

One in a Million: A Four Month Old with Hepatoblastoma

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Abstract: A case of an infant with hepatoblastoma is presented. Homeopathic treatment with *Calcarea carbonica* was given concurrently with allopathic treatment including chemotherapy and surgical resection with good results.

Keywords: hepatoblastoma, *Calcarea carbonica*, liver tumor

This is a case of a child with hepatoblastoma diagnosed at four months of age. He was treated concurrently with homeopathy and allopathic care consisting of chemotherapy and surgical resection. Hepatoblastoma is the most common malignant tumor of the liver in children. (1) Cure rates can be as high as 90% for surgically resectable tumors, especially with the addition of postoperative chemotherapy. For children like this one with initially unresectable tumors, preoperative chemotherapy can convert about 75% to a resectable condition. If the tumor recurs or progresses while on conventional treatment, the prognosis is poor, dropping to a two-year survival rate of less than 20%. (2) Thus anything that can be done to improve the outcome of the initial treatment, such as the addition of concurrent homeopathic treatment, could make the difference between success and failure in treatment. The incidence of hepatoblastoma is one child per million per year.

C.A. was a male child first seen on 9/23/04 at four months old with a diagnosis of hepatoblastoma. He started choking and gagging in mid-July 2004, either spontaneously or after eating. He was diagnosed with reflux by the pediatrician. The next two days he did not eat well. He was taken to the pediatrician who felt an enlarged liver and sent him to the hospital for an abdominal CT scan which revealed a mass covering most of the liver. He was referred to Children's Memorial Hospital in Chicago where a biopsy revealed hepatoblastoma. The lungs and stomach were clear. (The lungs are the most common site of metastatic disease.) He had received one round of chemotherapy to date with carboplatin or cisplatin on day one, vincristine and 5FU on day three, and vincristine every week for three weeks; then the cycle was repeated every three weeks. He was to start the second three-week round of chemotherapy the day after the first visit. After two

cycles of chemotherapy they would rescan his liver to see if the tumor had become resectable.

His mom was nursing him and he was also receiving intravenous nutrition via a central line at night due to chemotherapy-induced anorexia. He was healthy until this condition. He was cranky (1) for one week before he got sick in August. On 7/8/04 he received DPdT, IPV, HiB and Prevnar immunizations as three shots. After the shots he suffered a bout of choking (1).

Past History: The mother's pregnancy was uneventful but for hypertension and proteinuria which resolved without treatment. Spontaneous vaginal delivery occurred at forty weeks gestation without anaesthesia. Vaccinations had been delayed because of the chemotherapy. He had three nasogastric feedings in the hospital and had noisy breathing which was diagnosed by the otolaryngologists as tracheomalacia. No treatment was recommended as he was expected to outgrow it. He had normal development until three to four weeks previously, when his development plateaued. He was not rolling over yet. The neurologist stated that he was advanced in some ways.

Family History: The mother was adopted and there was no family history of cancer on his father's side.

Medications: He was on propranolol for hypertension due to tumor encroachment of the kidneys, with resultant electrolyte depletion (calcium, magnesium and potassium). He was also on Reglan for reflux, Calcitriol (a form of vitamin D) to enhance the chemotherapy, and TPN (Total Parenteral Nutrition).

Physical Generals: His temperature tended to run lower. He perspired on his back (2) while lying on his back at night. He did not sweat on his head. The sun did not bother him, and he liked light.

His energy was better since coming home from the hospital, and he had been squirmy.

He slept well, on on his back (1) and sweat on his back at night (2). He loved to be covered over the head and even slept like that. He had been waking up crying since in the hospital, and his mom wondered if this was a medication reaction. Drooling had just started, but was not excessive and he had no teeth yet.

He was exclusively breastfed until hospitalization, where he received cereal with milk without incident other than some spitting up. He had hiccoughs (2) in utero and still had them frequently until he was in the hospital. His bowels were always good, and he had a stool in every other diaper which was about five times per day. The stool was mustardy and soft, like a normal nursed stool. The stools were darker on TPN. He had a rash on the buttocks at times, and after chemotherapy he had a rash there from his urine.

Mental/Emotional: He was always very happy. He only cried if hungry or tired. One week before he was diagnosed he was slightly cranky. He was mild and easy going (1). After the hospital he was more fussy (1), but this was better since at home. He had no fears or sensitivities. He was easily distracted from any anger he displayed.

undressed for five to ten minutes. He had no teeth yet. There was a right upper anterior chest central line in place. The abdomen revealed a RUQ healing biopsy wound with steri-strips and a slightly firm liver well below the right costal margin, extending to the left nipple line. The rest of the exam was unremarkable.

Labs: AFP (Alpha-fetoprotein) was > 2,000,000 ng/ml at diagnosis. A Normal AFP is ≤100 ng/ml at four months (3). (Serum AFP levels are nearly always elevated with hepatoblastoma. (1))

Imaging: CT and MRI of the head were both normal. An 8/31/04 CT of the chest, abdomen, and pelvis with contrast revealed a very large hepatic mass (7.2 x 11.9 cm) most likely representing a hepatoblastoma. This mass compressed the normal liver tissue considerably, compressed the right kidney, and went across the mid-line to displace the aorta markedly to the left. There were matted retroperitoneal nodes. There was atelectasis in the lung bases, but no pulmonary metastases.

Assessment: The initial repertorization of the case was as follows:

	Total	Calc.	Lyc.	Sil.	Sep.	Ars.	Sulph.	Puls.	Rhus-L.	Phos.
Rubrics	28	14	12	19	21	23	13	13	7	13
Traditional Miasms	41	9	9	7	6	6	6	6	7	7
Back, P. PERSPIRATION, Night (17)										
Stomach, P. VOMITING, General, milk; after; mothers (9)										
Stomach, P. VOMITING, General, milk; after (45)										
Stomach, P. HICCOUGH, Children, in (18)										
Mind, P. MILDNESS (99)										
Sleep, P. POSITION; Back; on (9S)										
Respiration, P. RATTLING (209)										
Generalities, P. COMPLEXION, color of eyes, face, hair, Fair, blonde, light (S4)										
P. COMPLEXION, color of eyes, face, hair, Fair, blonde, light, lax fiber, with (19)										
Generalities, P. CANCEROUS affections (410)										
Abdomen; P. CANCER; Liver (74)										

He was bigger in size at the first visit, but was smaller at birth (8 pounds, 14 ounces) than his brother who was 9 pounds, 8 ounces. He was growing well. He preferred the left breast over the right for nursing. His nails were strong.

Physical Exam: He was a chubby, mild white male with light brown to blondish hair and blue eyes. He sounded congested in the nose or the chest. His voice was somewhat hoarse (due to NG feedings). Weight: 17 7/8 pounds (95th percentile), height: 25 inches (50th percentile), and head circumference: 42 1/2 cm (75th percentile). He was a little upset with the exam and had rattling respirations. He was mottled after being

The most characteristic symptoms were the perspiration on the back at night, the vomiting after nursing, and the hiccoughs. This coupled with the child's mild nature and chubby appearance (95th percentile for weight but only 50th for height) lead to an easy prescription for *Calcarea carbonica*. Other confirmatory symptoms were the sleeping on the back at night and light complexion with blonde hair and blue eyes with flabbiness. Other considerations were *Silica*, but this would be for a more petite child and did not cover the hiccoughs. Likewise, *Lycopodium* did not fit the case and did not cover the vomiting of breast milk. Although the prescription was clear for *Calcarea carbonica*, the

prognosis was unclear due to the seriousness and rarity of the diagnosis and the unknown interactions between his allopathic and homeopathic treatment.

Plan: *Calcarea carbonica* 30C, 2 pellets by mouth daily. Follow-up in one month.

10/2/04

After he took one pellet of *Calcarea carbonica* 30C he had one projectile vomit after eating. He had no fever and acted normal. He was due to receive Vincristine the next day.

Assessment: The vomiting after eating was the return of an old symptom. This was a good sign possibly, but we would have to adjust the posology since he had aggravated with a single dose.

Plan: Wait and take no more remedy. They were to call the office the next week before giving any more remedy.

10/5/04

He vomited one more time then stopped. His energy and mood were better. The rattling had not changed, but this symptom was a pathologic one due to tracheomalacia and thus one would not expect it to change easily or quickly. Sedation was planned for the CT scan the next day, leading to an expectation of his energy declining, and thus it was decided to repeat the remedy after the CT.

Plan: *Calcarea carbonica* 30C, one by mouth crushed with water tomorrow night after the CT scan; advised to repeat the remedy 3-4 more times, if needed.

10/19/04

He was doing really well at 5 1/2 months old. His eating, sleeping, playing and bowels were all normal. He was smiling a lot. He had been given the *Calcarea carbonica* 30C, one pellet by mouth crushed, if he was cranky, which averaged every two to five days. Within 1-1.5 hours after each dose he became less cranky; within fifteen minutes his hands and feet became warmer, and he became more alert. At first his cheeks got rosy after the dose, but no longer. He vomited mucus only the first time after the *Calcarea* and again when the remedy was given after chemotherapy. The AFP had decreased to 1860 and was falling more rapidly than expected. He was still nursing, but no longer preferred the left side. He was still on his medications, excepting Reglan and TPN, and he only occasionally spit up. The tumor could no longer be felt. He no longer perspired on the back at night. He still had hiccups twice a week (down from several times per day before). Due to the vincristine he had a droopy right eyelid. His breathing was not as wet sounding and was louder lying on his back and quieter on the side. He had had three rounds of chemotherapy and had one more to go before surgery in early December. He was happy and only fussed

if bored or hungry. His hair was thinner, but he hadn't lost a lot, which had surprised the oncology nurse.

Physical exam: Weight: 15 1/8 lb. Smiling, pale, with no teeth who nursed vigorously. The liver was felt two fingerbreadths below the right costal margin. He had hiccoughs after eating in the office.

Assessment: He was continuing to respond to each dose of the remedy by being less cranky, warmer and more alert. The fact that he continued to respond beneficially to the remedy with repeated doses despite the chemotherapy suggested that this was his simillimum. His hair loss was less than expected, the hiccoughs were less and the back perspiration at night was gone. These were all signs we were on the right track with the remedy.

Plan: *Calcarea carbonica* 30C, one pellet by mouth, as needed for crankiness or cold hands and before chemotherapy for vomiting. Ask the oncologist to try to wean propranolol if possible. Follow up in four weeks to discuss pre-op remedies.

11/29/04

At almost 7 months of age, still nursing, he was doing all right, but chemotherapy was bothering him more. He had needed a few RBC transfusions. He had been spitting up more for the last two weeks. He was getting the *Calcarea carbonica* 30C, one pellet by mouth crushed, every one to two days, but it had been less effective in the last month (2). The crankiness was no longer better after the remedy. His AFP had decreased to 560 (normal < 100). The cold hands and feet were still better after the remedy. The hiccoughs were stable at twice a day. His bowel movements were more frequent, three to four times a day and looser. He was not sweating. He was taking more regular naps and sleeping well. His breathing had improved, and was normal with sleep. He'd been weaned off propranolol, but was still on the Calcitriol and intravenous fluids and pentamidine one a month to prevent pneumocystis pneumonia. After the vincristine the right eye drooped for one day and then was back to normal, which was unusual. Usually the eye drooping comes with chemotherapy and stays till the chemotherapy is completely finished. He still had all his hair, which again was unusual.

Physical exam: Weight: 15 lbs. He was whiney because of hunger. He had cool hands and feet and rosy cheeks. Still no teeth. The liver was one fingerbreadth below the right costal margin, and no mass was felt.

Assessment: Although he was still responding favorably to the *Calcarea carbonica* 30C, there was less reaction to it. It was no longer influencing the crankiness or the hiccoughs. Thus, the decision was made to increase the potency to 200C.

Plan: *Calcarea carbonica* 200C, one pellet stirred in 1 ounce of water and give one dropperful. The parents

were to call before surgery and to return to the office in 1/05. He was due for a repeat CT scan to determine the resectability of the liver tumor after the chemotherapy.

12/2/04

For a cold *Calcarea carbonica* 200C was given once and the watery eyes and the clear coryza disappeared. The hepatic resection was scheduled for 12/10/04. He had been better after the *Calcarea carbonica* 200C.

Summary from surgery to the present

The hepatoblastoma was completely resected on 12/10/04 and he did relatively well post-operatively. Because the resection was very close to the portal vein, post-operatively he had numerous episodes of portal vein stenosis which had to be percutaneously angioplastied. Often splenomegaly would be the first sign of the portal vein stenosis. Once in the office we diagnosed splenomegaly and sent him back to Children's for another angioplasty. He continued to do well on the *Calcarea carbonica* and was increased to 1M on 2/22/05 and 10M on 2/14/07. The remedy was repeated during acute illnesses, and appeared to facilitate rapid resolution; it was also repeated for irritability, calming him within fifteen minutes and allowing him to sleep. His last post-op chemotherapy was 2/05. On 8/9/05 he had a repeat venoplasty and then his chest port was removed. His speech had been delayed since the chemotherapy and surgery and this was one of our indications to continue the *Calcarea*. His AFP was 12 in 6/05 and 3.1 in 12/05 (normal <10). The parents have decided not to vaccinate him any further. On 5/10/06 the oncologist wrote that he "had a tremendous response to chemotherapy and resection." Chest x-rays, CT scans of the abdomen and AFP levels have remained normal. At his last visit on 8/13/07 he was doing fine and only seeing the surgeon every six months to monitor the splenomegaly and need for repeat angioplasties. At this visit we continued the *Calcarea carbonica* 10M as needed.

A yearly report from the surgeon on 3/14/08 stated that C.A. had "recovered well from the portal vein stenosis, and ... the hepatoblastoma resection in 2004." The spleen was normal in size (it became enlarged when the portal vein stenosis worsened) and the platelet count, hemoglobin, AFP, and chest x-ray remained normal.

On 3/21/09 I spoke with C.A.'s mother who stated that he was doing really well with no recurrence of the tumor or the stenosis. He will be entering kindergarten in the fall and was in speech therapy for the speech delay. He still takes the *Calcarea carbonica* 10M occasionally. The last dose was six months ago due to a cold which the remedy helped to resolve. The mother states that he rarely gets sick.

Discussion

A few points can be made about this case. First, this infant responded well to the indicated remedy even while receiving chemotherapy. It helped the child through acute illnesses quite rapidly and helped lessen the chemotherapy side-effects of crankiness (within 15 minutes), low energy, vomiting and hair loss. Also, the vincristine was causing a droopy eyelid (due to neurotoxicity) which typically would persist for the duration of the chemotherapy. In this patient the eyelid droop would go away after a repetition of the *Calcarea carbonica*, and then recur with the next dose of chemotherapy. The oncologist related to the mother that this was very unusual. The oncologist and surgeon both felt the response to treatment was very good (he has been cancer-free for over four years). How much the integrative use of homeopathy contributed to his overall cure is hard to tell. However, since his energy and mood both improved with the remedy during the chemotherapy treatment, clearly the remedy helped the child tolerate the chemotherapy better. This in turn should lead to a higher cure rate for the cancer such as occurred in this case. Thus my reasoning is that the *Calcarea* aided in the cure of the cancer. Also, that the energy and mood were much improved by the remedy is highly significant as fatigue and mood changes can be serious and long-lasting side-effects of traditional cancer treatments. Perhaps one of the most gratifying aspects of this case was that the parents were very pleased with the results of homeopathic treatment.

Although my experience treating the side effects of chemotherapy and radiation therapy is limited, I must concur with others that homeopathy certainly has a place during such treatments. One patient who had a brain tumor as a child treated with radiation to the occiput, was cured of the tumor, but was left with a pervasive fatigue. He responded remarkably to *X-ray* 200C, which improved his energy more than any other remedy. The *X-ray* was chosen solely based on the etiology of exposure to X-rays. Another child with aplastic anemia whom I've been treating has responded well to homeopathy while on immunosuppressants. Her tonsils became quite enlarged and purulent and the ENT surgeon suspected a lymphoproliferative disorder due to the immunosuppressant effect of her cyclosporine. With homeopathic treatment, the tonsils decreased to normal size and the pus receded. Now she has been off allopathic medications and in remission for two years. This patient was also followed concurrently with a pediatric hematologist/oncologist who is a world expert in aplastic anemia.

Second, in many cases the oncologist is unaware of the patient's use of CAM.(4) However, in this case the parents told the oncologist who then requested information from me about what was in the *Calcarea carbonica* 30C. When told that the active ingredient was

calcium carbonate, the oncologist was worried about a possible effect on serum calcium levels. I then faxed her a letter stating that the remedy had less than 1 mg of calcium carbonate in it, and there were no reports in the literature of interactions with chemotherapeutic agents of which I was aware. This seemed to ease her concerns and we had no further communications other than her periodic progress reports. In my experience, such a collaboration with the treating oncologist is very helpful as treating these patients is very complex and the oncologist has a much better idea of the natural course and complications of these conditions than do most homeopaths. Without the oncologist's experience, the homeopath might think the patient is improving when in fact this is not the case. For example, I treated another elderly deaf gentleman who had metastatic melanoma. He had a good case for a certain remedy which when given seemed to cause a fluctuation in the size of various subcutaneous metastases throughout his body; however, on consulting with an oncologist, I was informed that such fluctuation in subcutaneous melanoma metastases was not unusual. The oncologist was obviously correct because despite our best attempts at homeopathic treatment the melanoma progressed relentlessly and the patient died within the year. The better the relationship with the oncologist, the less the homeopath has to guess what is going on, and thus better homeopathic care can be given to the patient, even if that means simply palliation. Unfortunately, not all oncologists are interested in talking to homeopathic specialists.

Third, regarding causation of the hepatoblastoma, at first it was unclear to me if immunizations were a factor or some other exposure. A 2009 *PubMed* search for hepatoblastoma and vaccination/immunization resulted in no articles showing an association. When the mother told me that she was using the birth control patch during the first month or so of her pregnancy, this turned out to be a more useful clue. On searching the

literature, several cases of hepatoblastoma associated with hormone use were found.⁽⁵⁻⁷⁾ Thus, this was the likely culprit here. I am always amazed at the number and severity of potential side effects of hormonal contraceptives in women and their children. Yet when relaying this information to patients I often feel like the lone voice in the woods. Very few seem to be aware of the potential for harm, at least until tragedy strikes them or a loved one.

References

1. Herzog CE, Andrassy RJ, Eftekhari F. Childhood Cancers: Hepatoblastoma. *The Oncologist* 2000;5:445-53.
2. Hepatoblastoma. 2008. (Accessed 3/22/09, 2009, at <http://emedicine.medscape.com/article/408986>.)
3. Çorapçıoğlu F. Serum Alpha-fetoprotein Levels in Healthy Full-Term Neonates and Infants. *Marmara Medical Journal* 2004;17(1):1-7.
4. McLean TW, Kemper KJ. Complementary and alternative medicine therapies in pediatric oncology patients. *J Soc Integr Oncol* 2006;4(1):40-5.
5. Meyer P, LiVolsi V, Cornog JL. Letter: Hepatoblastoma associated with an oral contraceptive. *Lancet* 1974;2(7893):1387.
6. Otten J, Smets R, De Jager R, Gerard A, Maurus R. Hepatoblastoma in an infant after contraceptive intake during pregnancy. *N Engl J Med* 1977;297(4):222.
7. Pilotti G, Bosco M, Leo D, Ricci C, Suria G. [Hepatoblastoma in an infant after Estroprogestational intake by the mother during pregnancy]. *Pediatr Med Chir* 1984;6(2):323-5.

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