

# Embryonal Carcinoma with Immature Teratoma: A Homeopathic Case Report

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## Keywords

Embryonal carcinoma · Immature teratoma · Homeopathic management of cancer

## Summary

**Background:** Embryonal carcinoma with immature teratoma is a cancer with poor prognosis if the expression levels of biological markers are very high. In such a case, after surgical removal of the tumor, homeopathic treatment resulted in maintenance of the cancer-free state for over 6 years. **Case Report:** This is the case of a 3-year-old Indian girl diagnosed with embryonal carcinoma with immature teratoma (after surgery), treated and followed up for over 6 years. She was treated on the basis of the principles of classical homeopathy and has stayed free of cancer for 6 years now. **Discussion:** The cancer marker expression levels dropped while the girl developed severe skin eruptions, which is in accordance with the laws of classical homeopathic treatment. Although other examples of successful homeopathic treatment in severe pathologies exist, further confirmatory studies are needed on a large scale.

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## Schlüsselwörter

Embryonales Karzinom · Unreifes Teratom · Homöopathische Krebsbehandlung

## Zusammenfassung

**Hintergrund:** Ein embryonales Karzinom mit einem unreifen Teratom ist eine Krebsart mit einer schlechten Prognose, wenn sehr hohe Expressionslevel der biologischen Marker vorliegen. In solch einem Fall führte eine homöopathische Behandlung nach der chirurgischen Entfernung des Tumors zur Aufrechterhaltung des krebsfreien Zustands für mehr als 6 Jahre. **Fallbericht:** Dies ist der Fall eines 3-jährigen indischen Mädchens, das (nach Operation) die Diagnose eines embryonalen Karzinoms mit einem unreifen Teratom erhielt und das mehr als 6 Jahre lang behandelt und nachbeobachtet wurde. Sie wurde gemäß den Prinzipien der klassischen Homöopathie behandelt und ist jetzt seit 6 Jahren frei von Krebs geblieben. **Diskussion:** Die Expressionslevel der Krebsmarker fielen, während das Mädchen schwere Hautausschläge entwickelte, was mit den Gesetzen der klassischen homöopathischen Behandlung in Einklang steht. Obwohl es noch andere Beispiele für eine erfolgreiche homöopathische Behandlung bei schwerwiegenden Pathologien gibt, sind weitere, groß angelegte Studien, die dies untermauern, notwendig.

## Introduction

Germ cell tumors consist of primitive cell types in different stages of differentiation. Embryonal carcinoma (EC) consists of poorly differentiated cells [1] with a tendency to spread fast. When coupled with other benign types (e.g. mature teratoma), mutation

into malignancy is regularly found [2]. Immature teratoma is rare among germ cell tumors and has the tendency to spread aggressively [3]. ECs exhibit a predominantly maternal genetic imprinting [4, 5] and recurrence is as high as 33% after surgery and chemotherapy [6]. Germ cell tumors secrete biological markers that serve to monitor the treatment results and to detect subclinical re-

**Table 1.** Evolution of the case after the first remedy

Date	Symptoms	Prescription	Remarks
08/09/2009	AFP: 3.57 mg/ml (normal: < 10); HCG: < 2.0 mIU/ml (normal: < 1); ESR: 12 mm/h	Tuberculinum 14C continued	obvious good result as the cancer markers remain low; therefore, no change in remedy was required
12/09/2009	relapse of cold and cough, persisting for 1 week now	Tuberculinum 16C 1 dose a day for 1 month	onset of an acute inflammation; therefore, the potency was increased
29/10/2009	tonsils enlarged on both sides, cough persists	Tuberculinum 18C 1 dose a day for 1 month	the acute inflammation gets stronger; thus, the potency was further increased
12/11/2009	AFP: 2.5 mg/ml; HCG: < 2.0 mIU/ml; ESR: 6 mm/h		
23/11/2009	fever and cough relapsed	increased dosage to 3 times a day	the number of doses was increased as a potency change was not indicated
15/12/2009	cough persisting	Tuberculinum 20C 1 dose a day for 1 month	the acute condition was progressing and therefore the potency was increased
22/01/2010	rattling in the chest during sleep; occasional pain in the abdomen > stools	Tuberculinum 22C 1 dose a day for 1 month	
18/02/2010	no acute conditions since 1 month	Tuberculinum 24C 1 dose a day for 1 month	in a chronic case, when the case is in status quo, a potency increase after a certain period allows for further progress

AFP =  $\alpha$ -Fetoprotein; HCG = human chorionic gonadotropin; ESR = erythrocyte sedimentation rate.

**Table 2.** Repertorization during skin eruptions

Sl. no.	Symptom	Qualification
1	face – eruptions – crusty, scabby – around mouth	1
2	generals – touch – egg – in children	1
3	generals – touch – egg – slight	2
4	generals – touching – anything – egg	2
5	generals – lying – on back – unable to turn from back	1
6	sleep – position – on back	2
7	sleep – position – on back – feet drawn up	2
8	mind – complaining – pitiful – in children	2
9	generals – uncovering – desire for	2

Sl. no. = serial number.

currences [3]. ECs exhibit high levels of human chorionic gonadotropin (HCG) in the blood and also  $\alpha$ -fetoprotein (AFP). The presence of high levels of AFP and a bigger size of the tumor in the case of a germ cell tumor herald a very bad prognosis. Even with the latest, better prognosis reports, the initial surgery needs to be followed up with adjuvant chemotherapy to ensure complete clearance of the cancerous cells [3, 7].

## Case Report

A 3-year-old girl child with EC and immature teratoma underwent surgical removal of the tumor in the ovary, after which the family, when given chemotherapy as the next option of treatment, refused and opted for homeopathic treatment.

The initial anamnesis of the case took place on August 13, 2009.

The mother had detected a large swelling in the abdomen of the child, which was revealed on the ultrasound scan to be a large ovarian tumor of suspected ovarian neoplasm, measuring  $7.1 \times 1.3 \times 2.4$  cm (dated June 22, 2009).

This tumor was excised and biopsied. The biopsy showed a malignant mixed-germ cell tumor consisting of immature teratoma and EC (70% and 5%, respectively) (dated July 29, 2009).

The laboratory findings, dated July 23, 2009, prior to removal of the tumor were:

- hemoglobin (Hb): 9.7 g%
- erythrocyte sedimentation rate (ESR): 38 mm/h
- total HCG: 956.3 mIU/ml (normal: <1 mIU/ml)
- AFP: 1,336 mg/ml (normal: <10 mg/ml)
- lactose dehydrogenase (LDH): 281 U/l (normal)

Past history: She suffered from recurrent colds and adenoids.

Family history: On the father's side of the family there were many genetic disorders and congenital disorders.

The mother reported that she had had tremendous stress during the pregnancy as she had to separate from her husband during that time, which ultimately ended in divorce. Further, the mother has recently been diagnosed with breast cancer (in 2015).

Presenting symptoms available for homeopathic repertorization were: The girl ground her teeth in her sleep, she had increased perspiration during sleep, and her tongue was furrowed in the center; her thirst was very much decreased. She craved cold milk and bananas and had an aversion to eggs.

Proposed Remedies 1 - 10		←	→	
All	Large	Small	Notable	Remedy filter...
+ Pulsatilla (nigricans) pratensis				
+ Antimonium crudum				
+ Platinum metallicum				
+ Lac caninum				
+ Cina				
+ Chamomilla				
+ Cicuta virosa				
+ Bryonia alba				
+ Ignatia amara				
+ Calcarea carbonica				

**Fig. 1.** Repertorization results during skin eruptions.

**Fig. 2.** Progression of the skin eruptions from the face down to the body (fig. 2–4).



**Fig. 3.** Progression of the skin eruptions from the face down to the body (fig. 2–4).



**Fig. 4.** Progression of the skin eruptions from the face down to the body (fig. 2–4).



In the homeopathic Materia Medica, these symptoms very clearly constitute the picture of a single remedy [8].

The assessment regarding her health was that, although she had the diagnosis of cancer and her cancer marker levels were very high to begin with, she exhibited frequent acute infections and the immune system was strong enough to



**Fig. 5.** Latest picture of the girl.

put up a clear picture of a homeopathic remedy, implying that she was on a better level [9].

At this level, the prescription strategy is based on the totality of symptoms, which includes the sum of all the individualistic symptoms of the patient. Vitoulkas' [10] expert system of the radar software was used for repertorization.

The remedy given was Tuberculinum 14C, 1 dose per day for 1 month. Follow-up consultations of the first part of the treatment are listed in table 1.

The girl received only homeopathic treatment.

During 5 months of treatment with Tuberculinum in rising C potencies, the child underwent several acute infections of the upper respiratory tract, which stopped when she developed skin eruptions around the mouth. The eruptions were cracked, crusty, and painful.

Placebo 3 times a day for 5 days was prescribed, as we saw a stable situation in cancer markers. The beginning of a skin eruption in cases with deep affections is always a good sign according to the theory and the idea of a hierarchical organization of the human organism [9, 11]. One day later, though, the eruptions took a dangerous shape and were threatening to spread. Thus, they needed to be treated. The symptoms on February 24, 2010, considered for repertorization were as given in table 2.

The repertorization showed Pulsatilla as the remedy (fig. 1): Pulsatilla 30C was given.

Follow-up of the skin treatment and its process are summarized in table 3 and in figures 2–4.

The child has now been observed for 6 years, with periodical scans and blood tests as surveillance for relapse of cancer. There has been no evidence, so far, of any cancerous activity in the body, and the girl has stayed well.

She required occasional treatment for acute infections, which over time have become rarer.

The reports of the 6 years are given in table 4. The latest photograph of the girl is provided as figure 5.

**Table 3.** Evolution of the case after the second remedy

Date	Symptoms	Prescription	Remarks
25/02/2010	immediately after application of the remedy, the swelling of the eyelid and mouth became less; the child could open the mouth; the dangerous areas are clearing up while the lower parts are becoming affected	Pulsatilla 30C 2 doses a day	clearly the case is better (downward movement of the lesions as they clear up from above), but it is still severe, thus needing repetition
26/02/2010	skin lesions shifting to neck and downwards; itching all over the body, more in the genital area; fever of 101.8 F; appetite improved; asks for food; thirst for ½ a glass in a day; sleepless; no stools since last day	Pulsatilla 200C, every 4 h	fever onset indicates active immune system, but care needs to be taken as the skin lesions are extensive and chances of septicemia must be ruled out; this state requires frequent repetition to assist in recovery
27/02/2010	temperature 100.2 F; skin peeling on abdomen and back; appetite good; asks for oranges	Pulsatilla 200C 3 doses a day	reduced fever and healing skin: very good development, so dosage reduced
28/02/2010	shivering and startling observed in the child; food intake a little reduced; thirst remains the same; she asks for fruits; skin peeled on genitals; she cries while passing stools	Pulsatilla 200C only if fever rises	at this stage, we must observe if the immune system can take care of itself, by observing fever; therefore, remedy repeated only if required
02/03/2010	sleep was good; normal skin appearing in some parts; lesions descended to feet; fever had risen to 102 F in the night (upon giving the Pulsatilla dose); now temperature 98 F; reddish gums; stools still hard; trembling when standing	placebo	remedy repeated only when required
04/03/2010	new skin appearing further	placebo	healing skin and better immune status warrants no remedy
06/03/2010	skin peeling off gradually and new skin appearing; swelling in right eye; generally well	placebo	
08/03/2010	skin peeling better; generally better	placebo	
13/03/2010	drastic changes in the whole body; scar marks are disappearing as well; appetite improved	placebo	
19/03/2010	swelling of tonsils; mild cough	Pulsatilla 200C 2 doses a day for 2 days	now the child is out of danger and is showing signs of a common cold; as a rule, the previous remedy must be repeated
27/03/2010	swelling better; mild cough	Pulsatilla 200C 2 doses per day for 3 days	
10/04/2010	skin is better; tonsils are still swollen	Pulsatilla 200C 2 doses a day for 10 days	
25/04/2010	generally well; occasionally complains of pain in abdomen	placebo	from here on, the case was treated as and when required for the onset of common colds alone

**Table 4.** Imagery and blood tests follow-up after homeopathic treatment

Date	Report
06/02/2012	CT scan shows bilateral lymphadenopathy, but otherwise normal condition
11/02/2012	AFP: 1.78 mIU/ml
01/04/2013	CT scan shows normal condition; AFP: 1.03 mIU/ml
26/07/2014	ultrasound scan shows normal condition
28/07/2015	ultrasound scan shows normal condition
CT = Computed tomography, AFP = $\alpha$ -fetoprotein.	

## Discussion

Although it may be difficult to achieve such a response in all cases with such a poor prognosis, this case report still demonstrates the potential that homeopathy has as a treatment modality for serious pathologies. There have been other case reports where the pathological state was very advanced and yet homeopathic treat-

ment was successful [12]. This is probably because the patients, despite their advanced pathologies, were still in a better condition of health. In such cases, homeopathic medicines can elicit favorable reactions from the immune system [9, 11]. The follow-up has lasted for over 6 years, during which time the dramatic skin eruptions also responded well to homeopathy, leaving the girl in an overall healthier state.

## Conclusion

This case report, as far as the authors' knowledge goes, is the first of its kind where a severe pathology has been shown to respond and stay clear for over 6 years. The dramatic nature of the case and the response to treatment make it necessary to further investigate the possibilities of homeopathic treatment in such severe pathological conditions.

## Author's Contributions

S.M. wrote the manuscript, M.M. was the homeopathic physician who treated the case and contributed the complete details of analysis and prescription. G.V. was the guide under whose directions and ideas the manuscript was prepared. All authors have read and approved the final manuscript.

## Disclosure Statement

The authors declare that there is no conflict of interest concerning this paper.

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