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The use of the "System Method of Leech Therapy "(Hirudotherapy) in the Complex Treatment of a Child with A" Giant Tumor of the Right Side of the Neck" (A Clinical Case)

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ABSTRACT

The article describes the treatment of a child with a diagnosis: "A giant tumor on the right side of the neck." Given the child's age, 1 year and 9 months, the significant amount of affected tissue and the difficulty of making a diagnosis (MRI is performed only under anesthesia), a possible complication associated with impaired speech development, and a long waiting period for the procedure, the child's parents turned to a private medical office. As a result of an integrated approach to solving the task, in which the use of the "System Leech treatment method» was of leading importance, after 8 months, with a 20-fold reduction in tumor formation, minimal surgical intervention was performed to remove it.

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The child's parents (age 1 year, 9 months) contacted the clinic on the first day of the disease, March 13, 2018, he complained of a **tumor-like formation in** the area of the right half of the neck, making it difficult to turn his head to the right, raise his right arm up, slight lethargy, decreased appetite, subfebrile temperature: 37.2 ° C, twice there was abundant, unformed brown-black stools with an unpleasant pungent odor, without pain in the stomach.

History of the Disease

The formation on the neck was noticed by the mother in the morning, when washing the child, after breakfast the formation doubled, by lunchtime it spread to the back of the head, ear, right half of the neck and shoulder area, collarbone and shoulder. When contacting a surgeon at a local polyclinic, a recommendation was made to contact the Moscow Regional Center for Pediatric Oncology, an oncologist, an infectious disease specialist, and a hematologist with ultrasound results and blood tests. The ultrasound was done on the same day, however, the parents were not satisfied with the specialist consultation plan. The parents turned to our clinic for help [1-5].

Life History

A child from the fifth pregnancy, the fourth birth, 23. 07. 2016. Labor is independent, the period from the onset of labor to active labor is 5 hours, he screamed immediately, an **Apgar score of 9/10** points, weight 3800 g. Height 52 cm. It is applied to the chest immediately. The pregnancy proceeded without complications, the tests were within the normal range, and ultrasound was performed according to plan after 18 weeks. The stressful situation of the mother in connection with the denial of the child after sex determination (The mother has three boys, she wanted to give birth to a girl). Breast-feeding for up to a year, grew and developed physiologically, colds are rare, in uncomplicated variants [6-8].

On the eve of the disease, Dad and the children visited a contact farm where the children fed and petted the animals. In addition, my mother shared her concerns about what happened as a result of the severe stress she suffered as a result of the threats of a friend with whom she had a big fight. During the examination: the child is active, adequately treats the examination, sociable, talkative.

A normosthenic body type, the skin and visible mucous membranes are physiologically colored. In the lungs, breathing is vesicular, there is no wheezing, the heart sounds are sonorous, the heart rate is 110 per minute, and the stomach actively participates in the act of breathing. Palpation is painless. The liver and spleen are within normal limits. The inguinal, axillary, and cervical lymph nodes on the left are not enlarged and are painless.

Local Status

In the area of the right half of the neck, there is an irregularly shaped tumorous lumpy formation, jelly-like to the touch, denser in the center, fused to the surrounding tissues of the occiput, cervical spine, mastoid process, collarbone, and upper third of the right shoulder. Soreness on palpation is not pronounced, but the touch causes unpleasant sensations, turning the head to the right is noticeably difficult (the whole body turns). (**Photo 1**. Before the hirudotherapy sessions) [9-12].

The oncologist of the polyclinic department of the Children's Cancer Center diagnosed a giant tumor of the right half of the neck and recommended the supervision of a surgeon at the place of residence and a planned MRI examination.

Treatment by Month from the Moment of the Disease

The therapeutic process is based on the combined synergistic effect of two treatment methods: homeopathic and leech treatment according to the author's method of **«System leech treatment method" (SLM)**, the postulates for which are:

1. The use of small doses (homeopathic doses of leech secretion).
2. Duration of the treatment period and follow-up depending on the patient's condition.
3. Selection of strictly individual schemes (acupuncture points), taking into account the patient's reaction

The Practical Application is Described in Table 1

Treatment with leeches was carried out taking into account the clinic of the disease after removal of tissue edema by homeopathic remedies. The course of hirudotherapy was started with a 1-2-minute setting, without hemorrhage No. 5.

Further, after making sure that there was no allergic reaction and that it was painless, the next 5 procedures were performed until the leech showed signs of free sucking (with incomplete hemorrhage), and the remaining procedures were performed until complete hemorrhage (90 procedures). And, at the end of the course, 5 non-respiratory procedures were performed, since there was no hemorrhage.

Since the area of the patient's injury was located in the "canal systems of the Colon, Small intestine and the channel of Three heaters," in addition to the effect of leeches on the projection of the diseased organ (the principle is **"Put where it hurts"**), the principle of **"Hirudopuncture"** was also applied.

At the end of October 2018, due to a 20-fold decrease in tumor volume (the formation of a dense "ball" with a diameter of 2 cm at the tumor site, not soldered to surrounding tissues), and the appearance of pain when leeches were inserted, 5 final procedures were performed using a non-surgical method.

Figure 1: Patient M, Age 1 Year 9 Months, Before Using the Leech Treatment Method, After Removing Peripheral Edema with Homeopathic Medicines. The Course of Treatment is from 27.03.2018 to 06.11.2018.

Figure 2: Patient M., age 8 years, Long-Term Result of Treatment. Small scarring is Visible on the Skin of the Right Half of the Neck - Traces of 105 Leeches. Supportive Course of Treatment: Spring, Autumn.

Table 1: The Treatment Plan for Patient M with a Tumor-like Formation of the Right Half of the Neck

Date of observation—	Homeopathic medicines	Setting up leeches (hirudotherapy)
13.03.2018	Apis 3, Hepar sulfur 6, Carbo animalis 6	----------
27.03.2018	Apis 6, Hepar sulfur 6., Carbo animalis 6	Non-aspiration method of placing leeches: 1 leech with an interval of 3 days
02.04.2018	Apis 6, Hepar sulfur 6, Thuja 6	Non-aspiration method: 1 leech after 3 days on the fourth
12.04 —12.05. (2018)	Continue treatment	1 leech x 1 time per week with incomplete bleeding
19.06—17.07 (2018)	Arnica 3, Apis 6, Thuja 6	1 leech x once a day with incomplete bleeding, except Sundays
17.07- 17.08 (2018)	Apis 6, Thuja 6, Silicea 6	1 leech x 3 times a week
17.08 – 21.09 (2018)	Calcium phosphoricum 6, Silicea 6, Arnica 3	1 leech x 3 times a week
21.08.2018	Bryonia 3, Silicea 6, Hammamelis 6	1 leech x3 times a week until 06.11. Then 5 treatments with non-aspiration method

Table 2: Monitoring the Dynamics of Treatment Using Ultrasound

Date of Examination (Ultrasound)	Dimensions of the mass lesion (mm)	Notes Results of Ultrasound
13.03.2018	**66x44x55 mm³**	In the area of the right trapezius muscle, subcutaneously, at a depth of 3 mm, a bulky formation of irregular shape **66x44x55mm³** of a multi-chamber structure with fluid inclusions is visualized, isolated loci of blood flow **Conclusion: Ultrasound signs of a space-occupying lesion in the area of the right trapezius muscle (lymphangioma)**
19.06.2018	**67x34x35mm³**	On the right lateral surface of the neck, a three-chamber formation measuring **67x34x35mm³** is visualized. The contours are clear and smooth; the content is finely dispersed and dense, with a single incomplete septum in the larger chamber. In the septum between the two smaller chambers, an arterial vessel is present with a flow velocity of 1 cm/sec. Nearby, along the course of the sternocleidomastoid muscle, several deep lymph nodes up to 8.4-9.0 mm in size with regular structure are observed. The spleen is normal. **Conclusion: Ultrasound signs of hyperplasia of two lymph nodes on the right lateral side of the neck.**
17.07.2018	**40,5x25,0mm² and 21,1x17,3mm²**	On the right surface of the neck, two lymph nodes measuring 40.5x25.0 mm2 and 21.1x17.3 mm2 are visualized. Corticomedullary differentiation is preserved but markedly displaced toward the cortical substance. The hili are prominent and smoothed. Blood flow is visualized only in the hili. **Conclusion: Ultrasound signs of hyperplasia of two lymph nodes on the right lateral surface of the neck.**
17.08.2018	**41.6x21.5x31,7mm³**	On the right posterolateral surface of the neck, a cystic lesion is visualized in the thick chamber (without blood flow), measuring 41.6x21.5x31.7 mm3. Inside the lesion, there is dense, moderately dispersed sediment and irregularly shaped hyperechoic clots; no blood flow is detected. Other lymph nodes are unchanged. **Conclusion: Cystic lesions – suppurative (infected) cysts.**
21.09.2018	**33.5x19.0x21.2mm³**	Subcutaneously on the lateral surface of the neck, a cystic formation with thick walls measuring 33.5 x 19.0 x 21.2 mm3 is visualized. The internal content consists of dense, finely dispersed sediment plus two irregularly shaped clots of increased echogenicity. No blood flow is detected within the formation. **Conclusion: Ultrasound signs of a cystic lesion on the posterolateral surface of the neck—possibly a suppurative (infected) cyst?**
06.11.2018	**27,4x14,0x20,7mm³**	A fluid-filled lesion within a thick capsule containing dense lymphodisperse content, measuring 27.4 x 14.0 x 20.7 mm3. Adjacent lymph nodes have a regular structure. **Conclusion: Ultrasound signs of a lesion on the right surface of the neck (Abscessing lymph node?).** **Cervical lymphadenopathy.**

Features of Nutrition and Driving Mode

Nutrition Features: cereals, baked goods without yeast or the second day of baking, Fresh vegetables, fruits (exclude bananas. red tomatoes), berries: black currants, blueberries, blueberries, mountain ash, prunes, turkey meat, rabbit, quail, quail eggs, honey.

Water-Drinking Regime: Boiled Quickly Cooled Water, Compotes, Fruit Drinks, Green Tea.

Phytotherapy, Dietary Supplements: Burdock Root Extract, Nettle Extract, Rosehip Fruit, Chitosan, Stimbifide.

Ointment Forms: Traumel-S ointment, Tuya ointment. Taking medications according to the operating hours of the energy channels (meridians). The parents paid special attention to the regulation of intestinal microflora, since the tumor formation was located along the meridians of the small and large intestines.

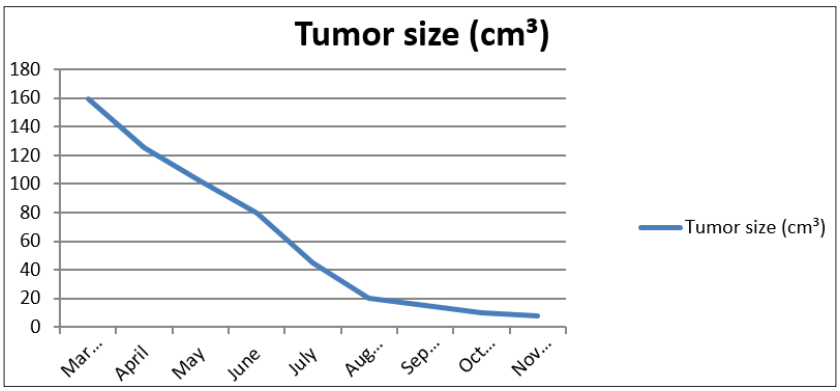

Figure 1: Dynamics of Tumor Size Reduction During Treatment

Table 3: The Number of Leeches Attached During the Entire Course of Treatment

Treatment period	Productions per month	Assignments per course
March	5	5
April	12	17
May	15	32
June	15	47
July	25	72
August	12	84
September	8	92
October	8	100
November	5	105

Sleeping and waking hours, walking outdoors, outdoor games, activities for fine motor skills of the fingers, reading children's literature with bright, cheerful drawings in order to support a positive emotional background and a good-natured, joyful mood.

Preoperative Examination and Postoperative Diagnosis

In the conducted blood tests (biochemical, clinical), urinalysis, there were no pronounced changes indicating contraindications to surgery. Surgical intervention was performed on 06.11.2018.

Diagnosis: "Neck area formation". Morphological conclusion: "A picture of an organized hematoma."

Results of Analyses and Cytological Examination

In November (November 30-11, 2018), based on the results of a study of the histological material taken during surgery, a conclusion was made:

A Morphological Picture of an Organized Hematoma Surgeon's examination on 24.12.2018.

Diagnosis: Neck Area Formation.

Conclusion: The condition after removal of the cyst in the neck area.

Date of Birth: **23.06.2016** Gender: **Male** Referred doctor:
Biomaterial: **Blood serum**
Date of Blood Collection: **29.03.2018**

Diagnosis of Infectious Diseases

Indicator	Measuring Unit	Result	Reference Values
Cytomegalovirus, IgG antibodies	positivity rate	2,1	<6 negative
Brucella (Brucella species), IgG		0,14	<0,2 negative, 0,2 - 0,3 doubtful;
Brucella (Brucella species), IgM		0.216	<0,495 negative; 0,495-0,605 - doubtful;
Epstein-Barr virus (mononucleosis), IgM antibodies	positivity rate	0,412	<1 negative
Epstein-Barr virus (mononucleosis), IgG antibodies	positivity rate	0,845	<1 negative
Cytomegalovirus, IgM antibodies	positivity rate	0,122	<0,9 negative, 0,9 - 1,1 doubtful;

Date of the analysis: **30.03.2018**
Date of issue of analysis: **30.03.2018** Signed by: E.A. Zadneprovskaya

The Results of the Study of the Contents of the Cystic Formation

The rehabilitation process was uneventful, Ultrasound scan six months after surgery from 06.14.2019.

Conclusion: ULTRASOUND is a sign of a limited accumulation of fluid in the area of the right upper arm. Currently, the child is under dynamic observation, seasonal prophylaxis is carried out with homeopathic medicines. (**Photo** from July 2024).

Lab test request: **0959001003** Date of the sample receipt: **30.03.2018**
Medical institution: LPU 0959 **Family Clinic "Zdorovye" (Ivanteevka)**
Gender: **Male**
Age/Date of Birth: **23.06.2016**
Note: fecal masses

Microbiology

Culture for microflora and sensitivity to antibiotics, extended spectrum, and bacteriophages.
Growth of Escherichia coli at 10^7, lactose-positive, non-hemolytic, and Enterococcus faecalis at 10^7 — representatives of normal intestinal microflora. Growth of fungi of the species Candida albicans at 10^5 was also obtained.

Doctor's signature
Printing Date: 03.04.2018

Individual Number: 3684898 **Order Number**: 104706024
Gender: Male **Customer:** **597. LLC NMIC "Medica Mente"**
Date of Birth: 23.06.2016 Department:
Reference group: Male Doctor:

Test Results

Medical Examination	Result	Measuring Unit	Reference Interval
Cytology			
Biomaterial: Effusion fluids, cerebrospinal fluid, contents of cysts	**Material collection date**: 06/11/2018 14:40		**Delivery Date**: 06/11/2018 20:37
Cytological examination of effusion fluids (ascitic, pleural, pericardial, synovial), cerebrospinal fluid, cyst contents.			
Examination Result: 0.5 ml of thick brown fluid was delivered to the laboratory. From the sediment, 2 glass slides were prepared, and additionally, 1 glass slide was sent. The slides contain erythrocytes, a small number of macrophages, a large amount of amorphous material, and no other cellular elements; possibly a punctured area of cyst formation. No cells with signs of atypia were found in the delivered material.			

Conclusion

The article describes a case of managing a child with a primary diagnosis: **"Giant tumor of the right side of the neck of unknown origin."** Taking into account the difficulties of conducting diagnostic studies, the age characteristics of the patient and the urgent request of the parents, the **"System Leech Treatment Method" (SMP)** was used in combination with the selection of homeopathic medicines. The statistics of lymphangioma range from 5% to 10% of all benign tumors of the maxillofacial region in children. The most common localization is the soft tissues of the face, neck, and tongue. Benign neoplasms are clearly limited from the surrounding tissues and do not spread to them. But they can create problems by squeezing nerves and blood vessels, causing pain and making it difficult to move.

The characteristic features of benign tumors include slow growth, often the neoplasm retains its original size for several years. The prognosis of the course is primarily due to the localization and growth rate of the neoplasm. In some cases, surgical treatment is combined with other methods, especially adjuvant and non-adjuvant radiation therapy, in order to improve the prognosis of the upcoming surgical intervention in order to avoid complications both during the operation itself (collapse, sepsis, coma, bleeding, pneumonia, thromboembolism) and postoperative scarring of the skin.

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postoperative complications, especially in children, especially in girls, requires extremely careful decisions regarding surgical intervention in the neck and decollete area. When they grow up, especially during puberty, this creates severe stress for such girls, which can lead to suicide.

The successful use of a complex technique in the described case, the leading link of which is the **"System Leech Treatment Method" (SLM) (author: Professor I. Krashenyuk)**, against the background of an individual selection of homeopathic medicines, demonstrates the effectiveness of its use in a complex clinical case.

The success of leech therapy using **SLM technology** has been repeatedly used in the treatment of boils in children and adolescents in the face and neck, each time striking for its effectiveness and elegance in solving a complex surgical problem.

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