

# A Child With Recurrent Laryngeal Papillomatosis

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Presented at the 2002 AIH Case Conference, Philadelphia, Pennsylvania

**Abstract:** Dr. Nossaman presents a case of recurrent laryngeal papillomatosis greatly ameliorated, perhaps cured, with *Calcareo phosphorica*.

**Keywords:** recurrent laryngeal papillomatosis, *Calcareo phosphorica*

## History

Sarah was born 31 March, 1993. Her first visit with me was 30 June, 1997, at age 4. Her chief complaint was hoarseness, established to be the result of recurrent laryngeal papillomatosis (RLP). Her father is a pilot in the Air Force and her mother is a nurse and currently a homemaker. Since Sarah first learned to talk her voice had been a bit deep, but with good volume and clarity until her onset of hoarseness. At her three year-old check-up with her pediatrician, in April of 1996, the parents reported that she had had progressive worsening of a deep and raspy voice. She was referred to an ENT consultant in Rapid City, SD, who made the tentative diagnosis by laryngoscopy and referred her to the Denver Children's Hospital. Between April and July of 1996, her voice had become more raspy, her respiration became stridulous and wheezy, she had a persistent dry cough and was short of breath at night when lying.

After each surgery her voice would be raspy for a week or so, then improved partially, then was reduced to a hoarse whisper within six weeks, along with noisy respiration, first when lying and later even when upright. She would become more tired and listless when her hoarseness recurred. After surgery her larynx was painful with talking. Since her first surgery, in July of 1996, she had required repeat excisions approximately every three to four months. By the time of her first visit with me, she had just had

her fifth laryngeal surgery to remove as many of the papillomata as possible, at Denver Children's Hospital. The surgeon had recommended shortening the interval to every two months, as her symptoms were recurring more quickly after each successive surgery. He had told the parents that there was no other effective treatment for her disease and that she would be likely to require repeated surgical procedures indefinitely.

In August of 1996, she became suddenly more listless, developed a 104 degree fever and cried with urination. A urinary tract infection was diagnosed and a voiding cystourethrogram (VCUG) was performed, which demonstrated bilateral uretero-vesical reflux, for which she was treated with prophylactic Septra. Thereafter, her quarterly urine cultures remained negative. The parents were also using Indole-3-carbinol, at the suggestion of the ENT surgeon, who had heard of anecdotal reports of modest improvements in other RLP patients in conjunction with its administration.

Sarah was very easy going (2), outgoing (2) and social (2). She loved to cater to people, to get things for them. She had many imaginary friends, including a "princess." She could occupy herself well. She seemed to have a high pain threshold. She had a big heart, was very sympathetic (2), and tended to take care of other children. She did not have nightmares after movies which scared her. She liked to make up

shows, to perform, to dance. She was adventurous, liked to try new things, liked to climb, and enjoyed physical challenges. She would watch the Surgery Channel on TV for long periods. She liked to go on high slides at the playground. At home she was happy and contented just to be outside, showing no inclination to ask to go other places.

Her mother's pregnancy with Sarah was easy; her father worked two hours away and was home only on weekends for the first seven months of the pregnancy. They moved to South Dakota at the seventh month. Neither her husband's long absences nor the move was a big stress for the mother. Sarah's mother's membranes were ruptured for thirty hours before her birth, and she tested positive vaginally for group B Streptococcus, with antibiotics administered during the later part of labor. Delivery was uneventful, and Sarah was fine and vigorous at birth.

Her mother had never shown evidence of infection with Human Papilloma Virus. She had cervical dysplasia on one Pap smear in 1997; the biopsy was negative and subsequent Pap smears were also negative.

Her mother was very neat, but Sarah rarely cleaned up or put things in order spontaneously. She liked trips and traveling, but not short trips to the store or running errands with Mom. She had a marked fear of spiders (3), being fearful even of one seen on television. She liked bugs, feared monsters (2), snakes, bees (2), the dark (2) and used a night light. She was affectionate (2), loved to be comforted (1), touched (2) and rubbed (2). She loved music (1) and dancing (2). She seemed happier in the summer, and was generally a bit subdued and "blue" during the winter. She liked being in the sun and in the water (bath, pool, boating).

When the family was approaching home in the car, she would ask to get out and run the rest of the way home. She became excited when watching lightning (1). Thunder scared her somewhat if it awoke her from sleep. She didn't take naps and seemed very energetic in the evening, but she was also pretty steady in her energy all through the day. She preferred to be outdoors (2), liked to be cool in the winter, and went barefoot in summer and winter (in the house). When she slept, she put the cool part of the blanket against her face. Her feet perspired, with an odor (2); her face sweat some. Her head perspired at night if she was covered; she kicked off her covers at night or would lie sideways in the bed with only

her feet uncovered. Her father had to cut the feet out of her winter pajamas for her. She slept on her back (2), and rarely slept in the knee-chest position when younger.

She had no history of warts or skin rashes; her back was not hairy at birth. Her digestion and bowel movements were normal. She had a moderate appetite, and craved bacon (2) as her father did. She also craved butter (2)—she ate it straight; her parents had to hide it from her. She also liked salt (1), eggs (1), milk (1), raw dough (2), chicken (2), especially the "crunchy part," fat (2), ice cream (1), and warm things—she asked her father to warm her chocolate milk. She picked onions out of her salads.

She had been completely immunized, apparently without ill effects. Her only injury had been a lacerated finger from being accidentally slammed in a door in December of 1995. In the family history, all six of her mother's uncles had diabetes, and there were at least two to three more cases in her mother's more distant relatives. Three of four of her mother's grandparents died of various cancers, as did one of her father's uncles. Sarah's mother had had polio at age 4 (despite having been immunized), and had an atrophic calf as a result. Her parents and grandparents were otherwise healthy, with both paternal grandparents being smokers. Sarah had no siblings.

Examination: On observation, Sarah was a very sweet and magnetic child. Her weight was 34 pounds; her height was 40 inches, both near the 50th percentile for her age. She had big eyes and related very warmly. Her sclerae were bluish, and she had one small café au lait spot on her right flank. Exam of her pharynx was unremarkable; her voice was hoarse, currently without stridor. There were no enlarged lymph nodes in her neck, no hair on her back. Her abdomen was soft without masses or tenderness, nor enlargement of liver or spleen.

My assessment, then, was that she suffered from recurrent laryngeal papillomata and uretero-vesical reflux, and her prognosis was for repeated laryngeal surgeries unless our work together could change her clinical course.

### **Recurrent Laryngeal Papillomatosis (RLP)**

This is a disease entity which is a subgroup of the larger category of recurrent respiratory papillomatosis (RRP). The latter can affect not only the larynx, but trachea and bronchi distal to the larynx, often with more severe respiratory compromise and

mortality. It has been linked with the presence of human papilloma virus (HPV) in surgical specimens, the same virus group involved in genital and perirectal condylomata. Statistics indicate that first-born children delivered vaginally to young mothers under age twenty, with active condylomata during pregnancy, are at greatest risk. In pre-pubertal children the disease is most aggressive, with many such children having continued symptoms until puberty. Some children experience continued recurrences after puberty, and others who have remissions will experience relapses later in life [1]. HPV types 6 and 11 are almost exclusively the subtypes recovered [2]. It is estimated that approximately five percent of the population harbors HPV in their respiratory tract, but less than 1 in 1000 of those "colonized" ever develop infection. (This is consistent with our understanding of miasmatic differences in individuals, resulting in different vulnerabilities. [3]) Surgical excision under general anesthesia is the accepted mainstream mode of treatment, with the recognition that the natural history of the disease is for the lesions to continue to recur. Adjunctive therapies which have been tried are Indole-3-carbinol/ Diindolylmethane, a phytochemical found in cruciferous vegetables, interferon and cidofovir (an anti-viral), as well as other antiviral, photodynamic therapy, and even mumps vaccine. All of these have yielded inconsistent and disappointing results. According to statistics from the RRP Foundation, the majority of patients with juvenile onset RRP can expect from 60-100 surgical procedures during their lifetime [4].

myself in favor of others more than against these. (See repertorization below.) I was seeing Sarah at a time when I strongly considered synthetic prescribing in each case that I saw. I would frequently consider a mineral salt composed of two other remedies, both of which came up strongly in my differential analysis, especially if there were one or more keynotes of the combination strongly represented in the case. Sarah — with her exuberant, compassionate, magnetic and extroverted nature — made me think first of *Phosphorus*, and there was some support for it in her physical symptoms, except for her desire for warm drinks and her apparent lack of impressionability by frightening images. *Calcarea carbonica* came up very strongly in her symptoms, especially the more striking ones such as head sweat in sleep, inclination to uncover her feet, laryngeal polyps, fear of spiders, etc. Her craving for bacon and her more adventurous nature headed me more toward the combination of *Calcarea* and *Phosphorus*. My first prescription was therefore *Calcarea phosphorica* 200C, one dose, on 30 June 1997.

	Total	Calc.	Sulph.	Nit-ac.	Sanic.	Phos.	Puls.	Carc.	Med.	Tub.	Thu.	Calc-p.	Ars.	Nat-m.	Arg-n.	Lac-C.	St.	Lyc.
<b>Rubrics</b>	15	13	12	11	10	10	9	9	9	9	8	8	7	7	6	7	7	7
<b>Family</b>	10	8	6	7	6	4	7	5	6	4	4	7	5	4	3	4	3	3
LARYNX & TRACHEA; POLYPI, larynx (19)	1		1		1						2		1		2			
LARYNX & TRACHEA; POLYPI, larynx; vocal cords (2)											2							
MIND; FEAR; general; animals, of; spiders, of (9)	1				1		1							1		1		
HEAD; PERSPIRATION; sleep; during (17)	3	1		1				1			2						2	2
PERSPIRATION; general; offensive; lower limbs; feet (60)	2	2	3	2	2	3			1	3		1	1	1		3	3	
GENERALITIES; FOOD and drinks; bacon; desires (12)	1	1		2			1	1		2		2	2					
GENERALITIES; FOOD and drinks; butter; desires (17)		1	1				1	1		1								
FOOD and drinks; salt or salty food; desires (70)	2	1	3	2	3		2	2	2	2	2		3	3	3	3	1	
EYES; DISCOLORATION; blueness; sclera (8)	1						1		1				1					
FOOD and drinks; fats and rich food; desires (31)	1	2	3	1	1		2	2	2		2	1	1	1			1	
EXTREMITIES; UNCOVER, inclination to; lower limbs; feet (19)	1	3		2		3		3					1					
SLEEP; POSITION; back, on (88)	2	2	1	1	2	3	1	1				1	1		2		2	

**Analysis**

My differential of therapeutic choices included *Carcinosin*, which seemed like a very strong contender despite this patient's lack of tidiness, and *Tuberculinum*, which was strong but not so consistent with the formation of papillomata. *Sanicula* seemed not to fit her mentally. *Thuja* was also a consideration, though her most peculiar symptoms directed me elsewhere initially. *Nitric acid* and *Medorrhinum* were also candidates, but I persuaded

**Clinical Course**

On telephone follow-up 14 August 1997 (all follow-ups were via telephone), her voice had been more loud after the remedy, but her hoarseness relapsed. She had no apparent aggravation after the remedy. Her nocturnal head sweat was now nightly, whether or not she was covered; she had more craving for salt, eating it from her hand. The father had been re-assigned and they were moving to Abilene, Texas. I concluded that the change was hopeful but brief and

prescribed *Carcinosin* 200C, one dose, and we planned to talk again in October.

27 October 1997: She had had surgery in late August and earlier in October, representing an eight and seven week interval, respectively. Before the last two surgeries, Sarah didn't have the deep wheezy cough, but had the same raspy voice and degree of laryngeal occlusion at operation. The papillomata, which had been more on the left, now were more on the right part of the larynx. She slept on her left side now, with her feet out of the covers nightly; her feet were hot and sweaty, with offensive odor (2). She was having nightly head sweats and craving butter (3), bacon(3), fat (2) and salt (2). She still desired to be outdoors. I did not change the remedy at this point.

22 January 1998: There were still eight week intervals between surgeries, but the papillomata were growing in fewer spots in the larynx. Her voice had been barely above a whisper for six months. There was no desire for warm drinks, and no change in her original cravings, hot feet, fears, sleep position, and sensitivity to warmth. She also desired eggs; she asked for eggs and bacon, frozen waffles. She disliked potatoes, even french fries. I sent *Calcarea carbonica* 1M, one dose.

26 February 1998: She had to have surgery two weeks earlier than expected for 90% occlusion of the larynx. No other changes were observed. At that time I prescribed *Calcarea phosphorica* 10M and planned to speak to her parents again in one month.

7 April 1998: She had surgery again last week (five week interval), though her respiratory and vocal symptoms weren't quite as bad. I interpreted this as potentially encouraging and elected to not prescribe yet. I asked her parents to call me after the next surgery.

11 June 1998: Surgery again May 10<sup>th</sup> (six week interval); there had been no worsening of laryngeal symptoms at that time. I interpreted this as also encouraging; no prescription was sent and we planned to talk in one month.

30 June 1998: At her most recent surgery (six week interval) there was only 50% occlusion; her voice had been less raspy before the surgery and she had had no dyspnea for the first time.

10 August 1998: During her most recent surgery, again, only a 50% occlusion was present, but VCUG showed an increase in bilateral reflux, and a dose of *Calcarea*

*phosphorica* 1M was sent. From that time until March of 1999, she had had surgery every five to seven weeks, with progressively less vocal changes before each and with progressively less papillomata found at operation.

At the March, 1999 surgery, the parents reported that there were slightly more lesions found and a dose of *Calcarea phosphorica* 1M was again prescribed. Laryngoscopy was then performed in June and December of 1999 and in June of 2000, and no further papillomata were found. Since 1998 her VCUG improved, with no reflux on the right and with only grade two reflux on the left. Her urologist recommended discontinuation of her antibiotic prophylaxis.

### Comments

The accompanying graph summarizes Sarah's course, starting with the beginning of her homeopathic treatment. As described earlier, symptomatic improvement was apparent in early Spring of 1998, and objective improvement became apparent soon after. Sarah and her parents currently live in Virginia. Sarah loves to run, ride bikes, ride her scooter, is a star soccer player and is now playing little league baseball. She has no symptoms of illness. Her mother perceived the turning point in Sarah's illness to be in December, 1998, soon after a healing prayer group which was conducted for her. The Indoplex supplement was started in October, 1998, as a result of the parents' research and because the Indole-3-carbinol was not seeming to help.

### References

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