

Prospective analysis of epitocellular cancer using Homeopathic Interventions

Vinu Krishnan MD

Govt. Homoeopathic cancer Hospital,
Kandoor, Malappuram,
Kerala.

ACC, Kochi

Sep-7-11/2018





Hepatocellular carcinoma

- Hepatocellular carcinoma (HCC), also known as hepatoma, is the most common type of liver cancer,
- This condition develops in the hepatocytes, which are the predominant liver cells. It can spread from the liver to other parts of the body, such as the lungs, pancreas, intestines, and stomach.
- HCC is much more likely to occur in people who have severe liver damage due to alcohol abuse.

Case Study

55 year old female, Presented with symptoms suggesting HCC

CT scan was done in Nov 2015

- Liver hyper dense lesions measuring 21X14 mm and 10 X 14 mm were noted
- Cavernoma and fatty infiltration noted



Initial scans

DOCTORS SCAN & DIAGNOSTIC CENTRE
 AN ISO 9001:2008 Certified Diagnostic Centre
 LEADING, NEAR GOVT. HOSPITAL, NILAMBUR, PH: 04831 325850, 9388681030, 9447426285
 DOCTORS SCAN & CLINICAL LABORATORY, MAIN ROAD, CHANDAKUNNU

ULTRASONOGRAPHY, CT SCAN, COLOUR DOPPLER & ECHO CARDIOGRAPHY
 SOUND SCAN, DIGITAL X-RAY, COMPUTERISED LABORATORY & ECG

PLAIN AND CONTRAST AXIAL CT SECTIONS OF ABDOMEN

Biyyakutti Age 65Y Date 07/07/2015
 Dr. SHAJU THOMAS Sex Female Scan No 6206

CT - ABDOMEN (PLAIN AND CONTRAST)

- * Liver is normal in size. Ill defined hypodense lesions noted in Segment 8 measuring 21 x 14 mm & Segment 4 measuring 11 x 10 mm. No calcification seen. Rest of liver parenchyma shows areas of focal fatty infiltration (By USG correlation). Intra hepatic biliary channels appear undilated. Right branch of portal vein not well visualised. Left branch show ideal opacification. Portal vein at porta is replaced by multiple collaterals - Cavernoma. CBD is undilated.
- * GB is not imaged (Post Cholecystectomy status).
- * Pancreas appear normal in size and attenuation. No duct dilatation or calcification. No mass lesion or pseudo cyst formation.
- * Spleen is normal in size. No focal lesion identified.
- * Both kidneys are normal in size and attenuation. No pelvicalyceal dilatation or calculi. No mass lesion identified.
- * No significant intraabdominal lymphadenopathy.
- * Urinary bladder is normal. No calculus noted.
- * Uterus is normal for age. No adnexal mass.
- * No ascites.

IMPRESSION :-

- * Liver shows ill defined hypodense lesions in both lobes as mentioned. No calcification seen.

Possibilities 1. Multicentric HCC ✓
 2. Metastasis ✓
 3. Focal fatty infiltration. ✓

Suggestion - MRI & S. AFP correlation.

Dr. JIJUNY K P
 DOCTORS SCAN & DIAGNOSTIC CENTRE
 NILAMBUR
 PH 9447426285

IDEAL SCAN CENTRE
 COURT ROAD - MANJERI | DOCTOR'S LANE - WANDOOOR
 Booking No: 0483 2769883 | Booking No. 9809943335

Patient's Name: BIYYATHUTTY Age & Sex: 65/F Date: 04/07/15
 Ref by: DR M UMMER MBBS

USG - ABDOMEN

- > LIVER : Enlarged (span-15 cm) Shows ill defined echogenic focal lesions in both lobes
- > GALLBLADDER : not seen
- > SPLEEN : Normal in size and echotexture No focal lesions noted.
- > PANCREAS : Normal in size and echotexture, No e/o focal lesion/ calcifications/ ductal dilatation noted.
- > PARA AORTIC REGION: No e/o lymphadenopathy noted
- > KIDNEYS : Both kidneys are normal in size and echotexture No. e/o hydronephrosis noted, CMD maintained RTK- 8.9x4.2 CM, LTK- 8.4x5.0 CM
- > URINARY BLADDER : Distended. No. e/o calculus/ wall thickening noted
- > UTERUS : Atrophic
- > Free fluid : absent

Impression:

**HEPATOMEGALY WITH ECHOGENIC FOCAL LESIONS
 ? MULTICENTRIC HCC/METASTATIC DEPOSITS
 Suggest CECT-ABDOMEN**

DR HARIS C P
 MBBS MD (RADIOLOGIST)

There are technical limitations for all U.S. examinations. Kindly do clinical correlation. Do not hesitate to have additional or further investigation if necessary.

Facilities: ULTRASONOGRAPHY, X-RAY, LAB, ECG

DEPARTMENT OF RADIODIAGNOSIS
 Govt. Medical College Hospital
 Kozhikode - 673 008 Kerala, India

Name: Biyyakutti Age: 65 Sex: F Unit: Date: 5/9/15

ABDOMEN - USG

Liver: well defined → Multiple hyperechoic lesions involving both lobes of liver
 Size: 14.1cm
 Echoes: (R) causes of size approx 5cm
 CBD: not dilated in R lobe of liver
 Portal vein: Main portal vein is replaced by multiple collaterals → No Ascites

Gall bladder: Not imaged - w/o Stinger No Ascites

Spleen: Normal in size and echotexture
 Size: 10.6cm
 Echoes: (R) - Splenic artery & vein - 2x2cm
 - Splenic calcification noted
 - no phyllitis seen

Pancreas: Normal in size and echotexture
 Paraaortic area: Obscured

Right Kidney: Normal in size and echotexture
 Size: 8.9x4.2cm
 Echoes: (R)
 CMD: (R)

Left Kidney: Normal in size and echotexture
 Size: 8.4x5.0cm
 Echoes: (R)
 CMD: (R)

Urinary bladder: Distended. No. e/o calculus/ wall thickening noted

IMPRESSION

Multiple well defined hyperechoic lesions involving both lobes of liver - possibly metastatic or multicentric HCC, focal fatty infiltration.

4

Treatment plan

Primary tumor with no metastasis.

AIM- to reduce primary, to control Tumor marker- AFP, to prolong SR, to improve QOL

Symptomology

K/C/O T2DM, HTN.

L upper quadrant pain, bleeding PR ,mucus in stool, constipation,ineffectual urge.

Desire sweets, sour.

Dyspepsia with distension of abdomen, flatulence, dryness of skin.

Heart burn , vertigo with dizziness

Anxiety n Fear over disease.

Thermally chilly < fanning.

3 children, H/O cholecystectomy.

perspiration profuse.

Medication

(dec-2015)

- Calcarea carb 0/3, 0/6,..
- Lycopodium 0/3,0/6,0/12...(june-2018)
- Cardus Q
- Cholesterinum 3X

Medication

b-11,2
 SR- 95 mm
 P/Alb-5-3/2.8
 T-INR 19/1.10

	0/3, /0/6, 0/12, 200	3X	
12/11/2015	Calc. carb0/3	cholesterinum	cardus
09/12/15	do	do	do
06/01/16	Lycopodium	do	do
10/02/16	0/6	do	do
10/03/16	0/6	do	do
06/04/16	0/6		
04/05/16	0/6		chelidonium
10/06/16	0/12		
11/07/16	0/12		
23/07/16	Medorrhinum		

FP-1.3

FT –WNL

SG-Abdomen- lesion size
increased, 6.3 * 5.3 cm

	0/3, /0/6, 0/12, 200	3X
27/09/16	Lycopodium	cholesterinum
27/10/16	do	do
24/11/16	Lycopodium	do
24/12/16	0/6	do
25/01/17	0/6	do
07/02/17	0/6	
09/04/17	0/12	
13/06/17	0/12	
22/07/17	0/12	
17/08/17	0/12	

BODY MRI SCAN [1.5T] | WHOLE BODY SPIRAL CT SCAN [32 SLICE] | 3D/4D ULTRA SOUND SCAN
 ROUTINE ULTRA SOUND SCAN | COLOUR DOPPLER SCAN | ECHOCARDIOGRAPHY | OPG | TMT
 MOGRAM | DIGITAL X - RAY | COMPUTERISED LABORATORY | ECG | NCS | EEG | EMG

Ultrasound Scan Report

Iyyathutty E	Age 60Y	Date	25/06/2018
Dr. VINUKRISHNAN	Sex Female	Scan No	6790

Abdominal pain.

Normal in size and shows diffuse increase in echoes.
 No focal lesion. Intrahepatic biliary channels undilated.
 Portal vein at porta and formation is replaced by few tortuous collaterals - Portal cavernoma. CBD undilated.

Not imaged (H/o Cholecystectomy).

Head, body & tail visualized. No duct dilatation.
 No focal lesions. No calculus. Normal echoes.

No obvious lymphnodes in upper para aortic area.

Normal in size & echotexture. No focal lesions.

R.K : - 9.6 X 3.5 cm.
 No focal lesions. No calculus. CMD maintained.
 No Hydroureteronephrosis.
 L.K : - 9.4 X 3.6 cm.
 No focal lesions. No calculus. CMD maintained.
 No Hydroureteronephrosis.

Distended. Normal in wall and lumen. No calculus.

Genital Organs Uterus : - Anteverted and measures 6.6 x 1.9 x 3.7 cm.
 No focal lesion noted in the body, fundus or in cervix.
 Minimal free fluid is noted in the endometrial cavity.
 Ovaries : - Both are atrophic. No adnexal mass noted.

Nil in the pleural or in the peritoneal cavity.

1. Grade I fatty liver seen as mentioned. No focal lesions.
 However CECT is better to evaluate the liver pathology.
 2. Post Cholecystectomy status. No biliary dilatation seen.
 3. Pancreas normal in size and echotexture. No calculus.
 4. No Hydroureteronephrosis seen.
 Suggestion : - CECT. Abdomen.

Dr. JOSSY GEORGE
 MBBS, DMRD
 Reg. NO. 25223

Final scan

- Normal liver, No focal lesions
- No pathology of HCC detected
- AFP levels found to be normal

Patient Name : IYYATHUTTY.E Age : 65
 Bill No : 2278 Sex : FEMALE
 Patient ID : 21 Collection Date & Time : 25/06/2018
 Ref: By : DR. VINU KRISHNAN Reporting Date & Time : 25/06/2018

Test Description	Test Value	Unit	Expected Ranges
TUMOR MARKERS			
AFP	< 1.0	ng/mL	< 5.63 ng/mL
Technology: TOSOH			

Treatment plan

Those coming with active lesions but opting Homoeopathy as
“the first line of treatment.”

Basis

Malignancies
(*one sided diseases*) 172-184

Chronic diseases.

Images not clear fully....

Partial similimum is the choice.

Two or *more prescriptions* in the right direction to get more clear images and then prescribe accordingly.

Patient is brought to a better state of health than the previous. (*even though not cured*).

Methodology

- In fifty millesimal potencies... either in alternate days/ daily ..(depending upon.)
- . frequently repeated especially with low potencies(in active lesions).
- .To start with ...*one medicine...“hooking” medicine*, then followed by the indicated medicine.
- 5 physiological doses ...usage of ‘Q’ as and when indicated.
- 8. Assessment by imageological, biochemistry , IHC, clinical, serology and HPR studies.
- 9. Focus period- 3 months.6.up to 2 year target 5yrs.



Case study-2

8 year old male reported with HCC
lesion-5.8*6.5 cm

splenomegaly, portal hypertension

AFP- 4722

K/CO DM, BHP

back pain, distension of abdomen with nocturia, loss of appetite.

desire sweets, sour, thermally towards hot, H/O drinking ,

Medorhinum 200/ 1 dose (05/17)
Lycopodium 0/3- on alternate days
cardus tincture 10 drops bd

2/06/2017

FP-5211

5/08/2017-AFP-6675

27/10/17- 8494

03/02/18-14722....

Values increasing, but patient very much better!!alive, active till date...

vinu krishnan

Lesion- 3.5cm*3.2 cm



Palliation- kent`s observations

5, 6, 7,11

Bio chemical n imageological progression

Too short relief of symptoms.
amelioration comes first then aggravation
In wrong order.
Full time amelioration with no improvement

But advantage ...instead of conventional modalities!

- Symptomatically better, but pathologically progressive disease....!!



Classification of cases

Types accordingly can decide approach also.

Category 1 and 2

Those with active lesions who had attempted conventional methods

“but unable to continue (pancytopenia)”

Those with history of malignancy who had underwent treatments- surgery, chemotherapy, radio therapy)

“(recurrence or metastasis)”

Category 3,4,5

- Those coming with active lesions but opting Homoeopathy as
 - ***“the first line of treatment.”***
- 4. Those with after effects (alopecia, skin and nail changes including fibrosis and discoloration), cancer fatigue and
 - ***“focusing for rebuilt of the system.”***
- 5. Those cases who were directed to due to palliative centers.. ???
 - ***“bad prognosis”***

AIM



Aim should be clear while including a case for Hepatic management instead of conventional treatment.

Metastatic-(pathologic/specific/Nosodes)

- To control AFP.
- To deal liver failure.
- To control intervening infections.
- To deal Ascites.
- To deal Hepatic Encephalopathy

Primary CA-(constituitonal/specific)

1. To reduce primary tumor.
2. To increase Survival rate.
3. To improve Quality of Life.
4. Optimizing LFT values
5. To combat future Metastasis

Levels of health

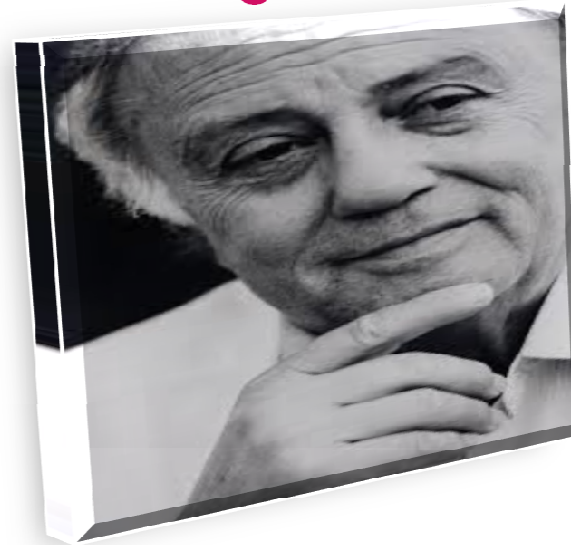
1. Gives us information about the possible development and prognosis of the case we are treating.

2. The strategy to select the remedy.

The potency to be used.

Interpretation of the reaction to the remedy.

Prof. George Vithoulkas



Levels of health

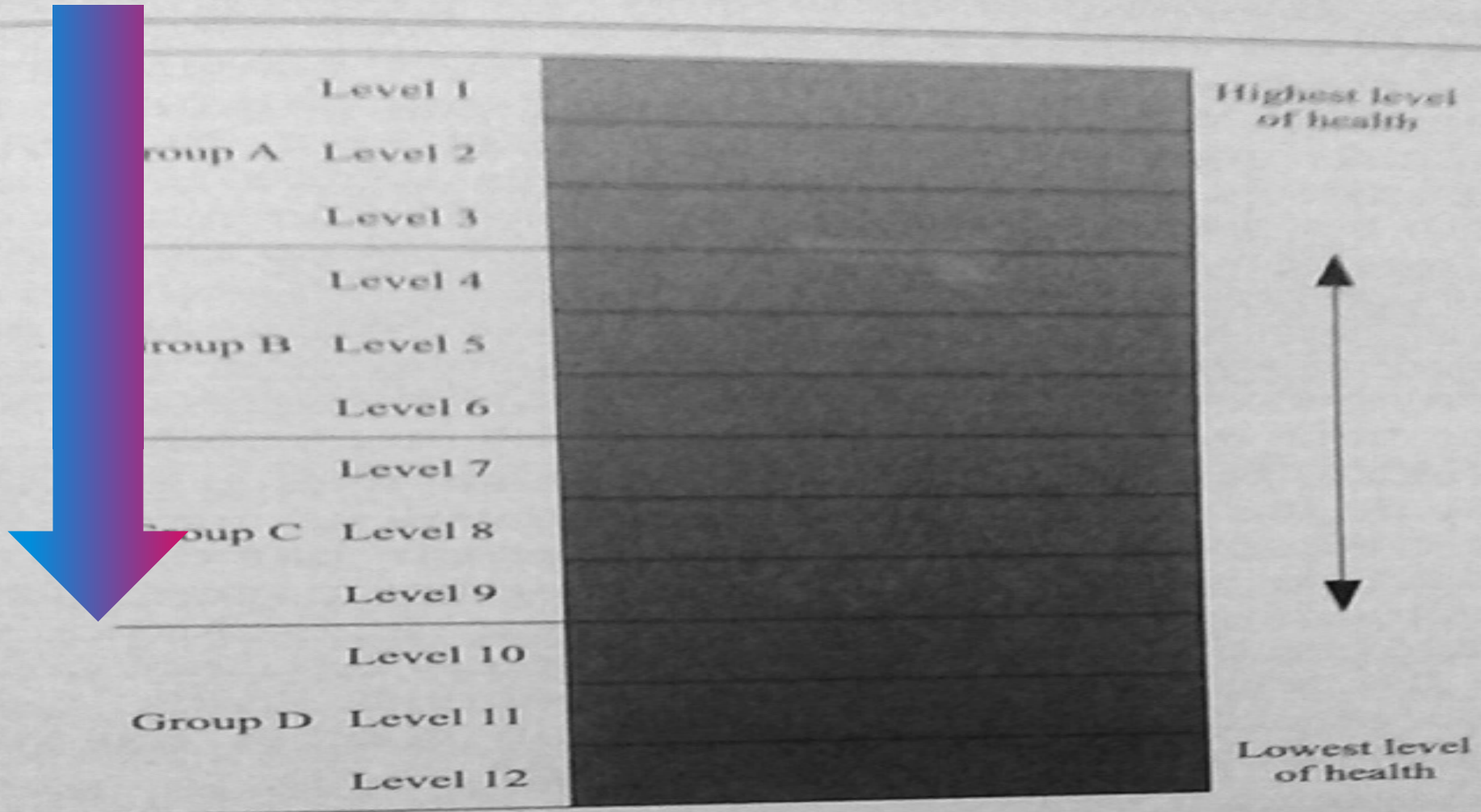


Figure 1: Scale with twelve levels of health divided into four groups, the highest level of health is at the top. This illustration depicts the genetic predisposition with which individuals are born and also the degree of the strength of the defence mechanism.

Levels of health

<p>Potential strength of the immune system to react to different biological entities causing high fever</p>	<p>Level 1-3</p>	<ul style="list-style-type: none"> • Staphylococcal and streptococcal infections, gonococcal infections and syphilis • Influenza virus (all types) • Viruses and bacteria for epidemic diseases
	<p>Levels 4-6</p>	<ul style="list-style-type: none"> • Proteus • Pseudomonas • Gram negative bacteria
	<p>Levels 7-11</p>	<p>Here we have all the degenerative chronic diseases, the compromised immune system of those organisms is not able to react to infective agents affecting levels to 6 with high fever.</p>
	<p>Levels 11-12</p>	<p>In the end stages of diseases, as in level 12, and as a last effort of the organism to survive we again have the appearance of fevers up to approximately 38.5° Celsius with infective agents like nosocomial infections or <i>Pneumocystis carinii</i> that could not be cured by any medical intervention whether allopathic or homeopathic.</p>

Almost any pathological condition may arise on any level, but the prognosis is different according to which level of health the patient belongs.

This means cancer can appear in patients of level one or in any other level.

The vital difference is that the cancer in level 1 is curable with the correct homeopathic remedy, while the cancer occurring in a patient with lower level of health will be either much more difficult to treat or is incurable.

Diseases in Group D

Much more serious diseases , with wide range organic changes

Cancer with metastasis,

Cirrhosis liver

Serious heart diseases

AIDS,

Juvenile diabetes,

Final stages of chronic diseases

Neuro muscular diseases like ALS.

3/28/2019

So the term **constitutional remedy** applies only to this level.

From level 2 onwards more than a remedy is required to cover all the ailments , acute and chronic..

As the level goes down the no of remedies needed will go up , **not given together but in a specific order.**

Conclusion

Medicines to augment 'action'- 3X In primary cancers with active lesions

Cholesterinum - (Ca liver, gall stones, insomnia)

Lecithin -(anemia, convalescence, insomnia, neurastheni, increases RBC)

Pepsinum - (marasmus of children on artificial foods, indigestion, gout, diabetes)

Thiosinaminum -(dissolving scars, adhesions, strictures, rectal strictures)

- **Deeper spheres-**
- Arsenicum alb/iod, calcarea carb
- Natrum muriaticum,
- Medorhinum
- Mercurius .
- Conium
- Lycopodium
- Sepia
- Magnesium Muriaticum
- Thuja .
- Phosphorus.

Materia Medica

pointers



Q 's

Apis
Chammomilla
Chelidonium
Cardus
Ceaonathus
Hydrastis
Myrica.
Podophyllum
Thuja
Digitalis.

Relapses/Recurrences ...!

- Medorrhinum
- Malandrinum
- Carboneum sulph.
- Calendula
- Stillingia
- Tuberculinum

Symptoms of Metastatic Cancer

Metastatic cancer does not always cause symptoms but if-

(size/ location) metastatic tumors.

1. Pain and fractures, (bone)
2. Headache, seizures/dizziness, (brain)
3. Shortness of breath, (lung)
4. Jaundice or swelling (liver)

Case Study-3

66 years old male with L Renal cell CA (nephrectomy) with Adrenal, Liver and lung mets..

li. Carb 0/3. 0/6...

lidago Q



Metastatic kidney CA

From 2015 december till date patient is energetic n active with liver metastasis resolved.

WHOLEBODY C.T. SCAN, SONOGRAPHY AND MAMMOGRAPHY

- No bony focal lesions detected.
- *There is an anterior abdominal wall fascial defect of 3.9cm at midline through which fat is protruding to the subcutaneous fat plane. The hernial sac measures 7.7 x 4.5 cm.*
- Lower chest is unremarkable.

IMPRESSION: *In an k/c/o left RCC and nephrectomy*

- * *Large inhomogenous soft tissue mass arising from the right adrenal gland with malignant features.*

Possibilities are - Secondary from RCC

- Primary adrenal malignancy

Probable hepatic infiltration at segment 6

- * *Multiple small benign hepatic cysts*
- * *Right renal simple cortical cyst (Bosniak category 1)*
- * *Anterior abdominal wall Incisional hernia*

NAME: VIJAYARAGHAVAN UNNI
AGE : 76 YEARS
SEX : MALE

DATE : 09/12/2015
SCAN No. : 5444
REF.DOCTOR: MANISH KUMAR MS,
DIPLAP,FIAGES, DNB(URO)
TIME : 17:17:16

PLAIN AND CONTRAST ENHANCED C.T SCAN OF ABDOMEN & PELVIS

Clinical Data: *H/o Left nephrectomy for RCC. Present USG showing large right sided mass ? adrenal ? Renal ? hepatic*

Technique: Axial 5mm plain and IV contrast sections done from level of dome of diaphragm to symphysis pubis

Observations :

- *There is a well-defined inhomogenous soft tissue mass measuring 13.3 x 11.1 x 10.8cm (in longitudinal x transverse x AP dimensions) involving the right adrenal area. The lesion shows low density areas (areas of necrosis and cystic change) and a calcific spec (2.8mm).*
- *On arterial and venous phase images the lesion shows enhancement upto 156HU, where in delayed images taken after 10mm of IV contrast administration the lesion is dense upto 96HU (the relative washout rate is less than 40%).*
- *Anteriorly the lesion abuts the right lobe of liver, duodenum, head of pancreas with well preserved fat plane between them. The porta hepatis, duodenum and head of pancreas are displaced anteriorly by the lesion*
- *The IVC is stretched-out, no evidence of intraluminal thrombus. The stretched right renal vein lies anterior inferior to the lesion, no evidence of luminal thrombosis.*
- *The right kidney is displaced inferiorly. The lesion abuts the right psoas major muscle, no evidence of muscle infiltration.*
- *The fat plane between the postero-superior aspect of the lesion and segment VI of liver is lost.*
- *Multiple (5) fluid attenuating lesions of 5 to 16mm in size noted in both lobes of liver, could be benign cysts.*
- *Gall bladder is normal. C.B.D Normal.*
- *Normal in size, contour and density. No focal mass seen. No calculi/ductal dilatation.*

MRI OF ABDOMEN WITH CONTRAST

Clinical note: Post left nephrectomy for RCC

Technique :

T1, T1 FS , T2 & T2 FS - Axial.
Haste & T2 FS - Coronal.
T1 (In & Opp) Haste - Axial.
DWI

Post Contrast(Dynamic Study)

T1 VIBE FS - Axial & Coronal

OBSERVATIONS:

Left kidney is not visualised- post operative status.

A well defined heterogeneously enhancing mass lesion with cystic and solid areas noted in the right suprarenal region measuring 7.5 x 8.2 x 7.8 cm. Margins of the lesion with inferior segment of right lobe liver is ill defined-infiltration. Lesion is also infiltrating into the upper pole of right kidney.

Well defined Cystic lesion with mild peripheral enhancement measuring 11 x 16 mm in segment six of liver.

Well defined, Heterogeneously enhancing lesion noted in the right posteroinferolateral chest wall measuring 28 x 41 x 41 mm- metastatic lesion. ?
Few tiny simple cyst in the left lobe of liver.
Small simple cysts in the lower pole of right kidney.

Mild atrophy of the pancreatic parenchyma.

The spleen appears normal. No focal lesions.

Aorta and IVC are normal. No significant paraaortic lymphadenopathy.

Rest of the liver is normal in size and signal intensity. CBD and intrahepatic biliary radicles are normal. Portal vein is normal in caliber and shows normal signal void lumen. Hepatic veins and IVC are normal.

Name: VIJAYARAGHAVAN	Age : 77	Sex: Male
Ref Dr: VINU KRISHNAN MD	Rep No:	Date : 08/11/17

ABDOMEN / PELVIC ULTRASOUND REPORT

Thanks for referring the case

LIVER : Normal in size and **echoes raised**.
The intrahepatic biliary radical and common bile duct are not dilated.
No focal lesions.

GALL BLADDER: Well distended. There is no echogenic area in its lumen to suggest gall stone, gall bladder walls are smooth. No evidence of any sludge

SPLEEN : Is normal in size and echo texture, no focal lesions.

PANCREAS : Pancreas appears normal. Pancreatic duct not dilated. No calcification noted.

KIDNEYS : **Right kidney: Lobulated hypoechoic lesion measuring 9.9x7.8 cm is seen in right suprarenal region with infiltration into upper pole of right kidney. Mild vascularity is seen within, No calculi / hydronephrosis. Left kidney: Not visualized.(History of nephrectomy)**

U.BLADDER : Moderately distended. No vesical calculus seen

PROSTATE : Normal

FREE FLUID : Nil

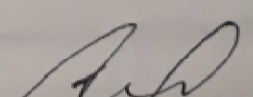
PARA AORTIC AREA : No lymphadenopathy seen

Incidentally noted supraumbilical hernia.

IMPRESSION :

- > **Grade I fatty liver.**
- > **Hypoechoic lesion in right suprarenal gland – suggestive of adrenal / renal malignancy.**

Suggested histopathology correlation.



Case Study-4

9 years old male,
confirmed HCC

CT scan and MRI was done in 2016

- Liver cirrhosis patterns, A 4.4X4 enhancing lesion
- Wash out in delayed phase in segment 6 suggesting HCC



Initial scans

AMRITA INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTRE
(An ISO 9001 certified Hospital)

DRAFT - COPY. Printed Date: 06/04/2016 11:04:27

Radiology Report

Patient Name: Mr. GOPINATHAN P MRD#: 170077
Date of birth: 18/12/1943 Sex: Male
Home Phone: 9495139639
Created Date: 06/04/2016

Study Done:
MRI ABDOMEN CONTRAST (04.04.2016)

Clinical info: Known case of CLD. To rule out HCC

Sequences
Axial - T2 FR FSE, T2 SS FSE, 2D FIESTA, Inphase, Outphase,
LAVA - Plain, LAVA - Contrast
Coronal - 2D FIESTA

Liver shows morphological features of cirrhosis. A 4.4 x 4 cm enhancing lesion, which shows washout in delayed phase noted in the segment 6 of the liver.
There is differential arterial enhancement noted in the left lobe of liver and segment IV of liver. Which is homogenous in the venous phase. Mild IHBRD noted in the left lobe - ?cause.
Recanalized paraumbilical vein noted.
Portal vein is patent.
Splenomegaly noted.
Pancreas and kidneys are normal.

Impression:

- Features suggestive of CLD with portal hypertension
- Arterial enhancing lesion with washout in delayed phase in segment VI of liver - suggestive of HCC.

DR. ANKITA
Verified By: Nitha K. M

AMRITA INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTRE
Ph: 0484 2801234 Fax: 2802020

EMS MEMORIAL CO-OPERATIVE HOSPITAL & RESEARCH CENTRE
NABH Accredited and ISO 9001-2008 Certified Multi Super Speciality Hospital
P.B. No. 25, PERINTALMANNA - 679 322, MALAPPURAM DIST.
Phone : 04933 300000 Telefax : 04933 225756 Direct No. 302021, 22
Email : info@emshospital.org.in www.emshospital.org.in

DEPARTMENT OF RADIOLOGY & IMAGING

NAME : GOPINATH SCAN NO : 1619
AGE/SEX: 69/M DATE : 29.3.2016
REF BY : DR. NANDAKUMAR MRD NO : 6017

CT SCAN WHOLE ABDOMEN - PLAIN & CONTRAST
(WITH ORAL, RECTAL & IV CONTRAST)
(provisional report)

Nodular borders of the liver with atrophy of the right lobe and hypertrophy of the left lobe and caudate lobe - s/o cirrhosis / CLD.
A well defined round 4 cms nodular subcapsular lesion noted in the postero inferior segment of right lobe of liver with early arterial phase enhancement and rapid washout of contrast in delayed images.
Moderate splenomegaly with dilated splenic veins and collaterals.
Linear hypodensity noted in left lobe - s/o mild dilated IHBR.
Portal vein is normal.
Gall bladder appears normal. No calculus in GB. CBD appears normal. No calculus in CBD.
The pancreas shows normal size, outline and attenuation. No duct dilatation.
Adrenals are normal.
The kidneys are normal in size, position and attenuation. The pelvicalyceal systems are normal. Both kidneys shows good contrast excretion. No evidence of hydronephrosis.
Contrast filled bowel loops - normal.
The urinary bladder is normal. No focal mass lesion/calculi. Peri-vesical fat plane is normal.
No evidence of lymphadenopathy. No evidence of ascites.
Osseous structures are normal.
Visualized parts of lungs and mediastinum normal.

IMPRESSION: Above CT SCAN WHOLE ABDOMEN - PLAIN & CONTRAST study reveals:

- Nodular borders of the liver with atrophy of the right lobe and hypertrophy of the left lobe and caudate lobe - s/o cirrhosis / CLD.
- A well defined round 4 cms nodular subcapsular lesion noted in the postero inferior segment of right lobe of liver with early arterial phase enhancement and rapid washout of contrast in delayed images.
- Moderate splenomegaly with dilated splenic veins and collaterals.
- Linear hypodensity noted in left lobe - s/o mild dilated IHBR.
- F/s/o focal HCC.

DR. SHIVARAJU.C.S DR. V. DILEEP DR. AMAL K. K.
MBBS, MD, DNB MBBS, DMRD, DNB MBBS, MD(RD)
RADIOLOGIST RADIOLOGIST RADIOLOGIST

(NOTE: Imaging results are interpreted on the basis of shades of grey, hence not always 100% specific. Kindly correlate with other relevant investigations. Please discuss with radiologist if doubt arises.)

Treatment plan

Primary tumor with no metastasis.

AIM-to reduce primary, to control AFP, to increase SR, n QOL.

Symptomology

h/o alcoholism continued even after diagnosis, splenomegaly, haemetemesis.

desire fish,spicy, mutton.

business man , h/o smokinhg.

Constipation with ineffectual urge.

k/c/o bp under Rx.

Loss of appetite, irritable temperament.

Blood picture

- Platelets-46,000.
- TC-2800
- INR 1.2
- H/O CLD with cirrhosis-2008
- AFP-14.19

Medication

Nux vomica,
Lycopodium.

Syphilinum

(intercurrent)

SG- lesion 3.3*2.7
m(sep-`16)

	0/3, 0/6, 0/12, 30 200 , 1M	3X	
09/05/16	Nux vomica 0/3	cholesterinum	Hamamelis
21/05/16	Nux vomica 0/3	do	do
06/06/16	Lycopodium	do	carduus
11/07/16	Crotallus 30	do	do
03/09/16	lycopodium	do	carduus
17/10/16	Lyco 0/6	do	chelidonium
15/11/16	0/6	do	
15/12/16	do	do	
23/01/17	do	do	do
25/02/17	Lyco 0/12	do	

Medication

SG lesion 1.4 *1.2 cm

(sep 2017)

AFP- 2.4

	0/3, 0/6, 0/12, 30 200 , 1M	3X	
28/03/17	0/12	cholesterinum	chelidonium
26./04/17	0/12	do	do
25/05/17	0/12 Chelidonium 30	do	
27/06/17	0/12	do	
03/08/17	Ars alb 30	do	
15/09/17		do	
03/11/17	Hamamelis 30	-	
28/02/18	Ars alb 0/3	do	
03/04/18	Ars alb 0/6	do	
15/05/18	Ars alb 0/6	do	

Department of Radiology
NIMS HOSPITAL
 Run by NOOR INSTITUTE OF MEDICAL SPECIALITIES (P) LTD.
 No. 1, Vaniyambalm Post., Malappuram District
 Ph: 04931 - 249 827 / 828 / 829, 9446 111 829,
 ndr@gmail.com, W:www.nimshospital.in

Name:	GOBINADAN	Patient ID:	1406
Age:	73 Years	Accession Number:	33
Sex:	M	Modality:	CT
		Study:	ABDOMEN
Date:	11-Jun-2018		

SCAN OF ABDOMEN AND PELVIS (PLAIN & CONTRAST)

DETAILS: chronic liver disease with HCC diagnosed in May

INDICATIONS:

Triphasic scan for the liver limits the evaluation. Prior images are not available for comparison.

Visualized sections of lungs are clear. No evidence of pleural effusion.

Right lobe of the liver is shrunken with mild hypertrophy of the caudate lobes. Lobulated contours of the liver are seen. The early phase enhancing lesion in the segment VI mentioned in the MRI report dated 04.04.2016 is not appreciated in the present scan.

No dilatation of the intrahepatic biliary radicles in the left lobe. No stones are noted in the common bile duct. Portal vein is normal.

Proximal ureter: Reveals normal lumen and wall thickness. No mass lesion or calculus. No stone is seen within the lumen.

Kidneys: Both kidneys are normal in size, contour and attenuation values. No obvious hydronephrosis, calcification or mass.

Adrenals: Both are enlarged in size and show normal attenuation values. The adrenal gland contour is normal. No evidence of focal lesions.

Splenic collaterals are seen at the splenic hilum, perigastric region. Dilated paraumbilical vein is seen in the falciform ligament and epigastric region.

Both adrenals appear normal.

Right kidney: Right kidney reveals normal size, shape, position and attenuation. No radiopaque stone is seen in the renal parenchyma or collecting systems. No signs of obstructive uropathy are detected. Left kidney shows good concentration of contrast.

AFP- normal.
 No lesion in CT seen

collecting systems. No signs of obstructive uropathy are detected. Right kidney shows good concentration of contrast.

Left Kidney: Left kidney reveals normal size, shape, position and attenuation. No radiopaque stone is seen in the renal parenchyma or collecting systems. No signs of obstructive uropathy are detected. Left kidney shows good concentration of contrast.

Lymphnodes: No evidence of significant lymphadenopathy.

Vessels: Atherosclerotic changes are noted in visualized abdominal aorta in the form of eccentric wall calcification and wall thickening.

GI Tract / Mesentery: The bowel and mesentery appear normal.

Peritoneal cavity: Minimal free fluid is seen with right retroperitoneal fat stranding. No evidence of free air.

PELVIS:

Prostate: Is normal.

Urinary bladder: Is normal. No focal mass or calculi.

Soft tissues & Musculoskeletal: Mild degenerative changes of the spine are noted. The extra abdominal and para spinal soft tissues are normal.

IMPRESSION:

Lack of triphasic scan for the liver limits the evaluation.

- Shrunken right lobe of the liver with mild hypertrophy of the left, caudate lobes and lobulated contours of the liver - represent changes of cirrhosis of liver.
- Non-visualization of the early arterial phase enhancing lesion in the segment VI mentioned in the previous MRI report dated 04.04.2016 in the present scan. Suggested triphasic contrast CT / MRI liver for better evaluation.
- Mild dilatation of the intrahepatic biliary radicles in the left lobe.
- Splenomegaly.
- Few dilated splenic and perigastric collaterals. Dilated paraumbilical vein.
- Minimal ascites with right retroperitoneal fat stranding.

Dr. Chaitra Dhiraj, DNB
 Consultant Radiologist
 Date: 11-Jun-2018

Materia medica



epia ...

(Natr.mur, nux, phos, guaiacum)

Pelvic malignancies, pathologies of
portal areas(hepato biliary),
rectal.(ball feeling).

Nausea

Left sided c/o...>> by lying on right
side.

Female malignancies with anemias.
Sadness.Liver sore n painful.

< milk....but likes vinegar and
pickles

Brown spots over abdomen



licea

Wasting (after chemo radiation).
Relapses... and hard to recover
from Acutes..

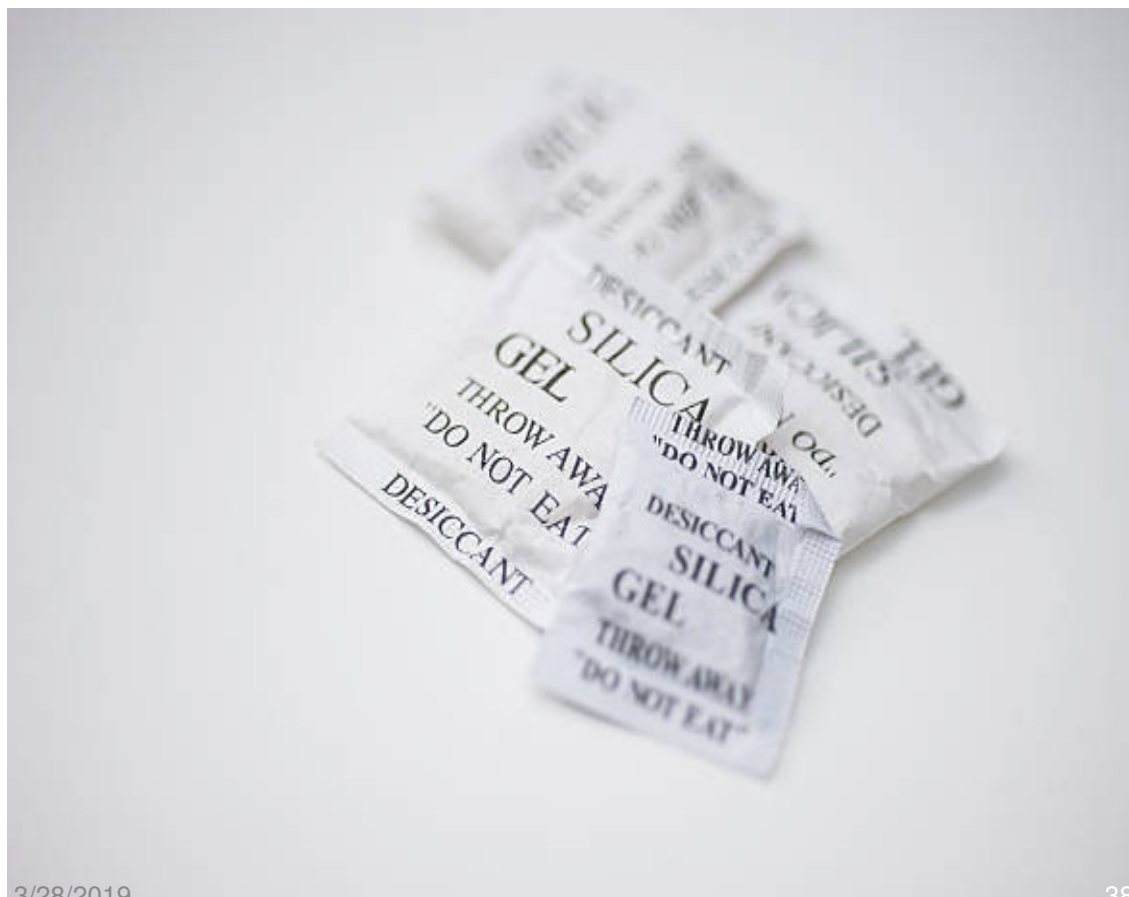
Bone malignancies and
metastasis to bones.

Lymphomas and glandular
malignancies.

Nasal malignancies, breast (hard- conium)

Skin malignancies (melanaoma)

Thuja, acid.flour



3/28/2019

39

Aedorrhinum

Hopeless of recovery.

To restabilize after
(intercurrent) interventions.

If not getting any definite indication,
and thermally Hot.

Metastasis.. Relapses..

Craves liquor, salt, sweets.

Violent pain over liver and spleen.

>. By lying on abdomen

Dropsy



ycopodium

GIT malignancies. (HCC)

Metastasis.

Liver function disturbed and
sensitive at liver area.

Brown spots over abdomen.

Hiccough in malignancies(Na
depletion).

Dropsy due to liver CA.

Atrophy of liver.

Pain across lower abdomen from
right to left.

Dr. V. Krishnan



3/28/2019

O. V. Vijayan

40

Calcarea carb...

Anxious over disease.

Liver region painful < stooping.

<< tight clothing around waist.

Milk <<

Lymphomas, endocrine
malignancies, relapses..

Recurrent infections(during
chemo radiation.

Lying on painful side >>>.

vinu krishnan



3/28/2019

Arsenic album

Exhaustion, pallor & Emaciation
with restlessness.

Alcoholic liver diseases.

Nausea < smell.

Desire-acids, milk, coffee, but <<.

CA with ascites/ hepatomegaly.

Pain < cough



Conium Maculatum

Old maids n bachelors.

Chronic jaundice.

Sweat < sleep during.

Heart burn n eructations bed
time.

Desire- salt, coffee, sour.

Aversion- alcohol, milk.

Aversion- bread.

Pain right hypochondrium.

Vinod Krishnan



3/28/2019

Phosphorus

Atrophy of liver/ jaundice.

↳ lying on left side.

Desire- cold drinks, salt, fish.

Aversion- oysters, salt, sweets.

↳ lying on right side.



ali carbonicum

Dogmatic, matter of fact thinking.

Old chronic liver troubles,
jaundice and dropsy.

Intolerance to cold weather.

Waking lying on left /painful side



Magnesium muriaticum

Pacifists. Tries to resolve conflicts/ suffering from it.

Chronic liver affections with tenderness and pain extending to spine and epigastrium < after food, lying on right side.

Women with constipation and uterine disease.

Head ache with sweating, > wrapping up.



- Desire fruits, sweets, vegetable
- < milk
- Functional cardiac affections with hepatomegaly.
- Unrefreshed sleep.
- Sleep by lying on left side
- (calc, chelidonium, natr.mur, thuja, sulph).

nuja

(sabina, nat.sulph,silicea)

Cunning n deceitful.

Metastasis to brain n bones

Distended abdomen with
induration

Emaciation , alopecia (chemo
radiation)

Brown spots over abdomen.

Aversion onions, <<

left sided c/o but >> by lying on
left side



achesis

ver region sensitive, cannot bear anything aroiund waist.

odomen tympanitic, sensitive n painful.

CLD(alcoholic), craves alcohol n oysters.

ITP.



Methodology

Duration of the observation : **Approx 30 months**

Study Universe : **Govt. Homoeopathic Cancer Hospital, Wandoor, India**

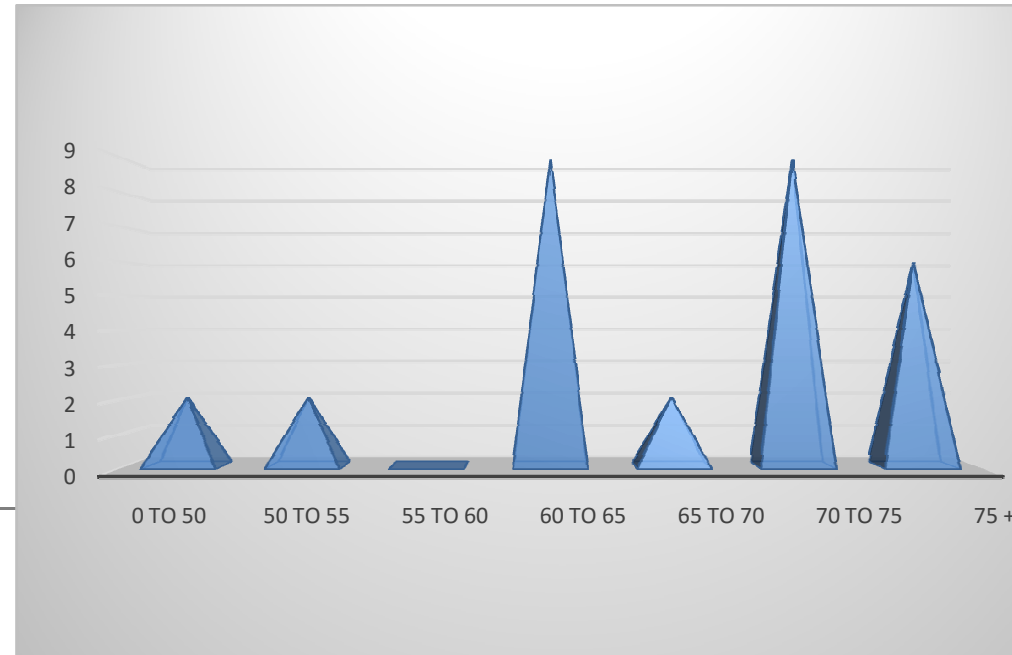
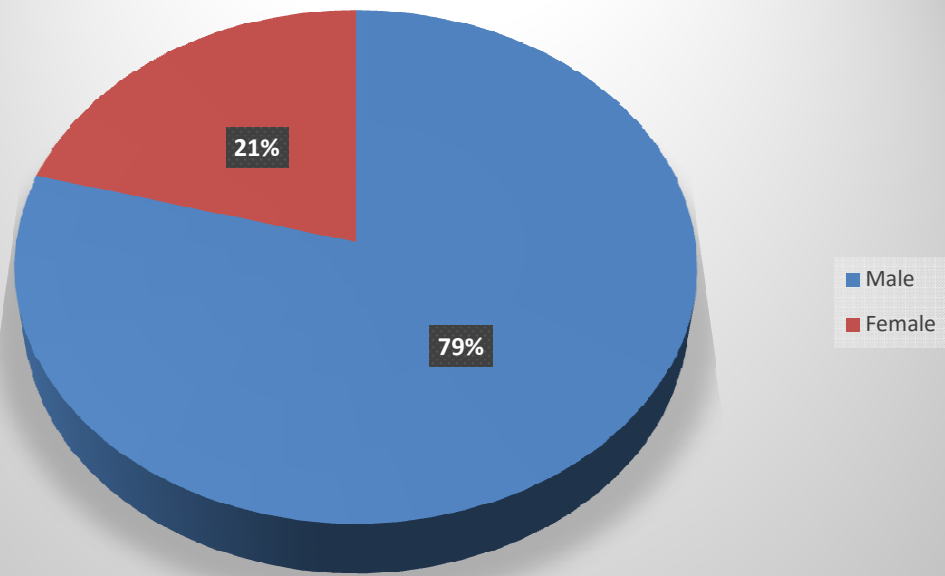
Sample size: **31**

Key observational parameters: **Tumour size, AFP Levels, Nodule Count, Ascites, Survival**

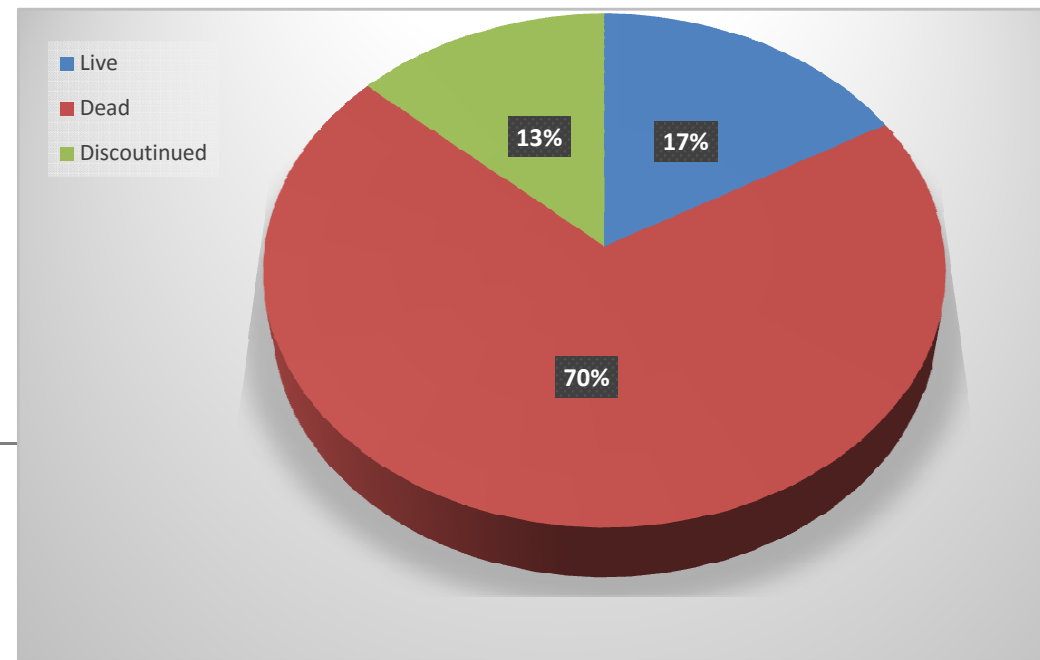
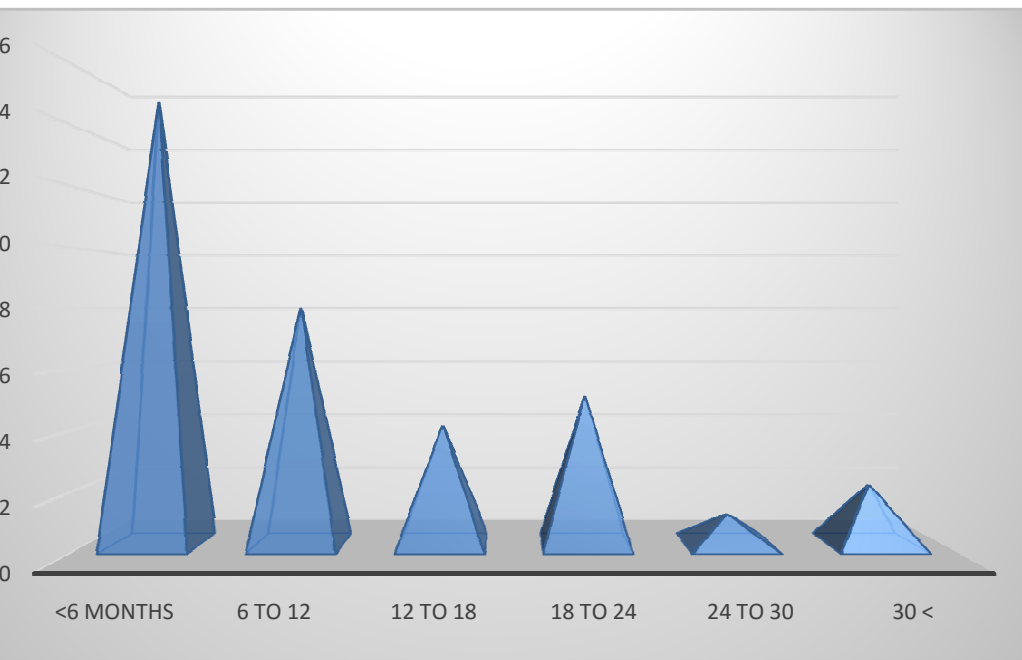
Key observational techniques : **Biochemical, CE-CT, USG**

Mode and Form of intervention: **Oral, Mother Tinctures & Dilutions in both centesimal & 50 millesimal**

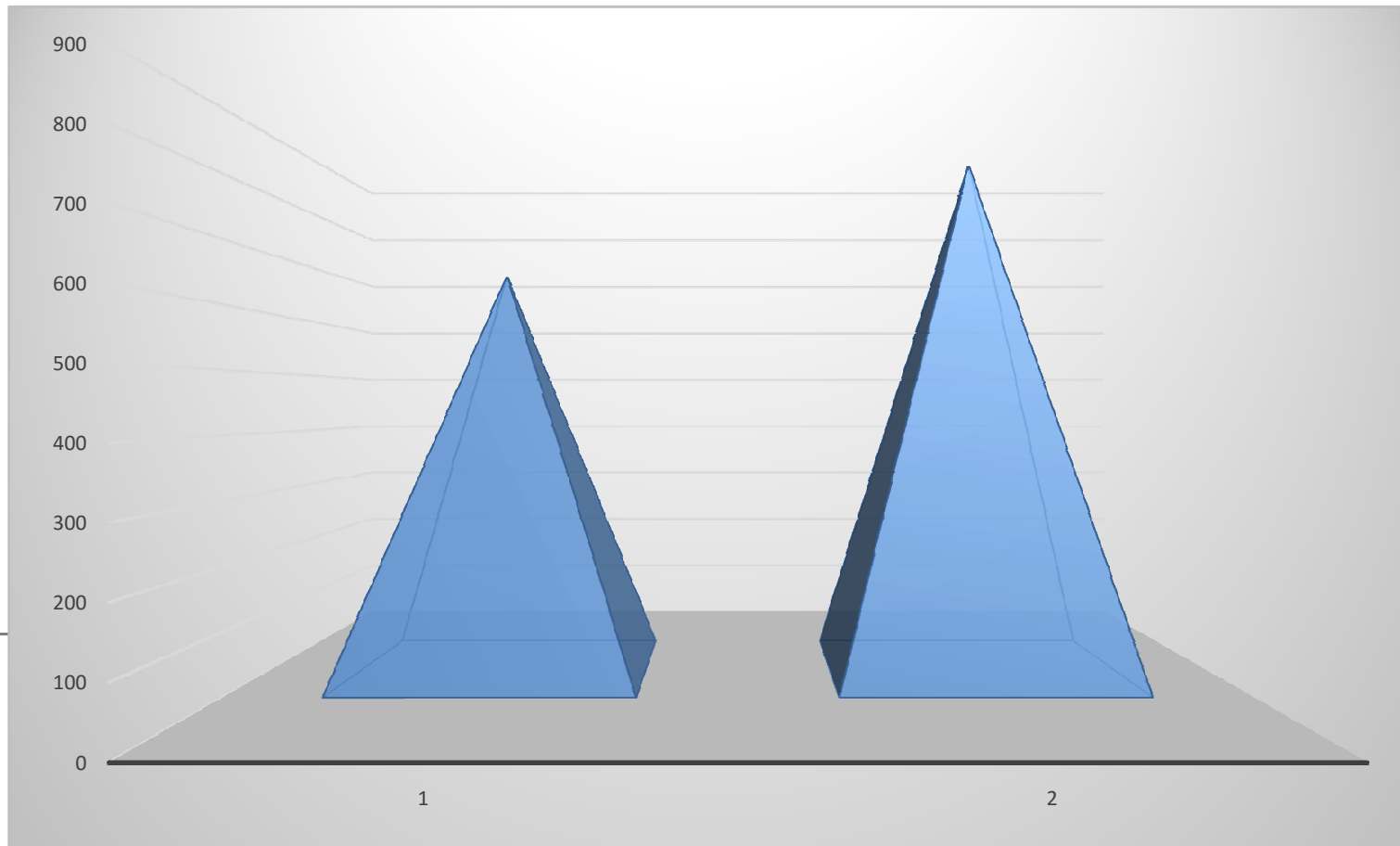
Age and sex distribution



Treatment status and duration treatment



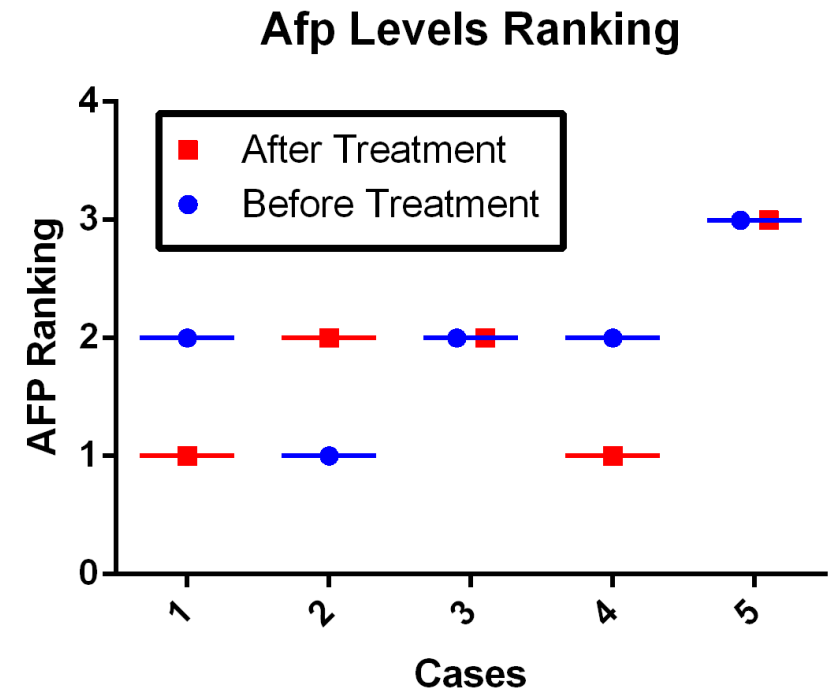
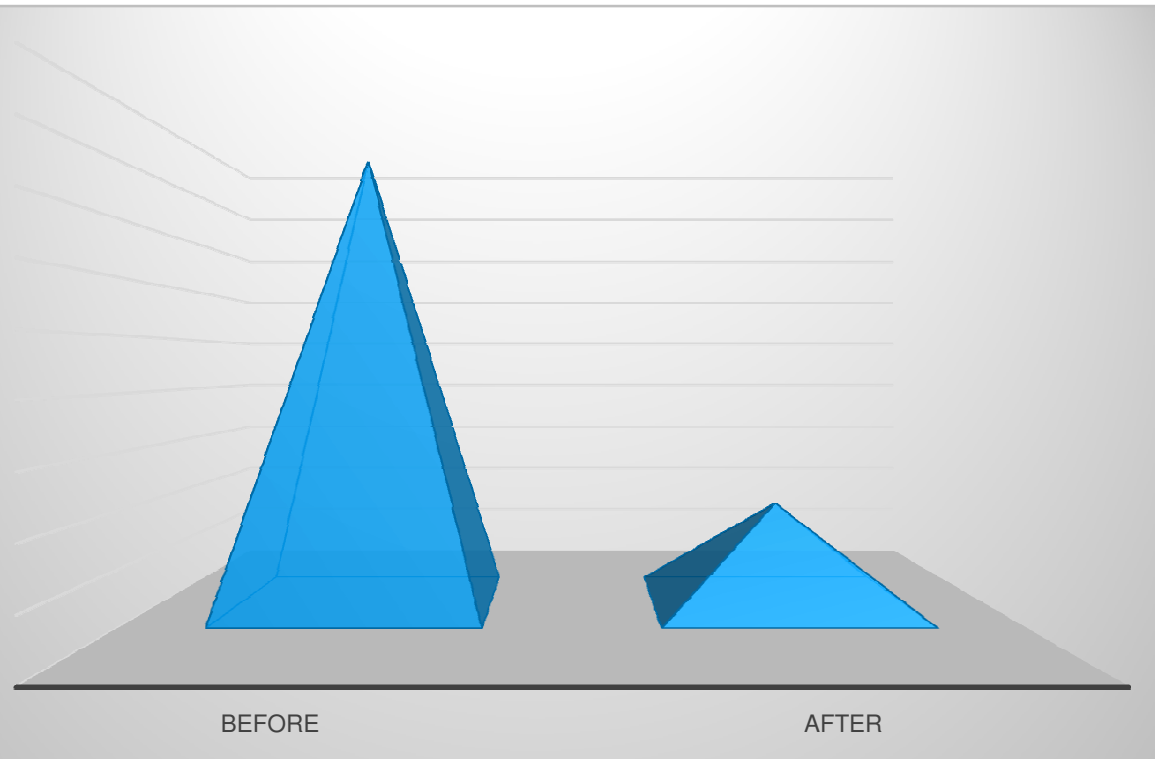
Variation in tumour size



Average tumour size : Before treatment : 664 cm³

3/28/2019
After treatment : 852 cm³

Variation in AFP Levels



Average AFP Levels Before treatment : 83 ng/ml

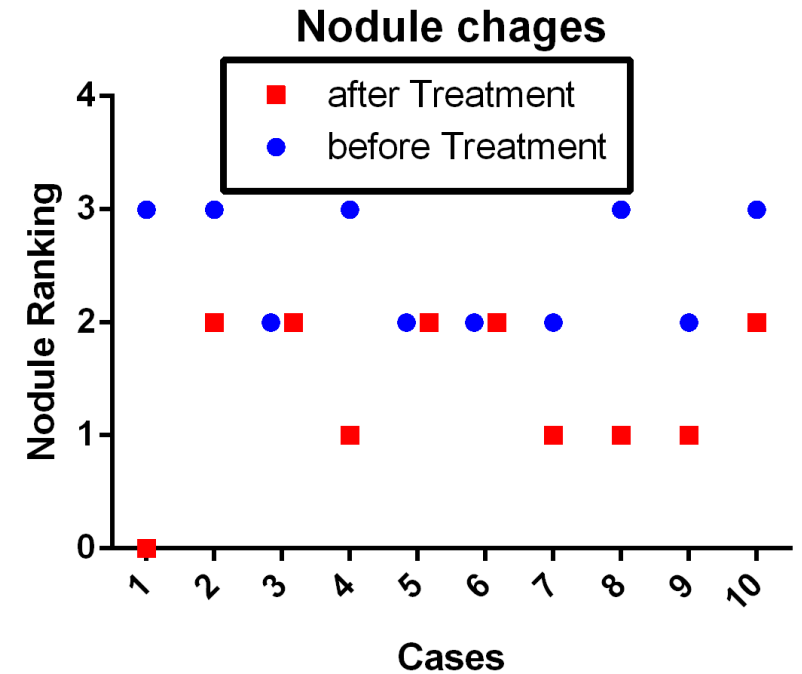
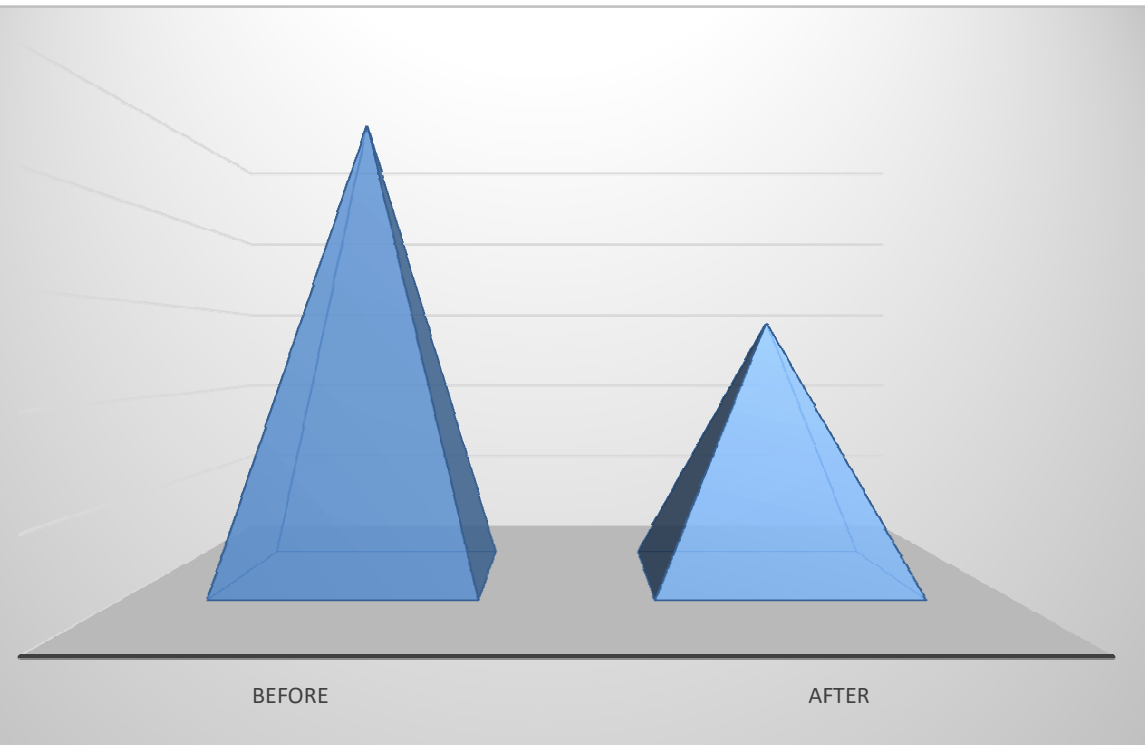
After treatment : 18 ng/ml

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Figure 2: Changes in individual AFP ranking

Variation Nodule changes

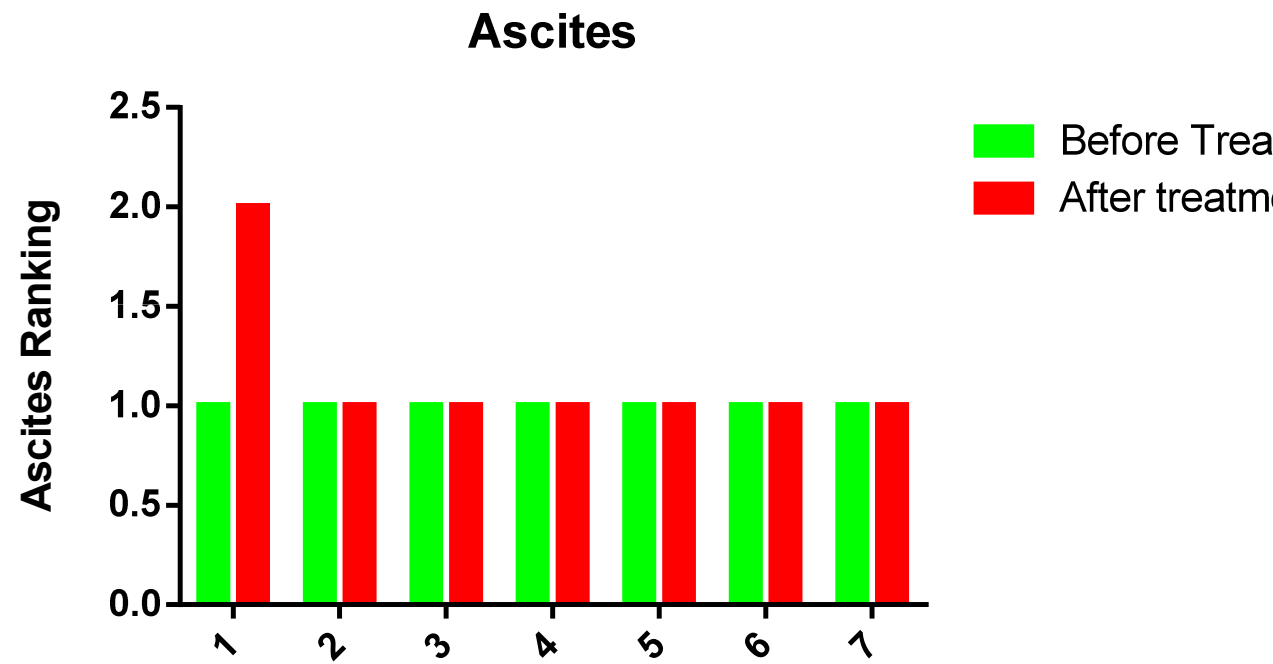
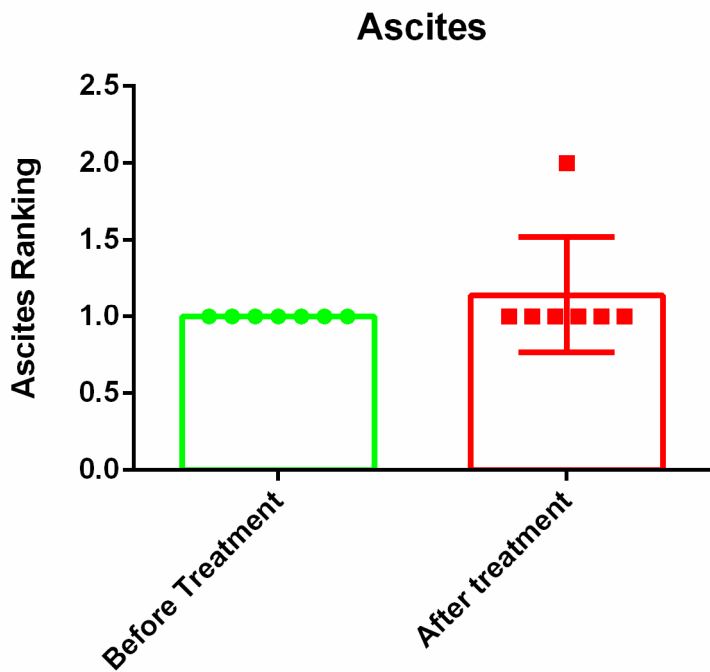


Average nodule count Before treatment : 2.4

After treatment : 1.4

Figure 2: Changes in individual nodule changes

Variation in mean Ascites Grading after homoeopathic intervention



Tabulation of medicinal Interventions

Lycopodium m	Sulphur	Ars.Album	Chelidonium m	Cholestren um	Cardus.Ma rinus	Thuja	Naxvomica	Medorinum	Syphilinum	Bryonia
		+		++	+++					
+	+		+++	++	+++				+	
+		+	+++	++	+++					
+				++	+++					
	+			++	+++					
+			+++	++						
+		+		++	+++					
				++						
vinu krishnan				++	3/28/2019 +++		+			
+				++			+			+

Lycopodium	Sulphur	Ars.Album	Chelidonium	Cholestrenum	Cardus.Marinus	Thuja	Nuxvomica	Medorinum	Syphilinum	Bryonia
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Lycopodium	Sulphur	Ars.Album	Chelidonium	Cholestereum	Cardus.Marinus	Thuja	Nuxvomica	Medorinum	Syphilinum	Bryonia
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Lycopodium clavatum



Cardus marianus





drvinu krishnan

THANK YOU

drvinukrishnanmd@gmail.com 9447101956