

CONCLUSION

Intratubular germ cell neoplasia is a rare finding in children, and carries an unknown risk for future malignant change. Currently there is no evidence to guide treatment and follow-up of patients presenting with this unusual pathologic finding. Extrapolating adult experience may not be useful, as children tend to have different genetic findings. For our patient, we chose to augment follow up guidelines for pediatric patients with germ cell tumors. More data on the incidence of ITGCN in children is needed to assess the my, risk factors, and potential benefits.

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Homeopathy as an Adjunct to Allopathic Therapy

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ABSTRACT

More and more patients are seeking alternative medical therapies, and in order to provide the best possible care for our patients, it is our responsibility to learn about the variety of options out there that patients may choose to seek out in order to improve their health. In the following article I aim to recount my experiences during my third year elective in homeopathy. Homeopathy dates back about 200 years, when Dr. Hahnemann proposed the “Law of Similars”—the basic tenet of homeopathy. All homeopathic remedies are based on this law and are produced via the process of potentization—repeated dilutions and succussions of a substance, usually until there is no active ingredient remaining. The remedies are selected by matching their known symptoms with the characteristic symptoms of the patient. Homeopaths consider not only the current symptoms but also constitutional symptoms such as the patient’s personality, temperament, and his or her social, occupational, and family history. Homeopaths spend a considerable amount of time with new patients in order to get a complete history, and these long consultative sessions are a definite benefit of homeopathy. After spending some time in this elective, I believe that homeopathy could be a welcome adjunct to allopathy in order to provide patients with the most comprehensive care possible.

KEYWORDS: *alternative medicine, homeopathic medicine, homeopathy*

During my rural family practice rotations this summer, I found that many patients asked whether my preceptor or I recommended homeopathy for their various chronic conditions. Neither of us was able to give a helpful answer because alternative medicine is not very well covered in the

allopathic medical curriculum. This experience prompted me to spend my third year elective working with a homeopath in order to learn about the theory behind homeopathy and the treatments used within this field. More and more patients are starting to seek alternative medical therapies, so I thought it would be valuable to share what I learned during this elective with future allopathic practitioners. This information may help them understand if and

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how their patients can benefit from homeopathy and if they would feel comfortable recommending or supporting homeopathic treatment for their patients.

Homeopathy is a science that has been in place for over 200 years. In many countries, it is considered equal to allopathic medicine in its efficacy.¹ It can be traced back to German physician Samuel Hahnemann, an allopathic doctor.^{1,2} In 1796, malaria was treated with a medication containing trace amounts of cinchona bark as the active ingredient.^{1,2} In order to understand what gave this bark its curative power, Dr. Hahnemann decided to test this substance on himself while in a healthy state.^{1,2} He developed chills, a fever, and sweats—symptoms that he thought were similar to the rigors and cyclic fever observed in malaria.^{1,2} This realization led him to propose the basic principle of homeopathy, named Law of Similars, which is “let likes be cured by likes.”^{1,2} The Law of Similars states that any substance that is capable of producing symptoms in a healthy individual can, in diluted form, remove similar symptoms expressed in a sick individual.^{1,2} The substance that caused the symptoms undergoes a series of dilutions in water and vigorous shaking (succussions) until there are no physical molecules of the original substance left in the water.³ This process of serial dilutions is termed potentization.³ Although the substance is no longer physically present in the water, homeopaths conclude that the healing potential of the substance is contained in it.^{2,3} There are no adverse side effects when the water is consumed, however, because the substance is not physically present.

During my rotation, I witnessed how this principle is used to guide the selection of a remedy during a particular patient interaction. A 50-year-old woman presented with a ten-year history of chronic cough. She had tried many different inhalers and cough medications but none were effective and the cough was affecting her ability to sleep and work. Her medical history revealed that she developed the cough while working in a paint-mixing factory, and although she no longer worked there, her cough persisted. The homeopathic doctor I was working with determined that the causation of her symptoms was exposure to lead-based paint, which in combination with her characteristic symptoms confirmed the remedy selection of *Plumbum metallicum* (lead in dilution). Within one day of taking the remedy, her cough dramatically subsided and she could sleep peacefully at night. Homeopathic remedies are not intended to just provide symptomatic relief, but instead to completely remove the root of the patient's disease state.¹ Homeopathy looks at a patient as a whole—if someone's knee is aching a homeopath will say that

there is something wrong within the person, not just within the knee joint, and that the knee pain is the way that the disease state is currently showing itself.¹ In the future, this same disease state may present with completely different symptoms in this person. As such, it does not matter how many different symptoms a patient has because homeopathy concludes that they are all due to a single disease process, and thus there must be just one homeopathic remedy for the patient that will remove all of his or her symptoms at that time (as opposed to different remedies for each different symptom).¹ In addition, the remedy that one patient receives may be different from one given to another patient with the same condition because the remedy given depends not just on the presenting ailment, but also on the patient's “characteristic symptoms”, which include cause of the ailment, the patient's personality, current and normal temperament, and family and social history.¹

Because homeopathic remedies are so dependent on the characteristics of the patient, a very thorough history must be taken. Homeopaths will take upwards of two hours with new patients in order to really understand the root of the problem. Patients benefit from these long sessions because they are able to lay out their problems without feeling rushed, they have someone who will help them figure out what the root of their problem could be, and they have a sympathetic ear listening to their fears about what their ailment could mean for them and their family. Studies done comparing the effectiveness of homeopathy versus allopathic medicine have conflicting results, with some studies claiming that the results produced by homeopathic treatments are due to placebo effects and others finding that homeopathy appeared to have similar or better overall outcomes compared to allopathic medicine.⁴⁻⁸

Taking into account the conflicting evidence for homeopathy as a valid treatment option for patients, I can understand why many allopathic practitioners are hesitant to support patients choosing to see a homeopath. However, after completing a rotation in this area, I believe that homeopathy, if used as an adjunct to allopathic medicine, could be very beneficial to patients. Many patients feel much better after getting the chance to express their concerns to a sympathetic ear, and homeopaths are very skilled at getting to the emotional root of a problem, as well as in selecting a homeopathic remedy that matches the patient's characteristic symptoms. According to Dr. Saini, a homeopathic doctor, homeopathic and allopathic doctors in many countries work in conjunction to provide the most comprehensive care possible to their patients, and I can imagine such a system here in Canada would be beneficial to our patients as well. 

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Isolated Pulmonary Nodular Amyloidosis: A Case Report of a Rare Presentation of Amyloidosis in the Lung Confused with Bronchogenic Carcinoma

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ABSTRACT

Isolated pulmonary amyloid is a rare form of amyloidosis. The hallmark of amyloid consists of abnormal insoluble proteins that deposit in various locations throughout the body. Within the lungs, amyloid proteins may be deposited in the hilum, trachea, or parenchyma of the lung, either distributed diffusely or in an isolated nodule. These uncommon diagnoses can be easily mistaken for less rare presentations. In the case of isolated pulmonary nodular amyloid, diagnosis of bronchogenic carcinoma, metastatic disease, and focal fungal infections such as tuberculomas and histoplasmosis are considered first. Amyloid is diagnosed only with a tissue sample reviewed by a pathologist using a Congo Red stain demonstrating apple-green birefringence under polarized light. Such tissue samples are made difficult to obtain due to the hard and nodular consistency of the amyloid protein layered in beta-pleated sheets. Confusion of this relatively commonly benign process with more sinister diagnosis of primary or secondary neoplasm can lead to great emotional turmoil for the patient and family. A late diagnosis will also prevent inefficient use of medical resources, money, and time. Increased awareness of the rare presentations of pulmonary amyloid may aid in preventing a lengthy and tumultuous arrival at a proper diagnosis.

KEYWORDS: *focal nodular hyperplasia, ruptured tumor, liver resection and radiofrequency ablation*

INTRODUCTION

Amyloidosis is a heterogeneous group of diseases in that abnormally folded, insoluble proteins are deposited in extracellular spaces. In each type of amyloidosis, distinct soluble fibril precursor proteins are mis-folded into an abnormal protein conformation of anti-parallel β -pleated sheets. This folding results in the insoluble and stable properties exhibited by amyloid protein deposits. Distribution of these deposits may be diffuse or localized throughout the body, depending on the pathophysiology of the underlying amyloid type. Due to the mass effect of amyloid deposition, the structure and function of the effected organs may be compromised, creating the sequelae of clinical features.¹ Secondary amyloidosis (AA amyloidosis) presents secondary to a multitude of chronic inflammatory conditions¹, including

rheumatoid arthritis, spondyloarthropathy, and inflammatory bowel disease, as well as chronic infections such as tuberculosis, osteomyelitis, bronchiectasis and leprosy.² The chronic inflammation leads to an increased production of an acute phase reactant serum amyloid A (AA), a protein that can be measured, reflecting the burden of disease.² Other types of amyloid include hereditary and senile forms that are much rarer.

The most common type, primary amyloidosis (AL amyloidosis) is a monoclonal plasma cell dyscrasia leading to

“ In an event when clinical findings, radiographic appearances and pathological conclusions are incongruent with these common diagnoses, amyloid of the lung should be considered. ”

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