

# A NEW HOLISTIC PROTOCOL FOR CHRONIC LYMPHOCYTIC LEUKEMIA: A CASE REPORT

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**ABSTRACT** We present a case of chronic lymphocytic leukaemia patient treated with a new holistic protocol approach called the Remember Regeneration Therapy Method. This protocol approach, including phytotherapy and complementary applications, is established on the recovery of health by essentially improving the worsening constructions. A 56-year-old man presented with a six-year history of multiple lymphadenopathies, hepatosplenomegaly, fatigue, weakness, pain on the legs, back and shoulder, pallor in color. He showed remarkable improvement during the Remember Regeneration Therapy Method for two years. The management of chronic lymphocytic leukaemia is essential in terms of the quality of life. For this reason, in addition to clinical improvement, long-term support with no complications or side effects, and methods to improve quality of life may be useful in chronic patients such as chronic lymphocytic leukaemia.

**KEYWORDS** Chronic lymphocytic leukaemia, RTM therapy, Phytotherapy, Complementary medicine

## Introduction

Chronic lymphocytic leukaemia (CLL) is a disease characterized by the malignancy of CD5+ B cells increased neoplastic lymphocytes in the blood, bone marrow, and secondary lymphoid tissues resulting in lymphocytosis, leukemic cell infiltration in the bone marrow, splenomegaly and lymphadenopathy [1]. CLL is known as a usually painless lymphoproliferative disorder with the survival of 10 years, while the life expectancy of patients with good prognostic features is also normal [2,3]. Unfortunately, most patients are undergoing chemotherapy and/or treatment with monoclonal antibodies as the disease progresses [4].

CLL is connected with a wide range of infectious and autoimmune difficulties. These problems outcome in significant morbidity and mortality that can be diminished by primary finding and aggressive administration. Dynamic monitoring of these patients necessitates a professional team method to patient education and care [5]. In recent years, complementary and alternative medicine (CAM) has become increasingly popular

and practised among cancer patients in Western countries. In particular, the proportion of such practices in cancer patients is between 7 and 64% [6,7]. Overall, the use of CAM in CLL was estimated to 69%, 44%, 25%, and 50% while a survey of CLL patients in the United States, Germany, UK, and France respectively [7,8,4,9]. Another important point is some of the classical treatments applied to the patient have side effects. Detailed information about using together with CAM is critical because it should be into attention that they may combine with chemotherapy [4]. The Remember Regeneration Therapy Method (RTM) is a holistic approach that is exclusive treatment arrangement where phytotherapy is at its centre and integrated with traditional and complementary applications such as acupuncture, cupping therapy, hirudotherapy, ozone therapy, etc. In the RTM, the management strategy is established on the recovery of health by essentially successful the worsening functions and constructions [10].

To our knowledge, we report the first case of CLL successfully treated with a new holistic approach called the RTM protocol.

## Case report

In this case report, the patient with B-cell CLL was presented. A 56-year-old man with untreated CLL, under a watchful waiting strategy, introduced to our clinic with a history of many lymphadenopathies, hepatosplenomegaly, fatigue, weakness, pain on his legs, back and shoulder, chill, pallor in colour, and no weight loss. He was suffering from the disease for 6 years and

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did not take chemotherapy. The patient had no family history of cancer/lymphoma and was not considered to be at a higher risk of cancer. On physical exam, he had palpable bilateral neck and axillary lymph nodes. His blood work showed a white blood cell count of 44.5 cells/mL, haemoglobin of 11.2 g/dL, lymphocyte 41 x10<sup>3</sup>  $\mu$ L (92% lymphocyte), and platelet count of 112 cells/mL. A neck of ultrasonography showed multiple differences in the size of lymph nodules, and the abdomen of ultrasonography also showed hepatosplenomegaly.

The patient had several signs and symptoms (Table 1), and haematological parameters (Table 2), and ultrasonography parameters of both neck and axillary (Table 3) of the CLL patient during follow-up.

The patient accepted to take on the RTM model consists of special phytotherapeutics and various holistic treatment methods in RTM Clinic, Izmir, Turkey. The patient was healed in 24-month progress approximately following the treatment. Also, this patient was shown to be cured with RTM treatment after a 2-year follow-up period confirming the efficacy of the procedure. No stress factor triggers the disease of the patient. The case was cured with RTM consists of different holistic approaches and phytotherapeutic agents in 24 months. Following RTM protocol was used for the patient.

RTM Protocol:

#### 1. RTM Phytotherapeutics

- DVD.Reg (A mixture with thistle)
- ISY.Reg (A mixture with nettle leaf)
- ARD.Rem (A mixture with juniper fruit)
- SDS.X (St. John's wort extract)

#### 2. Ozone therapy: Major and minor autohemotherapy (10 sessions)

#### 3. Wet cupping (1 session)

#### 4. Magnetic field therapy (6 sessions).

### Follow-up period

The patient was called for control once per 3 weeks, and physical examination and other practices were performed. Clinical complaints or complaints were not observed after two years of follow-up of the patients with CLL. Also, RTM therapy interruptions because of adverse effects were not detected. The therapy exhibited a desirable safety outline and was associated with a reasonable response rate of 100% at months 24.

As a result, the percentage of lymphocytes decreased in terms of laboratory results; the neck and axillary lymph nodes were smaller with ultrasonography; and clinically, fatigue, weakness, pain, and pale color decreased. And the patient felt much better after two years of the RTM protocol.

### Discussion

CLL is a monoclonal disease characterized by a continuous rise of practically inadequate lymphocytes, splenomegaly, and lymphadenopathy [7]. CLL is presently regarded irrecoverable [11], but in many patients, the disease is slow-going. Consequently, even though the diagnosis is characteristically made initial in the disease course [11], therapy is reserved for those with progressive, symptomatic, or destructive illness [12].

Our 56-year-old patient was diagnosed with chronic/small lymphocytic leukaemia (also known as CLL) 6 years ago. Generally, if the patient is asymptomatic and lacks bulky lymphadenopathy, CLL can classically be treated conventionally. And, if treatment is specified, possibilities be determined by the stage of the disease. For CLL limited to only one lymph node area, radiotherapy is a choice. Otherwise, the treatment is usually systemic therapy, such as chemotherapy (i.e., chlorambucil), targeted therapy (i.e., ibrutinib), or monoclonal antibody therapy (i.e., rituximab) [13,14]. In our case, the patient showed a very well clinical, laboratory, and radiographic response to the RTM protocol. He underwent phytotherapeutic agents and CAM applications (ozone therapy, wet cupping therapy, and magnetic field therapy). His symptoms relieved his fatigue, weakness, chill, pallor in color, and pains on his legs, back, and shoulder, minimized of both neck and axillary lymphadenopathies. He received a total of 17 courses of CAM applications until disease progression. His blood data on admission and after 2-years with the RTM protocol were as follows: white blood cell count of 11,070/ $\mu$ L, a haemoglobin concentration of 15.0 g/dL, and platelet count of 15.8 x 10<sup>4</sup> / $\mu$ L. A physical examination showed lymphadenopathy of the neck and axillary regions. However, his lymphadenopathy gradually decreased throughout the RTM protocol.

Even though the high effectiveness noticed with the novel agents, patients do recurrence through therapy, and some patients decline to reply. Improvement has been made to understand the systems by which patients' regression after ibrutinib treatment and an identical approach are presently being undertaken with other novel remedies [15].

The last decade has observed an exciting advance in the therapy of CLL, but significant improvements in treatment are expected in 2020 and beyond. The wait-and-see principle of CLL, which delays the beginning of therapy, is a characteristic of the chemo immunotherapy period. Limiting the length of treatment strategies may make it possible to reduce toxicity exposure, which tends to increase in the CLL-associated patient cohort [16]. There are numerous studies on the initiation of ibrutinib in ongoing trials in mid-2020 in patients with no indications for treatment but in the high-risk group. [17,18]. In a study, the patient was treated with ofatumumab for refractory CLL, which relieved his febrile lymphadenopathy. After the patient received a total of 11 ofatumumab courses, he achieved partial remission, and his disease relapsed with febrile lymphadenopathy on the day of the 12th course of ofatumumab [19]. The many continuing investigations will help statement disproportionate necessity in this difficult-to-treat population by determining rates of complete response and excellent therapy approaches [20].

The application of Chinese Medicine (CM) is not different in patients with CLL. CM has been considered as a variety of complementary therapies in Western countries. Nevertheless, it has been one of the majority in some Asian countries, such as China, Korea and Taiwan [21-23]. The *Curcuma longa* L. rhizome, a member of the ginger family of spices, has been known in hepatic dysfunction for long years. In a study, results recommend that *Curcuma longa* L. and its vital element curcumin are effective against acute liver stress by antioxidant movement and improving redox capability [24]. In one study, four cases with common plaque psoriasis recovered successfully with the RTM protocol without any side effects, and no recurrence was observed after six years of follow-up. This outcome has given us the idea that the strategy in the RTM protocol can correct the

**Table 1** Clinical signs and symptoms of patient with CLL during the follow-up.

Clinical signs and symptoms	December 6, 2016	May 10, 2017	November 23, 2017	Jun 26, 2018	December 11, 2018
Weakness	++	+	decreased	decreased	decreased
Fatigue	++	+	decreased	decreased	decreased
Pallor in Color	++	+	absent	absent	absent
Pain on legs	+	absent	absent	absent	absent
Back pain	+	absent	absent	absent	absent
Pain on shoulder	+	decreased	decreased	absent	absent
Chill	+	absent	absent	absent	absent

**Table 2** Hematological parameters of the CLL patient during follow-up.

Date	Hemoglobin g/dL	Platelet cells/mL	White Blood Cell $\times 10^3$ -L	Lymphocyte $\times 10^3$ -L	Lymphocyte %
May 25, 2016	11.2	112	44.5	41	92
December 07, 2016	9.4	44	2.90	2.30	78.4
December 28, 2016	10.6	83	15.40	14.35	92
January 21, 2017	12.3	78	14.40	13.50	92
May 2, 2017	10.1	84	5.44	4.63	85
June 6, 2017	10.0	66	3.30	2.27	74
June 19, 2017	10.2	120	4.72	3.41	72
September 6, 2017	10.7	112	3.60	2.56	71
November 21, 2017	10.6	89	2.91	2.00	68
March 13, 2018	10.6	108	2.94	1.81	61
June 25, 2018	10.7	107	2.54	1.68	65
December 04, 2018	11.1	78	2.02	1.50	74

**Table 3** Ultrasonography parameters of both neck and axillary of the CLL patient during follow-up.

Date	Neck		Axillary	
	Right LAP (mm)	Left LAP (mm)	Right LAP (mm)	Left LAP (mm)
December 7, 2016	34	32	N/A	N/A
January 21, 2017	20x14	16x14	N/A	N/A
May 2, 2017	41x16	49x16	N/A	N/A
Jun 6, 2017	51x22	54x21	44x22 - 41x27	52x18 - 49x28
July 8, 2017	50x16	41x19	43x23 - 40x17	47x19 - 51x16
November 21, 2017	42x16	43x15	42x21 - 41x17	49x15 - 43x23
June 25, 2018	30x12	37x13	20x16	30x20
December 4, 2018	25x10 - 20x11	9x8 - 18x10	N/A	N/A

impact on disease epigenetic modification [25].

In the pathogenesis of many diseases, a severe majority of epigenetic changes from etiological causes could potentially be reversed. So, it has been clinically observed that patients can recover by editing of epigenetic modifications and irregularities when appropriate treatment protocols, a novel approach such as RTM model, are applied to them. As a result, the RTM model has also adopted the specific treatment strategy, forming appropriate combinations of regenerative and remembering phytotherapeutic agents and holistic medicine applications [10].

## Conclusion

As can be seen in this case report, the recognition of epigenetically regulated genes for CLL disease in the future gives us hope for the development of epigenetic drugs in the treatment of diseases. A holistic approach to monitoring this case is crucial for the optimal management of CLL, considering the RTM protocol by the CLL patient has very well tolerated and no side effects. With this protocol with phytotherapeutic agents and CAM applications successfully treated CLL in our patient, further functional much more extensive researches are required to identify epigenetically regulated genes and to confirm efficacy in this setting.

## Ethics committee approval

This is a retrospective case report without the use of any sample from patient, so ethical approval can be waived.

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## Conflict of interest

The authors declared that this case report was done independently without any conflict of interest of any organizations that would lead this case report to bias.

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