

CLINICAL

Case history: Individualized homeopathy and severe chronic idiopathic neutropenia (SCN)

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Background: Severe chronic neutropenia (SCN) places the sufferer at increased risk of bacterial infection, often requiring emergency hospital admission and long-term antibiotic treatment.

Method: A single clinical case study of idiopathic SCN in a boy of 3 years and 8 months at the start of treatment individualized, classical homeopathic treatment was given. Neutrophil count was measured at: 5, 17, 21, 29 and 41 months after commencing treatment.

Results: Low neutrophil count (0.6 and $0.3 \times 10^9/L$) was documented for 17 months prior to commencing treatment. After 17 months of individualized homeopathy, neutrophil count was 1.74, rising to 2.22 at 21 and 3.4 at 29 months treatment. Forty-one months after commencing treatment neutrophil count was 3.8 with an intermediate peak of 9 recorded during the year. As the child found the procedure distressing, blood testing was then discontinued by the parents.

Conclusions: The child received no other treatment, including complementary medicine or antibiotics, while receiving homeopathic treatment. Individualized homeopathic intervention may be the catalyst for the resolution of idiopathic SCN in this case. However, as this was a single case, a controlled study is recommended as a next step. *Homeopathy* (2010) 99, 205–209.

Keywords: Severe chronic neutropenia (idiopathic); Classical homeopathy; Case history; Antibiotics

Introduction

Neutropenia is abnormally low number of neutrophils. Neutrophils are a type of leucocyte which play a vital role in preventing the spread of infection and in the process of inflammation, and serious infections can occur quickly in the ears, skin, throat or chest and elsewhere. Most GPs have 'direct access' for neutropenic children, enabling them to be admitted straight to hospital. Neutropenia can result from decreased production of neutrophils; destruction of cells after they are produced, or accumulation of neutrophils out of the circulation (pooling), or result from damage to the bone marrow due to drugs or chemicals.

The normal neutrophil count in children is approximately $2-7 \times 10^9$ cells/L blood. A repeated measure of 0.5 or below is indicative of severe chronic neutropenia (SCN). Although complete neutropenia is life-threatening, the body can function with a reduced number and 20% of normal counts is usually not associated with any problems.² Although spontaneous remissions can occur, there is currently no curative treatment.

There are four major types of SCN: congenital and cyclical (both rare), autoimmune and idiopathic. Idiopathic neutropenia affects 2–4 cases per million/population and is diagnosed when the disorder cannot be attributed to any other disease or chemotherapy. The case presented here was diagnosed as idiopathic neutropenia as blood tests revealed no antibodies. Children with neutropenia are often treated with multiple courses of antibiotics. Granulocyte colony-stimulating factors (G-CSF) may be used in treatment and severe cases may require bone marrow transplantation.

Known problems associated with repeated antibiotic use include the development of drug-resistant bacteria.

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Table 1 Treatments prescribed

Date	N-count	Remedy	Potency	Posology
Feb 4th 1998	0.6	<i>Lycopodium</i>	50 M	1× split dose
April 11th		<i>Lycopodium</i>	50 M	1× split dose
May 30th		<i>Lycopodium</i>	50 M	1× split dose
June 27th		<i>Silicea</i>	1 M	1× split dose
July 25th	0.3	No remedy		
August 22nd		<i>Sulphur</i>	10 M	1× split dose
September 26th		<i>Lycopodium</i>	50 M	1× split dose
October 31st		<i>Carcinosin</i>	1 M	1× split dose
Jan 2nd 1999		<i>Carcinosin</i>	10 M	1× split dose
Feb. 10th		<i>Lachesis</i>	30c	1× pm/am for 2 days
April 24th		<i>Tuberculinum bov.</i>	1 M	1× split dose
July 9th	1.74	<i>Lach 30c</i>	30c	1× pm/am for 3 days
August 1st		<i>Lachesis</i>	10 M	1× split dose
August 29th		<i>Tuberculinum bov</i>	1 M	1× split dose
October 9th		<i>Belladonna</i>	2000c	3× daily for 3 days
November 11th	2.22	No remedy		
November 18th		<i>Silicea</i>	50 M	1× split dose
January 12th 2000		<i>Silicea</i>	50 M	1× split dose
July 12th	3.4	<i>Lycopodium</i>	30c	1× am for 3 days
March 23rd 2001		<i>Calcarea .carb.</i>	1 M	1× split dose
July 31st	3.8-9	<i>Calcarea .carb</i>	10 M	1× split dose

Dates in bold show blood- tests.

diarrhoea or enterocolitis. G-CSF can maintain neutrophil levels above the danger level but they are expensive and the effect of their long-term use is unknown.¹ A safe and effective preventative treatment would therefore represent a major contribution to sufferers and their families.

This study

Subject

The child in this case was a boy of 3 years and 8 months at time of presentation in February 1998. He had been diagnosed with idiopathic SCN at 2 years and 3 months, and attended a local hospital for annual neutrophil monitoring by blood test. Neutrophil levels had measured 0.3 and $0.6 \times 10^9/L$ since diagnosis. The child had received non-individualized homeopathy in the past, but had not had this or any other treatment for 3 months prior to presenting to me.

He had received BCG vaccine at birth and repeated courses of antibiotics for a variety of infections including of the umbilicus and otitis. He had two perforated ear

drums and a constant, foul-smelling ear discharge from his left ear. He was otherwise in good general health and of normal height and weight for his age. He exhibited some speech delay and poor short-term memory, possibly the result of impaired hearing due to ear infections. He currently attended a special educational needs unit, but was otherwise a bright child who answered questions willingly in the clinic.

Method

Individualized homeopathy was used: a single medicine, prescribed on an individualized basis, to cover the totality of presenting symptoms (similimum). A split dose (one dose at night and a second of the same potency the following morning) was given, comprising 2× lactose-based pills dissolved under the tongue. On two occasions a more frequent prescription was made for acute conditions. All prescriptions were made by me. Medicines were manufactured by Helios Pharmacy. Consultations were generally

Table 2 RADAR analysis justifying *Sulphur* (August 1998)

	at &	me.tc.	sulph	calc.c.	lub
	1	2	3	4	5
	5	5	5	5	4
	10	10	10	7	9

Clipboard 1					
1	ABDOMEN - ERUPTIONS	(22)	1		
2	SKIN - ERUPTIONS - suppressed	(90)	1		
3	SKIN - ERUPTIONS - blisters	(56)	1		
4	EAR - DISCHARGES - offensive	(59)	1		
5	TEETH - GRINDING - sleep, during	(51)	1		

Table 3 RADAR repertory analysis justifying *Carcinosin* (January 1999)

	ba l	aggr.	calc.	sulph	carb.
1. MIND - GESTURES, makes - hands, involuntary motions of the - picking - bedclothes, at the	1	2	3	4	5
2. TEETH - GRINDING - sleep, during	3	3	3	3	3
3. MIND - ADMONITION - agg	7	4	4	4	3
4. SKIN - MOLES					

Clipboard 1	
1. MIND - GESTURES, makes - hands, involuntary motions of the - picking - bedclothes, at the	(38) 1
2. TEETH - GRINDING - sleep, during	(51) 1
3. MIND - ADMONITION - agg	(17) 1
4. SKIN - MOLES	(16) 1

4–6 weeks apart, except for summer breaks and two telephone consultations between visits.

The parents initially brought the child to me for help with his speech and mild learning delays, but after about 6 months he was discharged from the special educational unit and joined mainstream education. The focus of treatment then moved to the immune-system dysfunction. In total, the child received treatment for 41 months including 19 prescriptions of eight different homeopathic medicines. (Table 1).

Medicine selection

The following rubrics were selected:

- Abdomen; Eruptions; Blisters
- Skin; Eruptions; Suppressed
- Skin; Eruptions; Blisters
- Ear; Discharge; Offensive
- Teeth; Grinding; Sleep, during

Table 2 shows a RADAR analysis of these symptoms.

Arsenicum, *Mercurius* and *Sulphur* are all equal in weight. However, *Sulphur* is bold type for suppression of eruptions. Because of the high number of antibiotics the

child had received, *Sulphur* was prescribed in a 10M potency. This resulted in several earlier infections and skin eruptions re-appearing which were treated in accordance with Table 1. After 10.75 months treatment, the following rubrics were selected:

- Mind; Gestures; Picking, Bedclothes, at
- Mind; Admonition; Aggravates
- Teeth; Grinding; Sleep, during
- Skin; Moles

No remedy has all these symptoms, but *Carcinosin* has all but the carphology. However, in addition to the remedies above, the child was reported as becoming frustrated with the rules, such as limitations of where he might cycle, and broke several. I interpreted this as a reaction to perceived burdensome restrictions, and prescribed *Carcinosin* 1M (Table 3).

Progress

Two weeks following the prescription of *Carcinosin*, the child's ear discharge had been 'really horrible' with mild fever. Unusually, he declared himself 'unwell'. Five days later he woke at 5 am and vomited a mass of phlegm. He

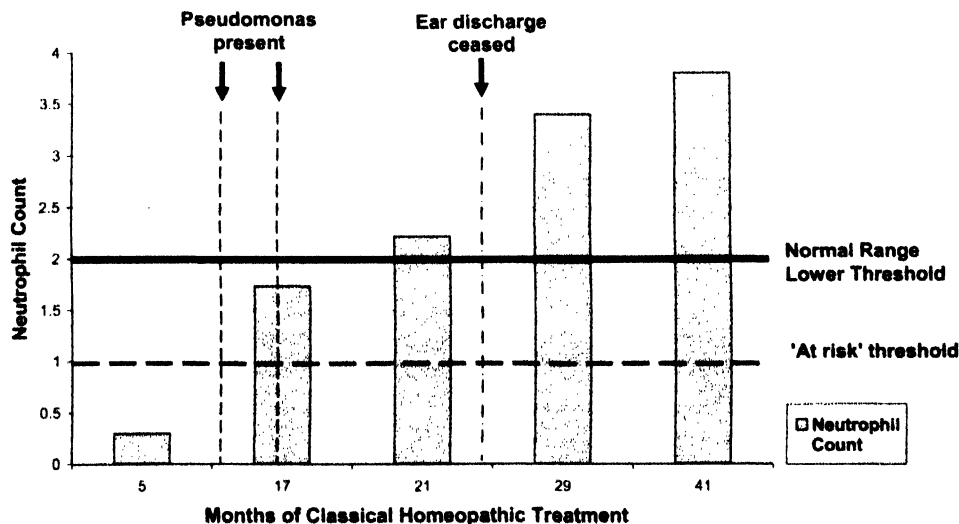


Figure 1 Months of classical homeopathic treatment.

Table 4 RADAR repertory analysis justifying *Lachesis 30c*

		Boh.	at &	arm	Malic.	Calc.	
		1	2	3	4	5	
		5	4	4	3	3	
		12	6	5	8	7	
Clipboard 1							X
1	FACE - SWELLING - left	(12)	1				
2	EAR - DISCHARGES - purulent	(89)	1				
3	MIND - MISCHIEVOUS	(30)	1				
4	MIND - TALKING - sleep, in	(110)	1				
5	GENERALS - INFLAMMATION - cellulitis	(21)	1				

then declared himself hungry and was 'soon racing around' with all symptoms resolved. Three weeks later (at 11.5 months treatment) pseudomonas was reported in an ear-swab taken by the GP. Treatment continued according to the protocol described at 17 months until the annual blood test gave a neutrophil count of 1.74 (Figure 1).

At the annual out-patient appointment, the child also exhibited a slight swelling to the left side of the face. The consultant expressed concern at the possible development of cellulitis. The child's parents refused medical treatment. On the basis of this concern, the following rubrics were analyzed (Table 4):

- Face; Swelling; Left side
- Ear; Discharge; Purulent
- Mind; Mischievous
- Mind; Talking; Sleep, in
- Generals; Inflammation; Cellulitis

Lachesis 30c, three times daily for 3 days was prescribed. At repeat blood count at 21 months homeopathic treatment, the neutrophil count was within the normal range at 2.22. One week later, the following rubrics were obtained in clinic:

- Generals; Food & Drink; Desires; Milk
- Ear; Discharge; Bloody
- Teeth; Enamel; Deficient

Silicea 50 M was prescribed and is probably the child's constitutional remedy.

Twenty-four months following commencing individualized homeopathic treatment, the child's parents reported the ear discharge had stopped about 4 weeks previously. Shortly after this, examination revealed the right ear drum had healed; the left was 40% healed. The neutrophil count was 3.4 after 29 months treatment and after 41 months of the treatment 3.8 with an interim measure of 9. At this point further blood testing was discontinued (Table 5).

Discussion

SCN is considered incurable.¹ In this case, it had persisted for some time and had not responded to previous homeopathic treatment. While having individualized homeopathic treatment there was a steady improvement in terms of neutrophil count and symptoms.

These results are interesting for two main reasons: the neutrophil count rose to 2.2 and remained at that level for about 3 months before the ear discharge ceased. This suggests there was a transitional period after which the immune-system became once again able to eliminate bacteria. Secondly, this case suggests that individualized homeopathy in particular may assist in repairing immune function. Although the child had received non-

Table 5 RADAR justifying *Silicea* (November 1999)

		meth.	cl	calc.	Mus-1	MS	
		1	2	3	4	5	
		3	3	2	2	2	
		6	6	4	4	3	
Clipboard 1							X
1	GENERALS - FOOD and DRINKS - milk - desire	(72)	1				
2	EAR - DISCHARGES - bloody	(48)	1				
3	TEETH - ENAMEL deficient	(4)	1				

individualized treatment following diagnosis, the neutrophil count rose only after individualized treatment.

Homeopathic medicine selection

It has been possible to describe in detail only four of the prescriptions in this case. In total eight different homeopathic medicines were prescribed. Two were 'miasmatic': *Carcinosin* and *Tuberculinum*. Miasms represent pollution of the 'soil' in which health or disease develops.⁴ Although *Silicea*, the probable constitutional remedy, was given early in treatment (at about 4.5 months) it was only following these nosodes that this remedy appeared able to act fully. The prescription of *Lachesis* is also of note for its connection with ear, nose and throat infections. At that time the neutrophil count was 1.74. It is possible that an increased neutrophil count enabled, rather than resulted from, the acute ear infection.⁵ That the blood count rose again following this acute infection, supports this supposition.

Spontaneous remission and placebo effect

Spontaneously recovery may occur in idiopathic SCN. However, this appears unlikely in this case. The neutrophil count had remained stable at 0.3–0.6 since diagnosis, but returned to the normal range after less than 18 months treatment. Healing followed the direction and order of cure predicted by Hering's Law, with the ear discharge being the final symptom to clear. Suggestions that this result may be due to placebo effect appear unrealistic given that the child had been the patient of a non-individualized medical homeopath for a year following diagnosis. The child orig-

inally presented with learning delay, not SCN; and there was no expectation initially, that classical homeopathy would be able to help the latter. For these reasons, this result supports individualized homeopathy in the treatment of this form of immune-system deficiency.

Conclusion

This was a single case of idiopathic SCN and as such it is not possible to extrapolate to other cases. Given this result, it would be interesting to conduct a pilot study with greater numbers of matched participants to further establish the possible benefit of classical homeopathy in idiopathic SCN. Classical homeopathy might be a safe, effective preventative protocol and relatively inexpensive treatment. Those interested in pursuing such a pilot study are invited to contact the author.

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