

# Hodgkin's lymphoma in homoeopathic practice



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Conceptual image, Synthesis, Evaluation of symptoms, Reed stern bern cells.

**ABSTRACTS:-** Description has been made regarding Hodgkin's Lymphoma, its incidences, Risk factors, Aetiology, Patho Physiology, Signs & Symptoms, Diagnosis, & its Complications.

A cured case of Hodgkin's Lymphoma treatment has been presented in a classical way .

## **INTRODUCTION: WHAT IS IT?**

- ▶ Hodgkin's lymphoma, also known as Hodgkin lymphoma and previously known as Hodgkin's disease, is a type of lymphoma, which is a cancer originating from white blood cells called lymphocytes.
- ▶ It was named after Thomas Hodgkin, who first described abnormalities in the lymph system in 1832.
- ▶ Hodgkin's lymphoma is characterized by the orderly spread of disease from one lymph node group to another and by the development of systemic symptoms with advanced disease.

## **INCIDENCE**

- ▶ It is not very common. About 1,900 cases are diagnosed in the UK each year.
- ▶ About 1 in every 200 cancers diagnosed is a Hodgkin lymphoma. It is much less common than the other main type of lymphoma ([non Hodgkin lymphoma](#)), which is diagnosed in around 12,200 people each year.<sup>1</sup>

## **WHAT ARE THE RISK FACTORES?**

- ▶ Exactly what causes Hodgkin lymphoma is not known yet, but there are some things that may make some people more likely to get it.
- ▶ Research is going on to try to find out exactly what does cause this cancer.
- ▶ What we do know is that, like all cancers, Hodgkin lymphoma is not infectious.
- ▶ There is information below about factors that may increase or decrease the risk of Hodgkin lymphoma

### **1. AGE & GENDER:-**

- ▶ It can occur at any age, but In the UK it occurs more commonly in men between the ages of 20 to 34 and 75 to 79.
- ▶ In women it occurs more commonly between the ages of 20 to 24 and 70 to 74.
- ▶ It is slightly more common in men than women.
- ▶ Cancer Research UK statisticians have estimated that in the UK, 1 in 440 men and 1 in 500 women will develop Hodgkin lymphoma during their lifetime.

- ▶ 2. PREVIOUS NON HODGKINS LYMPHOMA:-

- ▶ People treated for a previous non Hodgkin lymphoma (NHL) have an increased risk of Hodgkin lymphoma.
- ▶ This may be due to the treatment they had for the NHL.

### 3.LOWERED IMMUNITY:-

- ▶ Anyone whose immune system is not working properly is more likely to develop Hodgkin lymphoma. The immune system may have low immunity if you
- ▶ Are taking medicines to stop organ rejection after a transplant
- ▶ Have HIV (human immuno deficiency virus) or AIDS (acquired immuno deficiency syndrome)
- ▶ Were born with a rare medical syndrome that affects immunity
- ▶ Anyone whose immune system is not working properly is more likely to develop Hodgkin lymphoma. The immune system may have low immunity if you
- ▶ Are taking medicines to stop organ rejection after a transplant
- ▶ Have HIV (human immuno deficiency virus) or AIDS (acquired immuno deficiency syndrome)
- ▶ Were born with a rare medical syndrome that affects immunity
- ▶ There is an increased risk in people with auto immune disease.
- ▶ It may be due to the drugs people have to take or due to the immune conditions themselves

- ▶ 4.CONTACT WITH COMMON INFECTION:- Getting infection early may help us to develop a healthy immune system and this could be what lowers the risk of Hodgkin lymphoma.

- ▶ 5.EPSTEIN BARR VIRUS:- Epstein Barr virus is the virus that causes glandular fever (mononucleosis).

- ▶ People who have had glandular fever have an increased risk of Hodgkin lymphoma afterwards.

- ▶ 6.HEPATITIS C VIRUS:- Results from a few studies show that people who have the Hepatitis C virus may have an increased risk of Hodgkin's lymphoma.

- ▶ 7.FAMILY HISTORY & ETHNICITY:- First degree relatives of people with Hodgkin lymphoma, non Hodgkin lymphoma, or chronic lymphocytic leukaemia have an increased risk of getting Hodgkin lymphoma themselves.

- ▶ A first degree relative is a parent, child, sister or brother. We don't know whether this is due to an inherited gene change or whether it is due to shared lifestyle factors.

- ▶ increased risk of Hodgkin lymphoma in first degree relatives of people with ulcerative colitis and sarcoidosis

- ▶ 8.BREASTFEEDING:- A study combining all the results of earlier research found a lower risk of Hodgkin lymphoma in children who had been breastfed, but we don't really know why this occurs or how important this is.

- ▶ 9.HAIR DYE:- Several studies over the years have looked into hair dyes and risk of lymphomas

- ▶ 10.ALCOHOL&SMOKING.

- ▶ 11.BEING VERY OVER WAIGHT.

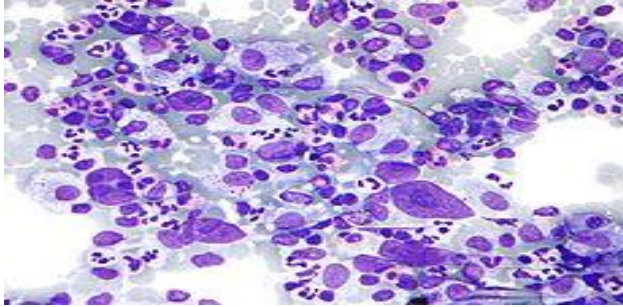
- ▶ 12.WORK PLACE CHEMICALS:- A recent study reported that people exposed to pesticides in their work may have an increased risk of Hodgkin lymphoma. 2

### PATHOPHYSIOLOGY:-

#### MACROSCOPY:-

- ▶ Affected lymph nodes (most often, laterocervical lymph nodes) are enlarged, but their shape is preserved because the capsule is not invaded.
- ▶ Usually, the cut surface is white-grey and uniform; in some histological subtypes (e.g. nodular sclerosis) a nodular aspect may appear.

## MICROSCOPY



- ▶ Microscopic examination of the lymph node biopsy reveals complete or partial effacement of the lymph node architecture by scattered large malignant cells known as Reed-Sternberg cells (RSC) (typical and variants) admixed within a reactive cell infiltrate composed of variable proportions of lymphocytes, histiocytes, eosinophils, and plasma cells.
- ▶ The Reed-Sternberg cells are identified as large often bi-nucleated cells with prominent nucleoli and an unusual CD45-, CD30+, CD15+/- immunophenotype.
- ▶ In approximately 50% of cases, the Reed-Sternberg cells are infected by the Epstein-Barr virus.
- ▶ Characteristics of classic Reed-Sternberg cells include large size (20–50 micrometres), abundant, amphophilic, finely granular/homogeneous cytoplasm; two mirror-image nuclei (owl eyes) each with an eosinophilic nucleolus and a thick nuclear membrane (chromatin is distributed at the cell periphery).<sup>3</sup>

### WHAT ARE THE SIGNS&SYMPTOMS:- 1)LYMPHADENOPATHY:-

- ▶ The most common symptom of Hodgkin's is the painless enlargement of one or more lymph nodes, or lymphadenopathy.
- ▶ The nodes may also feel rubbery and swollen when examined.
- ▶ The nodes of the neck and shoulders (cervical and supraclavicular) are most frequently involved (80–90% of the time, on average). The lymph nodes of the chest are often affected, and these may be noticed on a chest radiograph.
- ▶ 2)NIGHT SWEATS
- ▶ 3)Unexplained WEIGHT LOSS
- ▶ 4)ITCHY SKIN.
- ▶ 5)HEPATOMEGALY
- ▶ Enlargement of the liver, due to liver involvement, is present in about 5% of cases.
- ▶ 6)SPLENOMEGALY:
- ▶ Enlargement of the spleen occurs in about 30% of people with Hodgkin's lymphoma.
- ▶ The enlargement, however, is seldom massive and the size of the spleen may fluctuate during the course of treatment.
- ▶ 7)HEPATOSPLENOMEGALY
- ▶ The enlargement of both the liver and spleen caused by the same disease<sup>4</sup>
- ▶ 8)PAIN FOLLOWING ALCOHOL CONSUMPTION
- ▶ classically, involved nodes are painful after alcohol consumption, though this phenomenon is very uncommon, occurring in only two to three percent of people with Hodgkin's lymphoma, thus having a low sensitivity.
- ▶ On the other hand, its specificity is high enough for it to be regarded as a pathognomonic sign of Hodgkin's lymphoma
- ▶ The pain typically has an onset within minutes after ingesting alcohol, and is usually felt as coming from the vicinity where there is an involved lymph node.
- ▶ The pain has been described as either sharp and stabbing or dull and aching
- ▶ 9)BACK PAIN

- ▶ Nonspecific back pain (pain that cannot be localised or its cause determined by examination or scanning techniques) has been reported in some cases of Hodgkin's lymphoma.
  - ▶ The lower back is most often affected.<sup>5</sup>
- 10)PETECHIAE
- ▶ Red-coloured patches on the skin, easy bleeding and petechiae due to low platelet count (as a result of bone marrow infiltration, increased trapping in the spleen etc.—i.e. decreased production, increased removal)
  - ▶ ten affected
  - ▶ **SYSTEMIC SYMPTOMS:-** About one-third of patients with Hodgkin's disease may also present with systemic symptoms, including
  - ▶ low-grade fever;
  - ▶ night sweats;
  - ▶ unexplained weight loss
  - ▶ loss of at least 10% of the patient's total body mass in six months or less,
  - ▶ itchy skin (pruritus) due to increased levels of eosinophils in the bloodstream;
  - ▶ or fatigue (lassitude).<sup>6</sup>

**CYCLICAL FEVER:-**

- ▶ patients may also present with a cyclical high-grade fever known as the Pel-Ebstein fever, or more simply "P-E fever". However, there is debate as to whether the P-E fever truly exists.
- ▶ WHAT IS IT DIAGNOSED?
- ▶ The disease is usually diagnosed after a biopsy of suspected tissue, usually a lymph node biopsy.
- ▶ If the biopsy and other tests show that you have Hodgkin lymphoma, more tests will be done to see if the cancer has spread. This is called staging. Staging helps guide treatment and follow-up. It also gives you an idea of what to expect in the future.
- ▶ The following procedures will usually be done:
- ▶ Blood chemistry tests including protein levels, liver function tests, kidney function tests, and uric acid level
- ▶ Bone marrow biopsy (in certain cases)
- ▶ CT scans of the chest, abdomen, and pelvis
- ▶ Complete blood count (CBC) to check for anemia and white blood count
- ▶ PET scan

**POSSIBLE COMPLICATION:-**

- ▶ Long-term complications of chemotherapy or radiation therapy include:
- ▶ Bone marrow diseases (such as leukemia)
- ▶ Heart disease
- ▶ Inability to have children (infertility)
- ▶ Lung problems
- ▶ Other cancers
- ▶ Thyroid problems<sup>7</sup>

**CASE STUDY:-**

- ▶ On 5th April ,a male child named Sri Soumya Ranjan Barik,of 11 years old came to consult us from Nachuani. He had lymph node enlargement at cervical region with lytic changes in the sternal bone. Along with that he had complaints of chronic cold with running nose,thin discharge, obstruction of both the nose on alternate sides .On further investigation he had revealed us the following information.
- ▶ P/H:-Typhoid
- ▶ F/H:-father –TB

- ▶ P/H:-student,
- ▶ non veg
- ▶ PHYSICAL GENERAL:-
- ▶ R.H.C:-Hot pt.
- ▶ Desire:-Sour(+++), Salt(++), Warm food(++)
- ▶ Aversion:- Bitter, Sweet(+++), Milk(++)
- ▶ Appetite:-N
- ▶ Thirst:- decreased with MT
- ▶ Stool:- clear
- ▶ Urine:-N
- ▶ Sweat:- moderate
- ▶ Salivation:- During sleep
- ▶ Sleep:-N
- ▶ Dream:-N.S
- ▶ MENTAL GENERALS:-
- ▶ Irritable(+++)
- ▶ Desires company(++)
- ▶ Consolation >(++)
- ▶ Likes music (++)
- ▶ Sympathetic (++)
- ▶ ON EXAMINATION:-
- ▶ Wt.:-33 kg
- ▶ Swollen tonsils
- ▶ Enlargement of inferior turbinate

#### ANALYSIS OF SYMPTOMS:-

- ▶ LOCATION:-
- ▶ 1)chest
- ▶ 2) nose
- ▶ SENSATION:-
- ▶ 1)enlarged lymph node
- ▶ 2)obstruction
- ▶ MODALITY:-XX
- ▶ CONCOMITANT:-XXX

#### CONCEPTUAL IMAGE

- ▶ 1)Unexpected deviation:-
- ▶ hot pt. desires for warm food
- ▶ 2)Causation:-XXX
- ▶ 3)Mental general:-
- ▶ Irritable(+++)
- ▶ Desires company(++)
- ▶ Consolation >(++)
- ▶ Likes music (++)
- ▶ Sympathetic(++)
- ▶ Particulars:-
- ▶ Lymph node enlargement
- ▶ Lytic lesion in sternal bone
- ▶ Chronic cold
- ▶ Running nose with thin discharge

- ▶ Nasal obstruction at alternate sides
- ▶ Sleep:-N
- ▶ Dream:-N.S
- ▶ Characteristics particulars:-xxx
- ▶ Pathological generals:-
- ▶ Hodgkin's disease
- ▶ Enlarged inferior turbinates
- ▶ Tonsillitis
- ▶ Particulars:-
- ▶ Lymph node enlargement
- ▶ Lytic lesion in sternal bone
- ▶ Chronic cold
- ▶ Running nose with thin discharge
- ▶ Nasal obstruction at alternate sides

#### SYNTHESIS OF THE CASE

- ▶ Aversion bitter, normal appetite, stool-clear,Urine-N, Sleep-N, Dream-N, these symptoms are excluded due to the less magnitude of the symptoms.
- ▶ So the synthesis of the case is written as follows:-
- ▶ 1)Unexpected deviation:-
- ▶ hot pt. desires for warm food
- ▶ 2)Causation:-XXX
- ▶ 3)Mental general:-
- ▶ Irritable(+++)
- ▶ Desires company (++)
- ▶ Consolation >(++)
- ▶ Likes music (++)
- ▶ Sympathetic(++)
- ▶ Physical general:-
- ▶ R.H.C:-Hot pt.
- ▶ Desire:-Sour(+++), Salt(++), Warm food(++)
- ▶ Aversion:- Sweet(+++), Milk(++)
- ▶ Thirst:- decreased with MT
- ▶ Salivation:- During sleep
- ▶ Pathological generals:-
- ▶ Hodgkin's disease
- ▶ Tonsillitis
- ▶ Enlarged turbinates
- ▶ Characteristics particulars:-xxx
- ▶ Particulars:-
- ▶ Lymph node enlargement
- ▶ Lytic lesion in sternal bone
- ▶ Chronic cold
- ▶ Running nose with thin discharge
- ▶ Nasal obstruction

#### EVALUATION OF SYMPTOMS

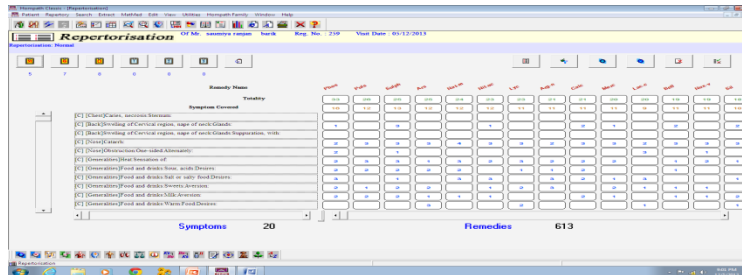
- ▶ In this above cases mental generals are predominant .So we evaluate the case according to Kent's method of evaluation.
- ▶ So the evaluation of symptoms are as follows

- ▶ **1)Unexpected deviation:-**
- ▶ hot pt. desires for warm food
- ▶ **2)Causation:-XXX**
- ▶ **3)Mental general:-**
- ▶ Irritable(+++)
- ▶ Desires company(++)
- ▶ Consolation >(++)
- ▶ Likes music(++)
- ▶ Sympathetic (++)
- ▶ Physical general:-
- ▶ R.H.C:-Hot pt.
- ▶ Desire:-Sour(+++), Salt(++), Warm food(++)
- ▶ Aversion:- Sweet(+++), Milk(++)
- ▶ Thirst:- Decreased with MT
- ▶ Salivation:- During sleep
- ▶ Pathological generals
- ▶ Hodgkin's disease
- ▶ Tonsillitis
- ▶ Enlarged inferior turbinates
- ▶ Characteristics particulars:-xxx
- ▶ Particulars:-
- ▶ Lymph node enlargement
- ▶ Lytic lesion in sternal bone
- ▶ Running nose with thin discharge
- ▶ Nasal obstruction alternate sides<sup>8</sup>

**NOSOLOGICAL DIAGNOSIS**

- ▶ Enlarged and suppurated rt. cervical lymph nodes
- ▶ Lytic lessons on sternum
- ▶ From the,biopsy it is concluded it is a case of Hodgkin's Lymphoma

**REPERTORISATION**



**Miasmatic Diagnosis**

symptoms	psora	syphilis	sycosis
Irritable,desir for company,consolation>,sympathetic,music likes			
Desire warmfood,sour			
Desire for salt			
Aversion sweet, milk			

Hot patient	Blue		
Thirst increased, salivation < sleep		Yellow	
Hodgkin's disease	Blue	Yellow	Green
Tonsillitis, nasal obstruction,	Blue		
Inferior turbinate enlarge			Green
Lymph node enlarged	Blue	Yellow	
Lytic lesion in sternal bone		Yellow	
running nose (thick)	Blue		

Hence it is a mixed miasmatic disease state with pre ponderance of syphilitic miasm.

#### Prescription

##### ▶ 1<sup>st</sup> visit(5-4-2011)

Rx

- Tuberculinum-1m
- (1 oz,4 doses,6 hourly)
- Followed by Phos-0/1,0/2,0/3,0/4
- (2oz 16 does BD)

#### Basis of prescription

- ▶ H/o T.B. to father
- ▶ Lytic lesion on sternum
- ▶ Swelling of cervical glands
- ▶ Running nose
- ▶ Obstruction of alternate sides
- ▶ Desire for sour&salt
- ▶ Aversion to sweet&milk
- ▶ Thirstlessness
- ▶ Salivation during sleep
- ▶ Hodgkin's disease
- ▶ Tonsillitis
- ▶ Irritability
- ▶ Sympathetic
- ▶ Desire for company
- ▶ Consolation amel.
- ▶ Desire for music

#### Follow up on(10-5-2011)

- ▶ Cervical lymphnode's enlargement is less
- ▶ associated with itching<during sleep
- ▶ Sternal lesion is unchanged
- ▶ Running nose is less
- ▶ Nasal obstruction is less
- ▶ Rx-Phos-0/5,0/0/7,0/8

(2oz 16 doses

#### Follow up on (8-6-2011)

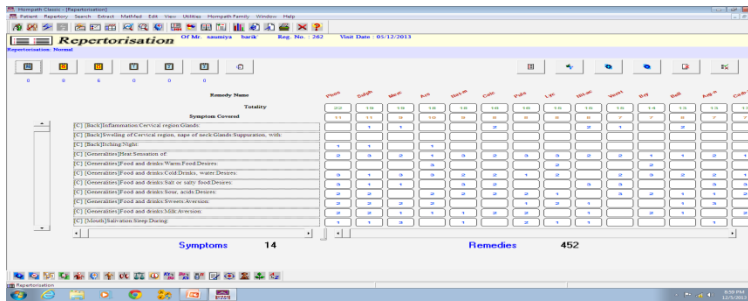


- ▶ Cervical lymph node enlargement with pain associated with itching < sleep during
- ▶ Now there is watery / pus discharge from this lesion
- ▶ Ch cold symptoms are less
- ▶ As the improvement halted
- ▶ Hence case was reviewed. totality was rebuilt as follows:-

**New totality**

- ▶ Hot pt
- ▶ Licks-warm foods/cold drinks/salt/sour
- ▶ Aversion-sweet/milk
- ▶ Salivation during sleep
- ▶ Hodgkin' s disease
- ▶ Fever 100 F,neight
- ▶ Pulse rate 120/min
- ▶ Thirst with moist tongue

**REPERTORISATION**



**Prescription on (8-6-2011)**

**Rx**

**Merc. sol.-1M**

**(1oz 4dose 6hourly)**

**Phos.-0/9,0/10,0/11,0/12**

**(2oz,16doses bd)**

**Follow up on (13-07-2011)**

- ▶ No pus formation lessio of neck/sternum
- ▶ No enlargement of neck gland
- ▶ No fever
- ▶ No cold

**Rx**

**Phos. 0/13,0/14,0/15,0/16**

**( 2oz,16doses,B.D)**

**Follow up on 9.8.11**

- ▶ Again lytic lesson became prominent on sternum
- ▶ F/H Normal
- ▶ Wt. 34kg
- ▶ **Rx**
- ▶ **Baryta carb -200**
- ▶ **(1oz,4doses, 6hourly)**
- ▶ **Phos. 0/17,0/18,0/19,0/20**

- ▶ (2oz,16doses ,B.D.)

**Follow up on 19.9.11**

- ▶ Patient was better on discontinuation, symptoms were increased
- ▶ F/H Normal
- ▶ Wt. 34kg
- ▶ Rx
- ▶ Phos.0/21,0/22,0/23,0.24
- ▶ (2oz 16doses B.D.)

**Follow up on 15.10 .11**

- ▶ Better Sternum lesion dried up .
- ▶ Mastitis with soreness of lt. mammary gland
- ▶ No lymphatic gland enlargement &no pus at neck.
- ▶ Pt. having sore throat.
- ▶ F/H Normal Rx
- ▶ Phytolacca 1M
- ▶ (1oz,4doses,6hourly)
- ▶ Phos. 0/25,0/26,0/27,0/28
- ▶ ( 2oz,16doses,B.D.)

**Follow up on 22.11.11**

- ▶ No mastitis and no soreness
- ▶ Cervical lymph node enlargement with sticky bland discharge
- ▶ Thirstlessness with dry tongue
- ▶ F/H Normal
- ▶ Wt. 32kg
- ▶ Patient was desiring for open air
- ▶ RX Puls.1M (1oz,4doses,6hourly)
- ▶ Phos. 0/29,0/30,0/31,0/32
- ▶ (2oz,16doses,B.D)

**Follow up on 4.1.12**

- ▶ No mastitis
- ▶ No cervical lymph node enlargement
- ▶ Patient is better
- ▶ Rx
- ▶ Phos. 0/33,0/34,0/35,0/36
- ▶ (2oz,16doses,B.D.)

**Follow up on 11.02. 12**

- ▶ Wt. 35kg
- ▶ No lymph node enlargement
- ▶ Lytic lesion is less
- ▶ F/H- Normal
- ▶ Rx
- ▶ Phos. 0/37.0/38.0/39.0/40
- ▶ ( 2oz,16doses ,B.D.)

**Follow up on 12.3.12**

- ▶ Slight watery discharge from neck gland.
- ▶ F/H:- Normal

Rx

Carcinocin 1m  
 ( 1oz.4doses,6hourly)  
 Phos. 0/41,0/42,0/43.0/44  
 (2oz,16doses.B.D)

Follow up on 16.4,18.5,22.6,13.7.and12.8.12

- ▶ No symptom

Rx

Phos.0/44 to o/60

On 13.09.12

Rx

- ▶ Phos .1m
- ▶ (2globules dissolve in 1oz of dist. Water, 4doses ,6hourly)

Follow up on 30.10. 13 (after 14 months)

- ▶ Patient was called for to observe his state
- ▶ He was fine with wt. 40kg and with 1ft growth
- ▶ No feature of Hodgkin's lymphoma
- ▶ Case was studied for finishing dose with an Anti psoric drug

Report of X-ray of chest-P.A.and Lat view of sternum



Report of C.T scan of sternum



Totality of symptoms

- ▶ He presented with following symptoms:-
- ▶ Hot pt.
- ▶ Desire for warm food,sour, sweet.
- ▶ Intolerance to meat.
- ▶ Thirst less ness,
- ▶ Mentally
- ▶ Irritable,
- ▶ weak memory,
- ▶ extrovert

Repertorisation

## Finishing dose

Rx

- ▶ Lycopodium 1m one dose  
(Report after one year)

## CONCLUSION

From the above study, it is envisaged that by Homoeopathic treatment this can be reversibility of so called irreversible pathology as shown in this evidence based case study of Hodgkin's Lymphoma.

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