

# Remission of metastasis lymph nodes cancer arising from malignant ovarian tumor composed of prominent papillary architecture: A case study

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## Abstract

**Purpose:** Incidence of clinically obvious and occult lymph node metastasis varies in the range from 12 to 48 percent. It is the seventh most deadly cancer among women in the world. Complementing chemotherapy with alternative medicine in lymph node carcinoma is perhaps the first time.

**Patient and Methods:** A 29-year-old woman subject was diagnosed with ovarian carcinoma in 2014. Subsequently, lesions in two lymph nodes were reported after about a year of the hysterectomy procedure. These two lesions continue to grow despite several chemo and radiation therapy cycles. Alternate medicine was adopted to complement traditional chemotherapy in October 2020.

**Results:** Two months later in December 2020 CT scan exhibited huge regression in the sizes of both lesions developed over five years. The larger lesion in the para-aortic region regressed by 80.36% and the smaller lesion in the external iliac region was by 13.33%. The side effects of chemo were also not as harsh as before. Treatment was stopped in March 2022 after the CT scan showed complete remission of both lesions. A follow-up CT scan in October 2022 showed no reoccurrence of lesions. These results give a big hope for a final kill of the lymph node carcinoma. Figure 1 shows the graphical representation of the case.

**Conclusion:** It is a monumental success in the treatment of metastasis lymph node carcinoma. Though alternate medicine was used along with traditional chemotherapy, it is definite that regression happened for the first time in the intervening five years. Thus, demonstrating a strong positive supporting role of homeopathic dilutions in the regression and complete remission of metastasis lymph nodes carcinoma. The treatment is inexpensive and free from side effects. The present treatment opens new vistas to treat lymph node carcinoma and perhaps other cancers like OC and breast cancer.

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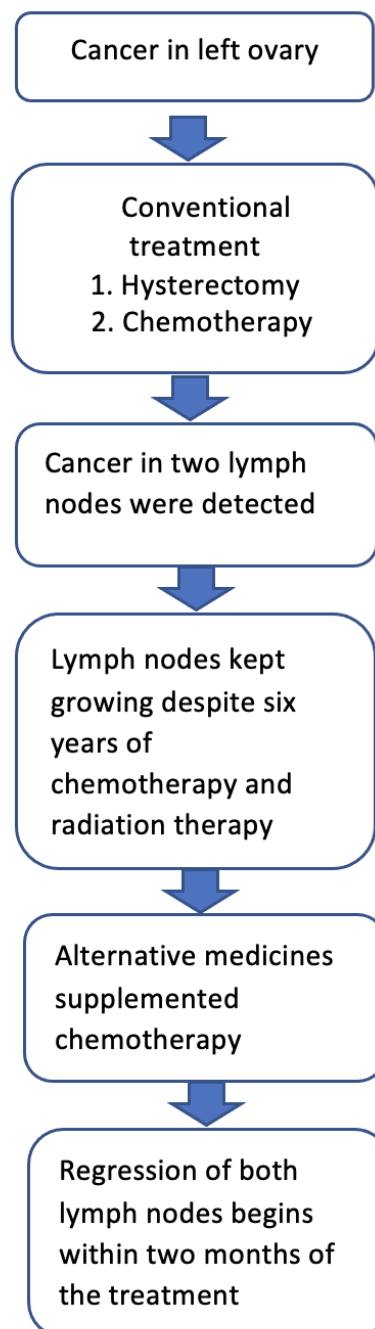
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**Figure 1.** Graphical representation of the case

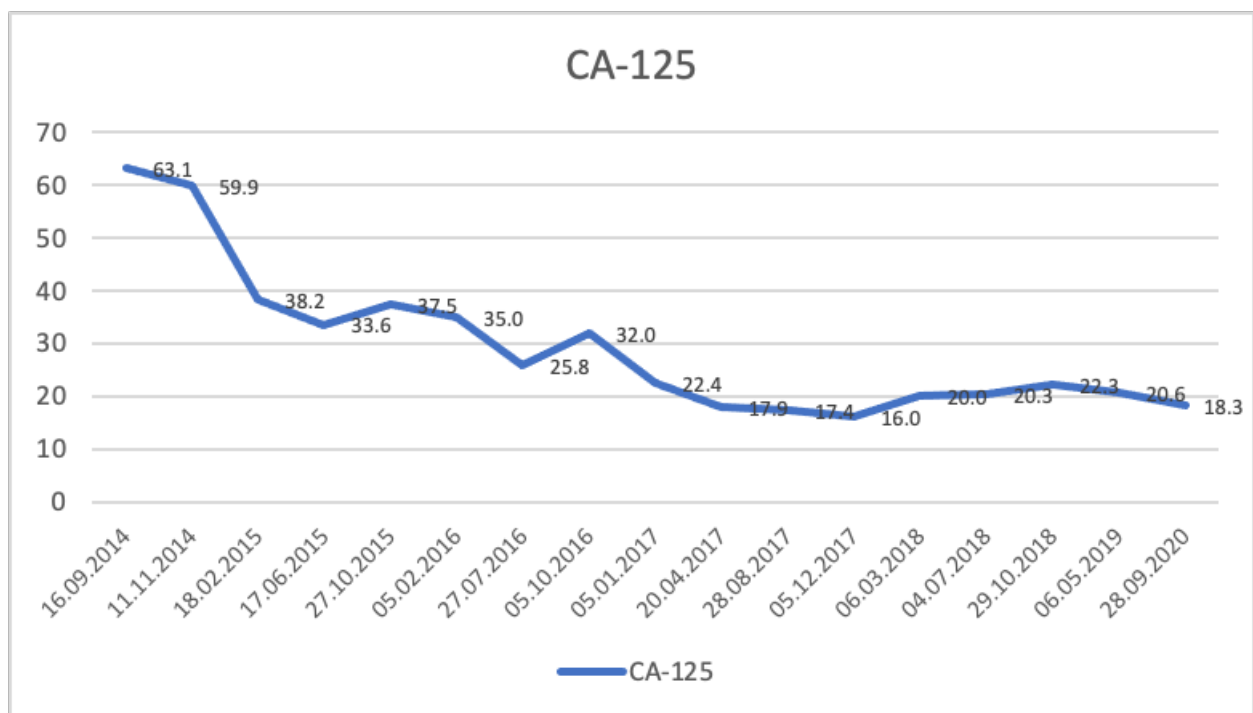
## 1. Introduction

Ovarian cancer (OC) is the seventh most deadly cancer in the world with a high mortality rate and ranks fifth in cancer deaths among women. It is mostly found in older women above 65 years of age [1][2][3][4][5][6]. American Cancer Society estimated about 21,750 new ovarian cancers and 13,940 OC deaths in the USA in 2020; a woman's risk of getting OC is 1 in 78 and dying from it is 1 in 108 [3]. The detection of OC is mostly accidental because of its asymptomatic characteristic at the early stages. By the time it is detected, it already spread to other organs and is considered the 18th most deadly disease globally. The incidence of clinically obvious and occult lymph node metastasis varies from 12-48 percent.

## 2. Method

### (a) Initial findings

It was a six years old case of a 29 years old married female with two children. The histopathology findings in September 2014 showed a malignant ovarian tumor composed of prominent papillary architecture and high-grade nuclear atypia with glandular fusion, hobnail pattern, and necrosis in the left ovary. Immunohistochemistry showed tumor cells were positive for Cytokeratin 7 (CK7), Epithelial membrane antigen (EMA), Carbohydrate adhesion molecule (CD15), and focally for Glypican-3. Results were negative for CD30 and Wilms Tumor 1 (WT1). Serum alpha-fetoprotein levels were suggested to exclude yolk sac tumors. Overall features were consistent with clear cell carcinoma of the ovary. Peritoneal washing smear shows scattered degenerating malignant cells. Figure 2 depicts Cancer Antigen (CA) -125 levels over the past six years.



**Figure 2.** Levels of Cancer Antigen-125

The hysterectomy procedure was done in November 2014, and the subject was put under chemo and radiation therapy, thereafter CA-125 tests become normal because of the removal of the source and the host.

A follow-up investigation reported two lesions in the lymph node in the left para-aortic region abutting the left renal hilum and the other in the lymph node lesion in the left external iliac region. These lesions were found to grow despite several rounds of chemo and radiation therapies over the next five years.

## (b) Treatments

Despite hysterectomy and multiple cycles of chemo and radiation therapies over five years, lymph node lesions increased progressively in size (Table-1) and made the angle of contact between the renal vein and artery more than 180 degrees (Table-2).

**Table 1.** Regression progress of the lymph node lesions from CT scans after two months of treatment.

Lymph Node lesions	Pre-treatment	Post-treatment	% Regression
Left para-aortic region	4.7x4.3x5.1cms	4.0x2.3x2.2 cms	80.36
Left iliac region	1.5x1.3 cms	1.3x1.3 cms	13.33

**Table 2.** Angle of contact between renal vein and artery

Lesion abutting left renal vein and artery	Pre-treatment 28.09.2020	Post-treatment 12.12.2020	% Change
Angle of contact	>180 degrees	< 90 degrees	> 50

At this stage, the caretaker (husband of the subject) took a radical decision to look for some alternate treatment so that the life of the subject could be prolonged by another 5-10 years, if possible, and approached the author for telemedicine consultation because of long-distance and fragile health. On analysis of laboratory results, symptoms, and treatment, the subject was found to be an intriguing case of OC and lymph node metastasis at the tender age of 29 years which is known to affect elderly women more than 60-65 years. The caretaker was advised for the co-treatment with homeopathic dilutions on account of different drug delivery mechanisms, considering his hesitation to halt traditional medication and go independently for alternative medicine.

The CAM treatment started on 17th October 2020 in conjunction with the usual cycle of chemotherapy. Based on the *Materia Medica* [7] and Kent's Lectures [8] following homeopathic dilutions of Arnica CH-10M, Iris Versicolor CH-1M, Carcinosin CH-1M, Arsenic Alba CH-30, Mercurius Solubilis CH-30, Phosphorus CH-30, Ferrum Phosphoricum CH-X, and Zincum Sulphuricum CH-CM in the form of sugar globules were prescribed orally on the tongue, {CH-1 dilution means one part of mother tincture in 99 parts of water/alcohol, CH-2 dilution is one part of CH-1 in 99 parts of water/alcohol, so CH-30 means 30 times dilution, X=10, M=1000, CM=100,000}. The health of the subject was monitored on daily basis. Doses and potencies of dilutions were selected based on the body constitution of the subject and daily progress.

### (c) Results

After two months of the CAM treatment, the following dramatic results emerged from the Computed Tomography (CT) scan of 12<sup>th</sup> December 2020 exhibiting dimensions of lymph node lesions and the angle between renal vein and artery in the iliac region -

**Table 3.** Regression progress after 17 months of treatment

Lymph Node lesions	Pre-treatment	December 2020	March 2022
Left para-aortic region	4.7x4.3x5.1cms	4.0x2.3x2.2 cms	0.7x0.48x0.5 cms
Left iliac region	1.5x1.3 cms	1.3x1.3 cms	0.5x0.44 cms

## Discussions

Though the levels of CA-125 decreased progressively after hysterectomy and attained normalcy over time (Figure 2), the dimensions of both the lesions and the renal vein-artery contact angle increased (Table 1 and Table 2). The CT scan done in December 2020 after two months of complementary treatment, exhibited massive regression in the sizes of both lesions developed over five years by 80.36% in the bigger lesion in the para-aortic region and 13.33% in the smaller lesion in the external iliac region. Further, the angle between the left renal vein and the artery in the iliac region reduced to less than 90 degrees and attained a normal state. In addition to the regression of both lesions, the subject reported a significant reduction in side effects like nausea, vomiting, hair fall, mouth sores, loss of appetite, and constipation during the weekly cycle (Total of three cycles) of chemotherapy during the same period compared to previous fifteen chemotherapy cycles over past five years.

In conclusion, it can be considered a monumental success of alternative/complementary medicine. Though alternate medicine was used in conjunction with traditional chemotherapy it is definite that the regression begins after the introduction of alternative medicine leading to the complete remission in the intervening five years for the first time as

shown by successive CT scans. This demonstrated a strong positive supporting role of homeopathic dilutions in the regression of metastasis lymph nodes cancer. Moreover, there was no additional risk involved as the treatment was in conjunction with traditional chemotherapy. The treatment is inexpensive and free from side effects. The present treatment opens new vistas to treat lymph node carcinoma and perhaps other cancers like OC and breast cancer.

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**Conflict of interest:** None

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