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REVIEW ARTICLE

NEUROBLASTOMA: A CHILDHOOD CANCER WITH ITS HOMOEOPATHIC APPROACH

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Abstract

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Neuroblastoma,cancer,
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INTRODUCTION

In cancer, the cells of the body grow in very high and controlled growth. Cancer cells overlap the normal cells of the body. Cancer can occur in any cell of the body, and cancer can spread to any part of the body. Cancer that develops in children is often different from the cancer that develops in adults. Neuroblastoma develops in early forms of immature nerve

This article is an attempt to show how painful disease is Neuroblastoma, its effect on children and how much are the chances of children surviving. It is a disease of young children, the most common cancer in infants, and its prognosis worsens with age. There are no specific risk factors; therefore, diagnosis depends on the clinical trial and related research.

> cells. It is an embryonal malignancy belongs to sympathetic systema nervosum of neuroblasts (pluripotent sympathetic cells) which are presumably found in embryo or fetus. This type of cancer is most common in infants and children under the age of 10. It most often starts in one of the adrenal glands, but can also develop in the spine, neck, chest, or abdomen^[1]. Not all tumors of the

autonomic nervous system in children are However, there are malignant. many tumors that contain both benign and cancerous cells in one tumor^[2]. Such as Ganglioneuroma has non cancerous cells while Ganglioneuroblastoma has both cancerous and non-cancerous parts, major in the prevention problem of neuroblastoma is that the causes of neuroblastoma are not clear yet.

EPIDEMIOLOGY

Neuroblastoma is usually an early childhood disease. It is the third most common cancer of children after blood cancer and brain cancer; also, it is the most common solid cancer of extra cranial space^[3] The rate of incidence of childhood cancer in India is ranges from 38-124 per million children/year. Neuroblastoma may be a malignancy of infancy, affecting ≈ 1 in 7000 children ^[4]. The maximum incidence - 55.2 per 1 million - is observed in children of the first year of life. White children have a slightly higher incidence children^[5]. black (25%)than A very low percentage of neuroblastoma are genetically predisposed to patients disease with autosomal dominant an inheritance^[2,6] of In pattern this inheritance model, the mean age of onset is 9 months, compared with the mean age of 22 months in the non-hereditary model^[7] For most children, the etiology of neuroblastoma is largely unknown. Due to

the young age of occurrence of neuroblastoma, numerous epidemiological examinations have based on preconceptional and pre-birth occasions. During pregnancy, use of certain medicines and hormones also cause increased risk of neuroblastoma development^[8,9].

The highest rates for neuroblastoma recorded within the US (whites), were Israel (Jews), New Zealand (Maori), and 11-14 France (range, per million); intermediate rates occurred in Japan, the United States (blacks), and the United Kingdom (range, 7-9 per million); and least were recorded in India and China million)^[10]. 3-5 per (range,

In a recent study, it has been told that the chances of getting neuroblastoma increases by 2 times with weight gain ^[11].Even today there is not much information about the epidemiology of neuroblastoma.

Genetic Changes In Neuroblastoma:

In very few cases, neuroblastoma appears because of genetic changes inherited from a parent. Inherited changes in defined genes account for most cases of neuroblastoma^[12]. hereditary The ALK oncogenes changes account for most cases of inherited neuroblastoma and mutations in PHOX2B. a gene that normally helps nerve cells mature, are

responsible for a small number of inherited neuroblastomas.

Risk Factors

Risk factors for neuroblastoma are age, heredity and congenital anomalies ^[13, 14]. In very rare cases neuroblastoma can be detected before birth during an ultrasound. Neuroblastoma is here and there discovered coincidentally in young children during tests done to look for other childhood ^[15]. Most often, neuroblastoma is first detected because of signs and symptoms the child is having.

SIGN AND SYMPTOMS

Neuroblastoma can be represented through lump or swelling in the child's abdomen or neck that doesn't seem to hurt, enlarged belly, not eating or complaining about feeling full, drooping eyelid and small pupil (the black area in the center of the eye) in one eye, eyes that appear to bulge and/or bruising around the eyes, weight loss, pain in bones, lumps or bumps in the skin that may appear blue, problems breathing or swallowing, swelling of the legs or upper chest, neck and face, problems with bowel movements or urinating, problems being able to feel or move parts of the body ^[16, 17, 18]. Most of the times neuroblastoma is found when a child is brought to the doctor because of his/ her signs and symptoms.

DIAGNOSIS AND STAGING OF NEUROBLASTOMA

If a tumour is suspected, tests will be needed to confirm the diagnosis ^[19] by medical history, physical examination, biopsies, lab and imaging tests.

On the basis of examination report two systems for neuroblastoma staging today, first used is the International Neuroblastoma Risk Staging System Group (INRGSS) which has 4 stages [20] and is the International second Neuroblastoma Staging System (INSS) which is based on results from the surgery, includes 4 stages along with a special 4S stage.

Prognostic Markers and Survival rate:

Above mentioned stages decide the prognosis of neuroblastoma, also levels of certain substances in the Serum (blood) can be used to help predict prognosis. Neuroblastoma cells release ferritin, a chemical that is an important part of the body's normal iron metabolism, into the blood, a child with high ferritin levels prone to have an unfavorable prognosis. These prognostic markers decide the child's survival rate.

 Children in the low-risk group have a 5-year survival rate that is higher than 95%, Children in the intermediate-risk group have a 5-year survival rate of around 90% to 95%, and Children in the high-risk group have a 5-year survival rate around 40% to 50% ^[21].

TREATMENT

- 1. Neuroblastoma surgery ^[22].
- 2. Chemotherapy for neuroblastoma [23]
- 3. Radiation therapy for neuroblastoma ^[24].
- 4. Stem cell transplant for neuroblastoma ^[25].
- 5. Retinoid therapy for neuroblastoma [26].
- 6. Immunotherapy for neuroblastoma

HOMOEOPATHIC MANAGEMENT OF NEUROBLASTOMA^[28]:

- Calcarea fluorica- This homeopathic remedy for most cancers is maximum beneficial for hardened lumps, observed with indurated glands of stony hardness.
- Silicea- This homeopathic treatment in many instances lessens the rigors of most cancers. It is Suited to sarcoma with a thick yellow and putrid discharge.
- 3. **Conium-** Notable hardness of the invaded glands, with flying stitches in them, aggravates at night. The irritability appears the characteristic.
- 4. **Condurango-** This homeopathic treatment has a sizable function in most cancers of the belly and lots of

types of carcinoma. It modifies the ache.

- 5. **Plumbum Iodatum-** The hard, unchangeable character, the gradual improvement and the prevalence of painful inflammations are the factors of this treatment.
- 6. Arsenicum album- This homeopathic remedy for most cancers corresponds to the overall phenomena of the cancerous diathesis. Its unique indication in any shape of tumor is the pointy burning and lancinating ache with weak spot and debility.
- Thuja- Suitable for tumor of the orbit. Thuja is used as a precious treatment in sarcoma.
- 8. Hydrastis-It reduces ache and prevents increase and improves the affected person in general. The dyspeptic signs endorse the selection of this treatment. The Hydrastis remedy is one of the excellent acknowledged remedies in most cancers. It corresponds to the most cancers diathesis, the worn jaded look, sallow complexion the hide-sure country of the skin, low spirits, lack of appetite, constipation, in addition to the ulcerative stage.
- 9. **Radium-** Its use is restrained to the pre increase manifestations while we've such signs as aching pains, itching over the body, pains comparable to a

continual arthritis, apprehension, mentally worn-out and irritable patients.

- 10. **Carbolic acid-** Has additionally been tremendously encouraged as a treasured inner treatment in most cancers.
- Cedron-Helmuth endorse favourably of this treatment for the piercing pains of most cancers.

CONCLUSION

Notwithstanding the information gave inside, neuroblastoma stays a remedial puzzle. As we are headed to further develop results and endurance, the ideal treatment likewise stays tricky. High-risk neuroblastoma presents an ongoing therapeutic challenge. Homeopathic medicine is a type of medicine based on the philosophy of ''like cures like". Homoeopathy has been considered as an effective mode of treatment in the management of cancer. For cancer homoeopathic practitioners aim to stimulate immunity, reduce pain and improve energy and overall well being specially if a person is struggling with the side effects of chemotherapy and radiation.

REFERENCES

 Hogarty MD, Bagatell R, Mosse YP, Brodeur GM, Maris JM. Malignant tumor. In: Pizzo PA, Poplack DG, eds. Principles and follow of medicine medicine. 7th ed. 2016:772–792.

- Pappo AS, Navid F, Brennan RC, et al. Solid tumors of childhood: malignant tumor. 10th ed. 2015: 1465-1562
- Brodeur G. M., Castleberry R. P. malignant tumor three Pizzo P. A. Poplack D. G. eds. Principles and follow of medicine Oncology: Lippincott-Raven Publishers Philadelphia 761-797;1997.
- Young J. L., Ries L. G., Silverberg E., Horm J. W., Miller R. W. Cancer incidence, survival, and mortality in youngsters below fifteen years archa ic. Cancer (Phila.), 58: 598-602, 1986.
- Gurney J. G., Severson R. K., Davis S., Robison L. L. Incidence of cancer in youngsters within the us. Cancer (Phila.), 75: 2186-2195, 1995.
- Knudson A. G. J., Strong L. C. Mutation and cancer: malignant tumor and tumor. Am. J. Hum. Genet. 24: 514-532, 1972.
- Kushner B. H., Gilbert F., Helson L. Familial neuroblastoma: literature review, etiologic concerns and case reports. Cancer (Phila.), 57: 1887-1893, 1986.
- Kramer S., Ward E., Meadows A. T., Malone K. E. Medical and drug connected factors related to neuroblastoma: a case-control study.

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J. Natl. Cancer present. (Bethesda), 78: 797-804, 1987.

- Schwartzbaum J. A. Influence of the mother's antenatal drug consumption on risk of malignant tumor within the kid. Am. J. Epidemiol., 135: 1358-1367, 1992.
- Stiller C. A., Parkin D. M. International variations within the incidence of malignant tumor. Int. J. Cancer, 52: 538-543, 1992.
- Yeazel M. W., Ross J. A., Buckley J. D., Woods W. G., Ruccione K., Robison L. L. High gestational weight and risk of specific childhood cancers. J. Pediatr., 131: 671-677, 1997.
- 12. Pinto NR, Applebaum MA, Volchenboum foreign terrorist organization, et al. Advances in risk classification and treatment methods for malignant tumor. J Clin Oncol. 2015: 30; 3008-3017.
- Graham Fisher P, Reynolds P, Von Behren J, et al. Cancer in youngsters with nonchromosomal birth defects. J Pediatr. 2012; 160: 978-983.
- 14. Norwood M, Lupo P, Chow E, et al. Childhood cancer risk with body and non-chromosomal anomalies in Washington State: 2017; 12: e0179006. Accessed at http://journals.plos.org/plosone/article?

id=10.1371/journal.pone.0179006 on Gregorian calendar month thirteen, 2017.

- 15. Bollano E, Einarson TR, Goh YI,
 Koren G. antenatal multivitamin pill supplementation and rates of medicine cancers: A meta-analysis.
 Clin Pharmacol Ther. 2007; 81:685–691.
- 16. Brodeur GM, Hogarty MD, Bagatell R, Mosse YP, Maris JM. Malignant tumor. In: Pizzo PA, Poplack DG, eds. Principles and follow of medicine medicine. 7th

ed. Philadelphia Pa: Wilkins and Lippincott Williams; 2016: 772–792.

- 17. Wilson, J. M. G., and Jungner, G.
 Principles and follow of screening for malady. Public Health Paper No.
 34. Geneva: World Health Organization, 1968.
- Prorok P. C. medical specialty approach for cancer screening. Am. J. Pediatr. Hematol. Oncol. 14: 117-128, 1992.
- 19. Pearson AD, London WB, Cohn SL, et
 al. The International malignant tumor Risk cluster (INRG)
 Classification System: associate degree INRG task force report. J Clin Oncol. 2009; 27: 289–297.
- Speleman F, Park JR, Henderson TO. Neuroblastoma: a troublesome nut to crack. Am Soc Clin Oncol Educ Book.

2016; 35:e548-557. Accessed at https://meetinglibrary.asco.org/record/ 50740/edbook#fulltext on Gregorian calendar month fifteen, 2017

- Yu AL, Gilman AL, Ozkaynak radio frequency, et al. Anti-GD2 protein for malignant tumor. N Engl J master's degree. 2010; 363:1324–1334.
- Berthold F., Austrian schilling F., Hero B., Erttmann R., Michaelis J., Spis C., Sander J., Treuner J., Tafese T. Early detection of neuroblastoma: the German expertise. Med. Pediatr. Oncol, 31: 250 1998
- 23. Baker D, Schmidt M, Cohn S, et al. Outcome when reduced medical care for intermediate-risk malignant tumor. N Engl J master's degree. 2010; 363; 1313-1323.
- 24. Nuchtern JG, London WB, Barnewolt metal, et al. A prospective study of expectant observation as primary medical care for malignant tumor in young infants. Ann Surg. 2012; 256:573–580.
- 25. Park JR, Kriessman SG, London WB, et al. A run phase III| clinical trial /clinical test} irregular clinical trial

of bicycle-built-fortwo myeloablative autologous vegetati vecell transplant victimization peripher al blood vegetative cell as consolidation medicalcare for speculati ve neuroblastoma: A Children's medicine cluster study. J Clin Oncol. 2016: 34; eighteen suppl, LBA3-LBA3

- 26. Shimada H., Chatten J., Newton W. A., Jr., Sachs N., Hamoudi A. B., Chiba Т., Marsden H. В., Misugi Κ. Histopathologic prognostic factors in J. neuroblastic tumors. Natl. Cancer present. (Bethesda), 1984. 405-416.
- 27. Brodeur G. M., Seeger R. C., Barrett A., Berthold F., Siegel S., Sawada T., Smith E. I., Pritchard J., Tsuchida Y., Voute P. A. Diagnosis, staging, and response to treatment in patients with malignant tumor. J. Clin. Oncol. 6: 1874-1881, 1988.
- 28. Lilienthal S. Homoeopathic Therapeutics. 3rd edition. Philadelphia; Hahnemann Publishing House. 1890.
 P. 113-1153.

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