Pre-Leukaemia in a Case of Myelodysplastic Syndrome

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Mr O., born in 1949, came to my practice on 10.07.2003.

He had come from an oncological clinic with the following findings: "This case is characterised by a possible diagnosis of pre-leukaemia, particularly in the bone-marrow cytology, less so in the bone-marrow histology. The conclusive evidence is to be found in the serious changes in the differential blood picture, in which only 2% of blood cells are mature, compared to 40% of the white blood cells. This means that the patient is permanently exposed to a high risk of infection, linked with the associated danger that, in the event of a serious infection, he could die within the space of two hours. Unfortunately there is no prophylactic treatment which would protect against this state....." etc.

History and Case-taking

Mr O. complained of pain in his left shoulder, in the lumbar region and the hips, difficulty in breathing, nycturia and a lack of energy. On many days he lacked the energy to get up.

He was diabetic and insulin-dependent. He was also allergic to bee-stings.

When he had surgery on one knee in 2002 it turned out that the patient was a heamophiliac. Years previously he suffered a metatarsal fracture of the right foot.

The patient's father had been unable to work from the age of 40 on account of rheumatism.

Mr O. worked in the catering trade and then in horticulture.

The patient is well-covered on the torso, whereas his limbs are delicate.

His legs differ in length by 1.5 cm., and his pelvis is tilted.

His heart-beat was loud and his movements were slow. His skin had a pale grey colour and his tongue a whitish-grey coating. The first ESR reading, after 2 hours, was about 120 mm. A precise reading was difficult on account of "red fog" in the test-tube.

Advice and Treatment

In the consultation I tried to convey honest and healthy optimism. The main thrust of our efforts initially would be the elimination and avoidance of what was burdening his sick body. I attempted to point him along a realistic path, without promising a cure.

I considered it a good starting point that the patient lived in the country, on his own plot of land, and was a keen breeder of chickens and pigeons.

His dietary plan was drawn up according to Dr. Werthmann's principles, with all the food being home-produced as far as possible, or else of organic origin. His fluid intake was to consist predominantly of herbal infusions.

The patient acquired a few laying quails and partridges, which gave a new lease of life to his aviaries. The quail's egg production was soon in full swing.

Weather and his energy permitting, Mr O. would go out into the fresh air at sunrise, so as to build up his energy. A seat was installed in a shady nook near the aviaries, so that he could enjoy watching the thriving protein production! When working in the nesting sheds he would wear a breathing mask.

Medication:
Mineral tablets (Neukönigsförder Mineraltabletten), two tablets 3 times daily; from the third week one 3 times daily.
Derivatio H tablets (Pflüger), 2 tablets 3 times daily.
FORTAKEHL 5X, one tablet daily.
EXMYKEHL 3X, 1 suppository twice daily.
MUCOKEHL 3X, 1 suppository daily.
ALBICANSAN 5X, 8 drops daily to be rubbed in.

The difference in the length of his legs was corrected using Dorn's method, and this rendered him free of pain in the lumbar region and hips. Injections of FORMASAN with Procain reduced the joint pain in his left upper arm.

At our second consultation a week later Mr O. was already showing more signs of vitality and energy.

However, the elimination caused him nasal problems, and he also complained of persistent flushes of heat.

Consequently, additions and changes were made to his medication:

SANUVIS drops, 1 tsp. 3 times daily.
NOTAKEHL 5X, 1 tablet on both Saturdays and Sundays.
MUCOKEHL 5X in the morning and

NIGERSAN 5X in the evening, from Monday to Friday, one tablet of each daily.
EXMYKEHL and MUKOKEHL 3X, 1suppository on alternating days.
Weekly injection of CHRYSOCOR and CITROKEHL, 1 ampoule of each i.m., also Vit. B12 every 2 weeks, 1 ampoule i.m.

The blood test results in August 2003 gave us some cause for optimism.

In October a major problem reared its head in the dental area. His teeth became loose and were threatening to fall out. The dentist carried out appropriate restorative work.

At this point I should like to add that this case prompted me to travel to Salzburg to attend a continuing education event organised by the International Isotherapy Society. This further training with Dr. Werthmann laid a new foundation stone for my everyday practice.

Additions were now made to the existing medication:

ALKALA T, 1 tablet twice daily for 10 days, and then ALKALA N powder, half a measuring spoon twice daily. The Neukönigsförder mineral tablets were reduced from 2 tablets a day to 1.

This new prescription resulted in an unsettled stomach for two days, but then his condition was better than before.

In November, since Mr O. was feeling extremely well, he attended an event organised by the local sports club. This was followed by an intestinal upset with diarrhoea.

Following a telephone conversation with him I prescribed two tablets of NOTAKEHL 5X daily for a few days. Within a week he had recovered from the problem.

In the lead-up to Christmas 2003 Mr O. was aware of a further improvement in his state of health, with a growing need of physical activity. However, his blood test results showed no change. An ESR test showed: 1 hr = 45 mm, 2 hrs. = 120 mm. In the test-tube there was still this red veil, which was denser towards the bottom.

From January 2004 the medication was extended to include UTILIN "S" capsules; the patient was given 1 capsule orally every 2 weeks. After taking the second capsule he developed temporal headaches, pale stools and sleeping problems which were resolved by the injection of two ampoules of Hepa L 90 with Procain at Vogler's points and the liver and gallbladder reflex zones.

In February 2004, after taking the third capsule of UTILIN "S", he experienced further problems: flatulent distention with foul-smelling stools for one day. For the remainder of the treatment no further reactions occurred.

In July 2004 several investigations were carried out in various clinics, including a sibling comparison with a view to a possible bone-marrow transplant, blood tests, etc.

The most cheering outcome of all this is that, to date, the likelihood of a bone-marrow transplant has receded into the far distance. The organ test results were good and the blood test results somewhat improved.

In August 2004, whilst cutting some roses, Mr O. pricked himself on a thorn - as a consequence of which he required medical attention.

During the same month it was suspected that he had been bitten by a tick. The test results were inconclusive, but the cancer clinic did not flag up any danger!

However, the patient's state of health lacked stability.

Further medication:
ALKALA N, 1 measuring spoonful daily.
SANUVIS drops, 1 tsp. twice daily.
CITROKEHL, 10 drops 3 times daily.
Mineral tablets (Neukönigsförder), 3 daily.
FORTAKEHL 5X and
NOTAKEHL 5X, 1 tablet of each on Saturdays and Sundays.
MUCOKEHL 5X in the mornings and
NIGERSAN 5X in the evenings, 1 tablet of each from Monday to Friday.
Vit. B12, 1 ampoule i.m. every 2 weeks.

Over the next few weeks the patient became more and more stable. However, he continued to complain of pain in the upper arm. In September, therefore, I carried out a course of pain treatment, using Siener's method. The outcome of this was 14 hours free of pain, followed by an oedematous swelling of the arm lasting for 3 days. As the oedema subsided, he began to suffer

from violent, foul-smelling diarrhoea. The next day the patient felt well and had a very healthy appetite. However, the pain persisted. Later he was examined at a private clinic, and it was established that the entire cartilage was missing; they recommended a joint replacement! To date (August 2005) the cancer clinic has been opposed to such an operation, and I am in agreement with that.

On the 7th October 2004 he had a cold. ESR 2 hrs. = 130 mm. For the first time a clear reading of the sample was possible; no red veil was visible in the test-tube.

For the cold, 20 drops of Spenglersan G were rubbed in, and 30 drops three times daily of Absinthium S (Nestmann) were prescribed. The following day his temperature rose to 40°C. Mr O. was admitted to hospital with pneumonia. While he was there he was very thirsty and suffered a lot from diarrhoea. A fortnight later it had all passed, to the amazement of the doctors, in view of his history. (Even here, the quails had nested in the bedside locker.)

A thoracic CT scan showed a number of bloody-white nodes in the lung, up to 1 cm. in diameter. A fungal infection was excluded. Mr O. would have to go for a check-up. At the check-up nothing abnormal was detected.

On 2nd December 2004, out of interest, I carried out a Spenglersan test, using Wolthers' method. There was a strong reaction to Spenglersan Om and a weak reaction to Spenglersan Dx. Rubbing in 5 drops of Spenglersan Om resulted in sweats, shivering, pains in the limbs and diarrhoea. I waited two days before continuing, and then proceeded with 1 drop daily, increasing gradually. A fortnight later, a second test showed no reaction to Spenglersan Om, but there was a weak reaction to Spenglersan K. Both were rubbed in on alternate days, 5 drops of each.

In January 2005 the blood test results were much improved compared with previous results! At the ensuing check-ups slight variations were evident, but basically the positive trend predominated.

Table 1 shows a number of critical blood test results from further check-ups which deviate from the norm.

The last immune phenotyping of the bone-marrow produced the following results: "In CD45-SSC-Plot ca. 2% blasts. So far as the myeloid markers are concerned: there is emphasis of the early myeloid markers, although their maturity is unaffected. Thus continuous-flow cytometry does not suggest the existence of any transition to acute myeloid leukaemia."

The results of the bone-marrow histology were documented as follows: "Myelodysplastic syndrome with predominant maturation disorder of granu-locytopoiesis and megakaryocytopoiesis, severe hyper-cellularity. Reactive plasmocytosis, but no evidence of monoclonality. No indication of an

	Date of Examination					
	Norms	**22.9.04**	**18.11.04**	**14.1.05**	**19.4.05**	**8.7.05**
Erythrocytes	4.4 - 6	3.35	3.23	3.54	3.38	3.39
Haemoglobin	8.6 - 12.1	6.60	6.20	6.80	6.60	6.50
Haematocrit	0.4 - 0.54	0.33	0.32	0.35	0.34	0.34
Lymphoid Cells	up to 1	1	3	4	4	-
Myelocytes	up to 1	10	5	5	1	2
Promyelocytes	up to 1	2	1	2	1	2
Myeloblasts	up to 1	10	-	-	-	1
Lymphocytes	20 - 40	32	47	35	45	33
Monocytes	up to 10	13	3	11	13	3
Seg. Gran'cytes	36 - 84	5	24	24	25	33
Rod Gran'cytes	up to 10	9	4	3	2	2
HbA 1C	3.9 - 6.1	8.10	8.00	9.70	10.5	9.3
Blood sugar	3.35 - 5.55	6.90	8.40	11.20	11.50	9.10
ESR (1 hr.)	2 - 10	-	-	-	103	65

Table 1: Blood parameters from various investigations

excess of blasts or of acute leukaemia. The morphology of the megakaryocytes suggests the possibility of a 5q syndrome. However, the present histological findings provide no proof of this."

Conclusion

The fight for survival, for financial indemnity and against bureaucracy all constituted a considerable emotional burden for Mr O., and were not conducive to recovery. During the various stages of his illness these were aetiological co-factors in the crises which arose.

Especial thanks are due to his wife, who accomplished so much in her busy role of maid and stood by her husband at every stage of his illness.

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