

# Humlegaarden



## **Bladder cancer – new urinary bladder avoided**

A Danish man, born 1937, came to – Humlegaarden 2 January 2007 with bladder cancer. He was advised to have the urine bladder removed, and hoped to avoid this by submitting to Humlegaarden's treatments.

Patient's antecedents:

Pt discovered blood in his urine 11 May, 6 June and 14 June 2006. A CT-urography was made, showing a contrast defect/deficiency from a tumour of app. 2 cm in diameter in the right side of the bladder.

30 June 2006 was operated with TUR – B (Trans Urethral Resection – of the bladder) and in the right side of the bladder posterior wall are found two tumours: one broad based tumour of 1.5 cm and behind this an app. 1 cm large tumour. These are removed by electro-resection, i.e. they are burned down to the muscle tissue in the bladder, and various biopsies are taken from the remaining tissue in the bladder. Microscopy shows papillomatous tumour in grade II and grade III atypia respectively, and in one the biopsies adjacent the tumour is found carcinoma in situ.

A cystoscopy on 29 November 2006 shows a small papilloma recidive, this is removed 8 December 2006. At the same time was taken various new bladder biopsies. A cystoscopy in general anaesthesia with a biopsy from the bladder mucosa shows bladder cancer (transcellular papillary tumour). In other parts of the bladder are found early stages of carcinoma in situ. Pt is suggested a radical removal of the urine bladder and construction of a new bladder, but pt declines due to possible complications (*byldeannelse*, infection, anastomose leakage and erectile dysfunction).

Pt arrives at Humlegaarden 2 January 2008 and begins treatment, among others, with mistletoe compound Helixor A in increasing doses, along with metronomic chemo (Sendoxan 50 mg daily) and local hyperthermia. Moreover, we advised him to request BCG-flushes of the urine bladder upon return to his university hospital. BCG (Bacillus Calmette-Guérin) is a deactivated form of tuberculosis vaccine that has proven effective, via immunological mechanisms, against superficial bladder cancers.

Pt receives six weekly BCG-flushes from 12 March to 25 April 2007.

Pt has since undergone tests, the last cystoscopy of 4 August 2008 showing everything to be in order, no conspicuous mucous membrane and no polyps. *Blæreskyllevæsken* without cancer cells.

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Pt is living a normal life with normal micturition (urination) and continues his three weekly mistletoe injections. The metronomic chemo was stopped in September 2007 as it no longer seemed necessary.