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Case Report

Unexpected Long Survival of a Patient with Polycythemia Vera

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Abstract

This case reports of a 71-year-old patient with polycythemia vera (PCV). Homeopathic treatment began 15 years after his diagnosis at the age of 51. The frequency of phlebotomies was lowered significantly after the start of the homeopathic treatment; the patient survived another 16 years without chemotherapy, which he had rejected despite appropriate education. For someone with PCV who denied chemotherapy, this patient had a long survival time of more than 30 years, essentially enjoying good health and high quality of life. The most important homeopathic medicine in his regimen was phosphorus.

1. Anamnesis

A male patient born in 1928 had a job as a civil servant. The patient reported benign prostatic hypertrophy and hypakusis as a consequence of war(the patient had been conscripted into the army at the age of 15). Because of prostatic hypertrophy, the patient underwent hyperthermia treatment in Bad Aibling, Germany, for the purpose of avoiding operation because of a blood

coagulation disorder. In 1987, the patient suffered insect bites, which led to fever and headache two days later. His medical history was otherwise essentially unremarkable.

2. Diagnosis

In 1984, pectanginous complaints appeared. A blood count and iliac crest biopsy revealed the diagnosis of polycythemia vera (PCV). The diagnosis and conventional treatment were executed at a university hospital's department of hematology.

3. Conventional Therapy

Regular follow-up and bloodletting as needed were usually performed in the outpatient department of the clinic between the beginning of the disease in 1984 and 2012. Initiation of bleeding was initially performed twice a year with a hematocrit above 45%, and the patient was given acetylsalicylic acid (Thrombo Ass 100 mg, Lannacher Heilmittel GmbH, Lannach, Austria). The proposed chemotherapy (hydroxycarbamide, Litalir®, Bristol-Myers Squibb, Vienna, Austria) was rejected by the patient. Before homeopathic therapy, the patient suffered from slight apoplexy three times, causing right hand paralysis.

The patient started a classic homeopathic treatment with the first author on April 4, 1999. He was extensively enlightened about the possible disadvantages of refusing chemotherapy. The last bloodletting was in April 1999 shortly before the homeopathic therapy, the hematocrit was then 43%.

After a fall in 2005, the patient suffered a subarachnoid hematoma, so he was treated in an urban hospital. The disease left no neurological sequelae. Additively, for treatment of subarachnoid hematoma, the patient received Gelsemium sempervirens C200 (DHU, Karlsruhe, Germany), 1 x 5 globules per day for one week.

A peculiar syndrome was that the patient began to sweat at temperatures below 18° C at night.

Repertorisation (Zandvoort, Complete Repertory):

2583 Generalities, Polycythemia: phos (alone)

2332 Perspiration, coldness during: **arg-n, puls, VERAT**

1981: Extremities, paralysis, hand: **apis, CAUST, cocc, gels,** phos, **plb, rhus-t**

1383/4: Urine, scanty: **……..phos, …..**

1353: Prostate Gland, enlargement: **.. BAR-C, CALC, CON, DIG, phos, PULS, ..**

2394: Skin, stings of insects: **…. apis, lach, LED, …..**

4. Differentiation of Drugs

Apis appeared to be indicated in the beginning since the patient was suffering from a paralysis of his hand shortly before the first homeopathic visit. In the following, phosphor was indicated as the only remedy listed under polycythemia. Furthermore, his character showed many constitutional aspects of phosphor, as he was extroverted, bright, lively, with sparkling eyes and a charismatic nature. One felt invigorated in his company. He was intensely sympathetic and acutely sensitive to the atmosphere and all sensory impressions, impressionable and clairvoyant. He was always dressed perfectly in a well-fitting suit and tie.

The patient received Apis C200 (DHU, Karlsruhe, Germany) as the first medication.

During the follow-up in June 1999, the patient reported that hematocrit was 39% five days before. The patient now received Phosphorus C200 (Maria Treu Apotheke, Vienna, Austria) as the main remedy in PCV.

In August 1999, his hematocrit unexpectedly remained at 39% without bloodletting and sank on November 11, 1999 to 38%. The patient now received various homeopathic medicines for transient ischemic attack (TIA), but the main remedy was Phosphorus, which was prescribed both as globules (C200) and as a dilution (Q-potencies; both Maria Treu Apotheke, Vienna, Austria). Five globules of Phosphorus C200 were given monthly over a period of 6 years followed by Q-potencies in ascending order from Q1 to Q30.

The mutation in the tyrosine kinase (JAK2, V617F) gene was assessed in 2005.

5. Course Assessment

In 2010, his hematocrit was 43%; in the meantime, only 3 bloodlettings had been performed. The classical homeopathic treatment was very successful and achieved a very constant and mild course of the severe disease PCV. This allowed the patient a high quality of life until 2012. His good general condition allowed him to take many trips, e.g. to Egypt, Israel, the Balkan countries, Cyprus, Turkey, Mexico, the Canary Islands, Portugal, Austria, Iceland, Russia, and the Alps etc., as well as work in the house and garden, and for his family. He received Phosphorus C200 at an average of 4 administrations per year.

In addition, he had many social contacts, all with a high quality of life, and the symptoms of prostatic hypertrophy were largely insignificant. There were no pectanginous attacks and no cerebral ischaemia during this period, except for a single TIA in 2006 affecting the right arm as well as speech; the symptoms reversed immediately after administration of Causticum C200 (Maria Treu Apotheke, Vienna, Austria) and left no neurological sequelae. The patient's daughter was present at the event and provided first aid.

Under medical homeopathic therapy, the blood picture remained constant with only very rarely performed bloodletting. The patient and his family were grateful for this long and largely healthy time. Episodes of flu-like symptoms could be treated successfully with Eupatorium perfoliatum C12 (Maria Treu Apotheke, Vienna, Austria) within hours. Before homeopathic treatment, flu-like symptoms lasted for at least 5 days.

In 2013, a hematologist at the University Hospital told the patient: "You do not have any PCV at all; otherwise you would be dead long ago. It must be another myelodysplastic syndrome." Then the doctor said that if the patient did not want chemotherapy, he should no longer be a patient at the hematological outpatient department. However, frequent outpatient blood count controls were performed to detect any eventual deterioration (e.g., blast stroke) at an early stage; surprisingly, the results showed constant values for hematocrit around 43%.

In 2012, the then 84-year-old patient fell again while gardening and again suffered a subarachnoid hematoma with discrete midline shift. The patient was admitted to an urban hospital and surgery was discarded in view of the blood coagulation disorder. Again, the patient was administered 5 Globules Gelsemium sempervirens C200 daily for one week. Fortunately, there were no gross neurological consequences, only subtle concentration disorders and states of confusion.

In the period from 2012 to 2013, additional treatment using Traditional Chinese Medicine (TCM) was applied. Since 2012, there has been heart failure with dyspnea and bilateral ankle edema. The patient was subsequently treated by a cardiologist between 2012 and 2015.

In 2015, there was an increase of predominantly cardiac restriction of the general condition. In addition, states of confusion occurred which led to long-term care. While still mobile, the patient was cared for at home by his wife. In the blood count last performed in the summer of 2015, the erythrocytes, leukocytes, and platelets were unremarkable. Soon after, the patient suffered a femoral neck fracture; a cemented hemi-endoprosthesis in a municipal hospital was performed successfully. Postoperatively, the patient was in the intensive care unit; he died in August 2015 in his 88th year of life. Heart failure was reported as the cause of death.

6. Discussion

PCV is a disease classified by the World Health Organization (WHO) under the major category of myeloproliferative neoplasms [1]. According to the updated WHO-classification (2016), diagnosis of PCV is made by documentation of increased hemoglobin and hematocrit, to a threshold level of >16.5 g/dL and 49% for males or >16 g/dL and 48% for females respectively and bone-marrow tri-lineage myeloproliferation with pleomorphic mature megakaryocytes. Therefore, PCV is also characterized by thrombocytosis, and two risk-categories of PCV have been established: high-risk (age >60 years or thrombosis history) and low-risk (absence of both risk factors) [2]. Fourteen year median survival time is estimated for patients older than 60 years, whereas for younger patients it is around 24 years [3]. Cytogenetic information about mutation of the Janus kinase 2 (JAK2) has also been shown to be prognostically relevant [2, 4] and there exists risk of leukemic transformation or fibrotic progression [5].

Patients with PCV may present splenomegaly as well as fatigue and pruritus, but more importantly, symptoms of hyperviscosity, leukocytosis, thrombocytosis and thrombotic or bleeding complications are present. Thus, the main goal of therapy in PCV is the prevention of thrombohemorrhagic complications. Patients require phlebotomy (bloodletting) to keep hematocrit below 45% and are recommended aspirin. In addition, high-risk patients with PCV require cytoreductive therapy [2].

The presented case was diagnosed in 1984, when he was 54 years old and presented with symptoms of hyperviscosity, namely angina pectoris. Prior to homeopathic treatment, he suffered from three thromboembolic events in 19 years. He needed regular phlebotomy during this period and it can be assumed that hematocrit was above 45%. The expected survival time for his age (close to 60 years) and need for regular bloodletting, may have been between 16 and 22 years. This is supported by the fact that chemotherapy was suggested to the patient.

After the start of homeopathic therapy in 1999, his blood count appeared to be more stable and no thrombohemorrhagic complications happened in the following 14 years. In total the patient survived 31 years with only sporadic phlebotomy and individualized homeopathy as his therapeutic approach.

This long survival time in the absence of cytoreductive therapy is unexpected, since untreated, polycythemia vera can be fatal [6, 7].The extension of survival to more than 30 years at least suggests that there might be a possibility that homeopathy has added to the longevity of the patient's life.

7. Comments and Criticism

Since this is a case report, one cannot draw conclusions as to what extent homeopathy might have supported the long-term survival of the patient. However, the low costs of homeopathic remedies combined with safety may be applicable, since there is no interaction between conventional and homeopathic remedies.

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Author Contributions

Michael Frass, MD, has treated the patient and drafted the manuscript, while Katharina Gaertner, MD, has helped to finalize the manuscript.

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Competing Interests

The authors have declared that no competing interests exist.

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