccination alongside homeopathic interventions. This personalized approach may help address specific concerns and fears related to HPV vaccination, fostering trust and confidence in preventive measures. [28]

#### Scope of Homeopathy in HPV Vaccine Hesitancy

While homeopathy is not a substitute for vaccination, it can play a complementary role in addressing vaccine hesitancy and supporting overall health in individuals who are reluctant to receive the HPV vaccine. Homeopathic remedies can help alleviate anxiety and fear associated with vaccination, address underlying emotional factors contributing to vaccine hesitancy, and support the body's natural defenses against HPV infection. [27,28]

Homeopathic remedies such as Thuja occidentalis, which is derived from the Western red cedar tree, are commonly used in the treatment of HPV-related conditions and may be beneficial in

supporting the body's immune response to HPV infection. Additionally, homeopathic practitioners often take a holistic approach to health, addressing not only physical symptoms but also emotional and psychological factors that may impact an individual's decision to vaccinate. [27,28]

#### Scope of Homeopathy in Addressing Vaccine Hesitancy for HPV

- Holistic Approach: Homeopathy considers the individual as a whole, taking into account
  physical, emotional, and mental aspects. By addressing underlying fears, anxieties, or
  misconceptions about vaccines, homeopathic practitioners can help individuals make informed
  decisions about vaccination.
- Individualized Treatment: Homeopathic remedies are prescribed based on the specific symptoms and characteristics of each person. For individuals hesitant about the HPV vaccine due to perceived risks or concerns, homeopathy offers personalized interventions to alleviate fears and enhance confidence in vaccination.
- Supportive Care: Homeopathy can provide supportive care for individuals who have
  experienced adverse reactions to vaccines or are managing vaccine-related symptoms.
  Remedies tailored to the individual's symptoms can help alleviate discomfort and promote
  overall well-being.
- 4. **Education and Counselling:** Homeopathic practitioners play a crucial role in educating patients about the HPV vaccine, its benefits, and safety profile. Through counseling and dialogue, practitioners can address misconceptions and provide accurate information to empower individuals to make informed choices regarding vaccination.
- 5. Integration with Conventional Public Health Efforts: It is essential to emphasize that homeopathy should not be viewed as a replacement for HPV vaccination or conventional cancer screening and treatment. Instead, it can complement existing public health efforts by offering additional support and addressing underlying factors contributing to vaccine hesitancy. Collaboration between conventional healthcare providers and homeopathic practitioners is crucial in ensuring comprehensive care for individuals at risk of HPV infection and cervical cancer. This collaboration can involve shared decision-making processes, where patients are provided with accurate information about HPV vaccination and offered support tailored to their needs and preferences.

#### Case Studies and Evidence

While rigorous scientific studies specifically examining the effectiveness of homeopathy in addressing vaccine hesitancy for HPV are limited, anecdotal evidence and case studies suggest its potential benefit. Qualitative research exploring the experiences of individuals receiving homeopathic treatment for vaccine-related anxieties could provide valuable insights into its effectiveness and mechanisms of action. [27,28]

#### Conclusion

HPV vaccination stands out as the most effective means of preventing HPV infection and cervical cancer, the persistence of vaccine hesitancy presents formidable obstacles to achieving widespread vaccination coverage. Homeopathy, with its focus on personalized treatment and holistic health approach, may offer a potential avenue for addressing vaccine hesitancy and promoting overall well-being among those vulnerable to HPV infection and cervical cancer. Nevertheless,

further investigation is necessary to assess the efficacy of homeopathic remedies in this specific context and to gain a clearer understanding of their potential advantages and limitations.

Ultimately, a comprehensive approach that combines vaccination initiatives with targeted interventions to tackle vaccine hesitancy is indispensable in the battle against HPV and cervical cancer. The intricate web of receptors, molecules, genes, and proteins implicated in HPV-related cervical cancer offers invaluable insights into the disease's etiology and progression. Directing attention toward these molecular components holds promise for devising innovative therapeutic strategies aimed at combatting this lethal ailment.

Moreover, the integration of advanced screening and diagnostic technologies into routine clinical practice is paramount for achieving early detection, timely intervention, and enhanced patient outcomes. As our comprehension of the molecular landscape of cervical cancer continues to evolve, concerted efforts toward developing comprehensive prevention and management approaches are crucial for alleviating the global burden of this malignancy. By leveraging insights from molecular research and embracing a multidimensional strategy encompassing vaccination, targeted interventions, and advanced diagnostics, we can make significant strides in mitigating the impact of cervical cancer on a global scale.

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#### References

- 1. Walboomers JM, Jacobs MV, Manos MM, et al. Human papillomavirus is a necessary cause of invasive cervical cancer worldwide. J Pathol. 1999;189(1):12-19.
- 2. Bosch FX, Lorincz A, Muñoz N, et al. The causal relation between human papillomavirus and cervical cancer. J Clin Pathol. 2002;55(4):244-265.
- 3. Münger K, Baldwin A, Edwards KM, et al. Mechanisms of human papillomavirus-induced oncogenesis. J Virol. 2004;78(21):11451-11460.
- 4. zur Hausen H. Papillomaviruses and cancer: from basic studies to clinical application. Nat Rev Cancer. 2002;2(5):342-350.
- 5. Muñoz N, Castellsagué X, de González AB, Gissmann L. HPV in the etiology of human cancer. Vaccine. 2006;24 Suppl 3:S3/1-10.
- 6. WHO. Cervical cancer. <a href="https://www.who.int/health-topics/cervical-cancer#tab=tab">https://www.who.int/health-topics/cervical-cancer#tab=tab</a> 1. Accessed January 25, 2024.
- 7. Arbyn M, Weiderpass E, Bruni L, et al. Estimates of incidence and mortality of cervical cancer in 2018: a worldwide analysis. Lancet Glob Health. 2020;8(2):e191-e203.
- 8. Ginsburg O, Bray F, Coleman MP, et al. The global burden of women's cancers: a grand challenge in global health. Lancet. 2017;389(10071):847-860.
- 9. Walboomers JM, Jacobs MV, Manos MM, et al. Human papillomavirus is a necessary cause of invasive cervical cancer worldwide. J Pathol. 1999;189(1):12-19.
- Bruni L, Albero G, Serrano B, et al. Human Papillomavirus and Related Diseases in the World. ICO/IARC Information Centre on HPV and Cancer (HPV Information Centre). 2019. https://www.hpvcentre.net/statistics/reports/XWX.pdf. Accessed January 25, 2024.

- 11. WHO. Comprehensive cervical cancer control: a guide to essential practice. 2nd ed. Geneva: World Health Organization; 2014. <a href="https://apps.who.int/iris/bitstream/handle/10665/144785/9789241548953">https://apps.who.int/iris/bitstream/handle/10665/144785/9789241548953</a> eng.pdf. Accessed January 25, 2024.
- 12. Sankaranarayanan R, Nene BM, Shastri SS, et al. HPV screening for cervical cancer in rural India. N Engl J Med. 2009;360(14):1385-1394.
- 13. Mustafa RA, Santesso N, Khatib R, et al. Systematic reviews and meta-analyses of the accuracy of HPV tests, visual inspection with acetic acid, cytology, and colposcopy. Int J Gynaecol Obstet. 2016;132(3):259-265
- 14. Denny L, de Sanjose S, Mutebi M, et al. Interventions to close the divide for women with breast and cervical cancer between low-income and middle-income countries and high-income countries. Lancet. 2017;389(10071):861-870.
- 15. WHO. WHO guidelines for screening and treatment of precancerous lesions for cervical cancer prevention. Geneva: World Health Organization; 2013. <a href="https://apps.who.int/iris/bitstream/handle/10665/94830/9789241548694">https://apps.who.int/iris/bitstream/handle/10665/94830/9789241548694</a> eng.pdf. Accessed January 25, 2024.
- 16. Arbyn M, Anttila A, Jordan J, et al. European guidelines for quality assurance in cervical cancer screening. Second edition--summary document. Ann Oncol. 2010;21(3):448-458.
- 17. Saslow D, Solomon D, Lawson HW, et al. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer. CA Cancer J Clin. 2012;62(3):147-172.
- 18. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). Cervical Cancer Screening. Version 3.2023. https://www.nccn.org/professionals/physician\_gls/pdf/cervical\_screening.pdf. Accessed January 25, 2024.
- 19. Arbyn M, Ronco G, Anttila A, et al. Evidence regarding human papillomavirus testing in secondary prevention of cervical cancer. Vaccine. 2012;30 Suppl 5:F88-F99.
- 20. Schmeink CE, Bekkers RL, Massuger LF, Melchers WJ. The potential role of self-sampling for high-risk human papillomavirus detection in cervical cancer screening. Rev Med Virol. 2011;21(3):139-153.
- 21. Tainio K, Athanasiou A, Tikkinen KAO, et al. Clinical course of untreated cervical intraepithelial neoplasia grade 2 under active surveillance: systematic review and meta-analysis. BMJ. 2018;360:k499.
- 22. Trimble CL, Morrow MP, Kraynyak KA, et al. Safety, efficacy, and immunogenicity of VGX-3100, a therapeutic synthetic DNA vaccine targeting human papillomavirus 16 and 18 E6 and E7 proteins for cervical intraepithelial neoplasia 2/3: a randomised, double-blind, placebo-controlled phase 2b trial. Lancet. 2015;386(10008):2078-2088.
- 23. Joura EA, Giuliano AR, Iversen OE, et al. A 9-valent HPV vaccine against infection and intraepithelial neoplasia in women. N Engl J Med. 2015;372(8):711-723.
- 24. Garland SM, Brotherton JML, Condon JR, et al. HPV vaccine effectiveness against persistent infection and genital disease in Australian women: a retrospective observational study. Lancet Infect Dis. 2016;16(9):1024-1032.
- 25. Lehtinen M, Paavonen J, Wheeler CM, et al. Overall efficacy of HPV-16/18 AS04-adjuvanted vaccine against grade 3 or greater cervical intraepithelial neoplasia: 4-year end-of-study analysis of the randomised, double-blind PATRICIA trial. Lancet Oncol. 2012;13(1):89-99.
- 26. Herrero R, Wacholder S, Rodríguez AC, et al. Prevention of persistent human papillomavirus infection by an HPV16/18 vaccine: a community-based randomized clinical trial in Guanacaste, Costa Rica. Cancer Discov. 2011;1(5):408-419.
- 27. Pal A, Das S, Basu S, Kundu R. Apoptotic and autophagic death union by Thuja occidentalis homeopathic drug in cervical cancer cells with thujone as the bioactive principle. J Integr Med. 2022 Sep;20(5):463-472. doi: 10.1016/j.joim.2022.06.004. Epub 2022 Jun 15. PMID: 35752587.
- 28. Singh T, Aggarwal N, Thakur K, Chhokar A, Yadav J, Tripathi T, Jadli M, Bhat A, Kumar A, Narula RH, Gupta P, Khurana A, Bharti AC. Evaluation of Therapeutic Potential of Selected Plant-Derived Homeopathic Medicines for their Action against Cervical Cancer. Homeopathy. 2023 Nov;112(4):262-274. doi: 10.1055/s-0042-1756436. Epub 2023 Mar 1. PMID: 36858077.

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