

Editorial for April 2009

Role of Homoeopathy in Childhood Leukemia

The term leukemia refers to cancers of the white blood cells, which are also referred to as leukocytes or WBCs. When a child has leukemia, large numbers of abnormal white blood cells are produced in the bone marrow. These abnormal white cells crowd the bone marrow and flood the bloodstream, but they cannot perform their proper role of protecting the body against disease because they are defective.

As leukemia progresses, the cancer interferes with the body's production of other types of blood cells, including red blood cells and platelets. This results in anemia (low numbers of red cells) and bleeding problems, in addition to the increased risk of infection caused by white cell abnormalities.

As a group, leukemia's account for about 25% of all childhood cancers.

Types of Childhood Leukemia

In general, leukemia's are classified into acute (rapidly developing) and chronic (slowly developing) forms. In children, about 98% of leukemia's are acute.

Acute childhood leukemia's are also divided into acute lymphocytic leukemia (ALL) and acute myelogenous leukemia (AML), depending on whether specific white blood cells called lymphocytes (or myelocytes), which are linked to immune defenses, are involved.

Approximately 60% of children with leukemia have ALL, and about 38% have AML. Although slow-growing chronic myelogenous leukemia (CML) may also be seen in children, it is very rare, accounting for fewer than 50 cases of childhood leukemia each year in the United States.

Risk for Childhood Leukemia

The ALL form of the disease most commonly occurs in younger children ages 2 to 8, with a peak incidence at age 4. But it can affect all age groups.

Children who have inherited certain genetic problems - such as Li-Fraumeni syndrome, Down syndrome, Klinefelter syndrome, neurofibromatosis, ataxia telangiectasia, or Fanconi's anemia - have a higher risk of developing leukemia, as do children who are receiving medical drugs to suppress their immune systems after organ transplants.

Children who have received prior radiation or chemotherapy for other types of cancer also have a higher risk for leukemia, usually within the first 8 years after treatment.

In most cases, neither parents nor children have control over the factors that trigger leukemia, although current studies are investigating the possibility that some environmental factors may predispose a child to develop the disease. Most leukemia's arise from noninherited mutations (changes) in the genes of growing blood cells. Because these errors occur randomly and unpredictably, there is currently no effective way to prevent most types of leukemia.

To limit the risk of prenatal radiation exposure as a trigger for leukemia (especially ALL), women who are pregnant or who suspect that they might be pregnant should always inform their doctors before undergoing tests or medical procedures that involve radiation (such as X-rays).

Symptoms of Leukemia

Because infection-fighting white blood cells are defective in children with leukemia, these children may experience increased episodes of fevers and infections.

They may also become anemic because leukemia affects the bone marrow's production of oxygen-carrying red blood cells. This makes them appear pale, and they may become abnormally tired and short of breath while playing.

Children with leukemia may also bruise and bleed very easily, experience frequent nosebleeds, or bleed for an unusually long time after even a minor

cut because leukemia destroys the bone marrow's ability to produce clot-forming platelets.

Other symptoms of leukemia may include:

- pain in the bones or joints, sometimes causing a limp
- swollen lymph nodes (sometimes called swollen glands) in the neck, groin, or elsewhere
- an abnormally tired feeling
- poor appetite

In about 12% of children with AML and 6% of children with ALL, spread of leukemia to the brain causes headaches, seizures, balance problems, or abnormal vision. If ALL spreads to the lymph nodes inside the chest, the enlarged gland can crowd the trachea (windpipe) and important blood vessels, leading to breathing problems and interference with blood flow to and from the heart.

As usual the homoeopathic management of leukemia is to treat the child constitutionally but sometimes during acute complications one has to consider acute totality and prescribe the medicine accordingly.

CASE 1:

A child presented to me with acute lymphoblastic leukemia with suspected meningitis. The child was already on antibiotics for a period of 21 days but there was no improvement, neither in the fever or the headache nor any other symptoms of meningitis and also the blood picture of leukemia was pretty much the same.

When I examined the child in Jaslok Hospital I observed the following symptoms – the child had a copious perspiration in the night, associated with extreme prostration and weakness, the child was given antipyretic syrup every 3 hourly hence there was no fever when I examined the child. There was occasionally dry cough, the tongue was parched and brown, and the child was dull and quiet. The face was looking very sick; there was offensive odour which was coming from the mouth.

The mother said that the child needs frequent sips of very cold water, the more colder the water better for the child. The child has frequent passage of offensive stool which are brownish with lot of mucus. The urine was dark and offensive. Pulse was of very low volume.

My first prescription to this child was Phosphorus. I started with Phosphorus 200 every few hourly and asked the mother to report me next day. Next morning there was not much change in the clinical picture in stead the child complained of occipital pain which was not present accompanied by photophobia. I again examined the child next day evening where I saw the dilation of the pupils and the pupils were reacting very sluggishly to the light. Also after giving Phosphorus the child started sneezing quite violently and mother also informed me that most of the complaints of this child since past few weeks are worse in the night.

I again studied the whole case and increase the potency to phosphorus 10 M every few hourly but to my disappointment again the child did not respond and on the third day the situation was exactly the same as it was on the very first day. Now with the photophobia the child also developed pain in the eyes but without any modalities.

When I happened to examine the child's abdomen I suddenly found that as my hand approached towards the testes the area was extremely sensitive around the scrotum and testes. This was a very important phenomena which I have never seen in last so many days, I immediately studied this symptom in the repertory the sensitivity of the scrotum and the tenderness near the area of scrotum along with the rest of the symptoms I selected the remedy Benzinum.

Benzinum is a medicine which is a product of distillation of petroleum. Dr. Herber Smith was the person who gave us the symptomatology of this remedy from cases of poisoning. I prescribed Benzinum 30 every few hourly and the next day the mother said for the first time the night which was always in the agony was much better, I continued Benzinum 30 for 2 more days. The mother said that the child's offensive odor from the mouth is much less, the dullness of the mind is little better, the child intake is better; the craving for the cold thing has disappeared. When I examined the child I found that the pupillary reaction was much better. The child started communicating little better with the parents, the appetite improved the diarrhoea was better and there was overall improvement. I asked the parents to continue the same medicine for 15 more days. This was the time when neurologist had examined the child and declared that the child has now no meningitis.

When I started homoeopathy, antibiotics were suspended and only homoeopathic drugs, antipyretic drugs and pain killers were used. Prior to homoeopathy the patient had a fair trial of 21 days of different types of higher generation of antibiotics without any relief.

In homoeopathy we have got different type of remedies made from distillation of petroleum namely

- Benzinum

- Benzinum dinitricum
 - Benzinum Nitricum
 - Benzoicum acid
 - Benzolum oderiferum
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- Benzoquinonum.

Benzinum

It is a useful remedy when anemia is accompanied by leucocytosis. The or Leukemia.

Also epileptic attacks in comatose patients.

Benzinum dinitricum

It is useful in my practice for Amblyopia, Anaemia, Colour-blindness, Impotence, Peripheral neuritis, Retinitis, Spastic paralysis.

Benzinum Nitricum

Useful in my practice for cyanosis in cases of chronic obstructive pulmonary disease (Flapping of alae nasi), congenital cyanotic heart disease (Blueness of lips, face, and finger-nails), congestive cardiac failure, the important concomitant is slow respiration.

Benzoicum acidum

Useful in my practice as a constitutional remedy good for Uric acid diathesis. Early renal failure in cases of diabetes mellitus who have a very strong family history of gout.

Benzoin oderiferum

The remedy comes from plant kingdom its symptoms are very similar to Laurocerasus.

The symptom most confirmed in my practice is oily hair also

an excellent remedy in my practice for acute laryngitis especially when there is loss of voice with severe running nose. I use this remedy in 6C potency with excellent results. There is marked rawness and soreness in the larynx and trachea on attempting to talk.

Benzoquinonum

Useful in cancer of uterus or as a matter of fact in any advanced cancer it helps me as a good palliative.

CASE 2:

I got a child from Nasik who was suffering from acute lymphoblastic leukemia, had already taken 5 cycles of chemotherapy and subsequently went into remission. After six month of remission the child complained of headaches and recurrent fever, tendency to catch cold and a low hemoglobin count. I took the history of the child.

The child was very mild and gentle; and had a headache which was worse on exertion and reading for long hours. Whenever the child is in stuffy atmosphere the child starts sneezing with coughing. Sometimes the coryza may extend all the way to the throat and produce tonsillitis.

When I examined the child I saw the child's finger tip was cracked and the nails were brittle. Any draft of cold air the child was aggravated in general. The child loved cold drinks and aerated water. The child was lean, thin and

emaciated. My first prescription for this child was Tuberculinum which I gave in different potencies but without much relief.

Subsequently when I studied the whole case I saw that the cracks on the tips of the finger was the important concomitant to the whole case and this was not covered by the medicine hence I prescribed Graphites which again did not help this patient.

Then I took history of leukemia, the cracked finger, tendency to catch cold, never recovered fully after the chemotherapy of leukemia and I put the child on X-ray.

X-ray 30 few doses in a week reduced the symptoms completely and it was the first time the parents said that the child has put on 1 kg of weight. The child is eating better, the tendency to headache is much better and of course the cracks healed even without applying any local calendula.

Subsequently in my practice I use X-ray in many conditions. The first is unknown loss of weight or loss of weight without any cause, The second is anemia without any cause, past history of tuberculosis, tendency to cracks and warts are some of the important symptoms I look for when I have to prescribe X-ray.