

Humlegaarden



Brain Tumor

Mr A.U., born August 1930, felt dizzy in August 1986 and later had a terrible headache. During November his headache as well as dizziness worsened, and after an examination by an eye specialist and an ear, nose and throat specialist, the patient was hospitalized at the neuro-medicinal department in Hilleroed on November 24 1986. Here they found a tumor in that part of the brain-stem which is called pons, and the tumour looked malignant. The patient was sent to the neurosurgical department at Rigshospitalet. However, the tumour wasn't surgically accessible, and for that reason the patient was sent on to the Finseninstuttet (a Danish hospital, known for its radiation treatment). On December 16 1986 he began prednison treatment (cortisone) and radiation, the latter til February 3, 1987.

During this treatment the patient did not feel well at all and had pupilar stasis (overpressure in the eyes). He stayed in bed most of the time, apathetic, fatigued and listless.

The patient first went to Humlegaarden on January 23, 1987 for examination and treatment, i.e., during the last part of the radiation treatment. He was still fatigued at this time, due to the medicines. On the whole, he was only able to say two words--"yes" and "no," and those words he almost yelled. He was shuffling along uneasily and his wife had to support him.

We immediately began with injections of Helixor A (from spruce) and our standard treatment for brain tumours, i.e., Stannum D20, Arnica radix D20, Belladonna D30, etc., aiming at reducing the edema which is often found around brain tumours. The patient came daily to Humlegaarden till the end of February, when the dose of Helixor was increased to 100 mg. He also had injections with his own ozonized blood.

After this, the patient kept coming to Humlegaarden two or three times a week (he was living in nearby Rungsted) and during the coming months his prednison dose was scaled down, as he clearly was physically improving. However, he was still only able to say "yes" and "no."

Neither the Rigshospitalet nor the Finsen made any request for the patient to have check-ups, but in June the patient's wife insisted face to face with the doctors at the Rigshospitalet that they conduct for a new scan. This was done in the middle of June and they found the liquor-blocking which had previously been detected in December but not treated. A shunt was implanted, which at once removed the accumulation of fluid in the brain, and when the patient came for a check-up at Humlegaarden on July 3 he was physically stable, was able to talk and walk normally, but had almost completely lost memory of what happened between January to June 1987. The patient quickly recovered and was scanned again on September 30, when the tumor had become smaller.

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At the beginning of October 1987 the patient began working again as the head of a department in an engineering firm, something which would have been unthinkable 6 months earlier.

The patient continued living in good health and in January Professor Gjerris now believed the tumor to be operable and offered to conduct an operation. The patient thanked him but declined because he was feeling so well. He agreed to early retirement pension when he was 60 years old and is still going strong.

A scan in October 1991 found a kind of volumetric process of 2.5x3x3.5 cm in the left cerebellopontine angle. It is now concluded that the tumor is a polychamber cystic process, possibly an arachnoid encystment. There is a supposition about a small, more substantial partial tumour part in the lower part of the process.

In December 1992 the patient had a smaller cerebral haemorrhage at the back of the head, which disappeared in a couple of days. On July 29 1994 an MR-scan at Roskilde Hospital showed a complete disappearance of the above-mentioned process in the brain-stem as well as quite normal conditions in the ventricle of the brain.

The patient became a normal Danish pensioner, who in 1994 was driving his own camper on holidays to Canada, France, Lanzarote and the Netherlands. He was doing fine at the check-up in March 1995, but in May 1995 he had a recurrence of the cerebral haemorrhage, because the earlier radiation from 1986/87 had weakened the cerebral blood vessels. At the latest contact in October 1997 the patient was still suffering from the after-effects of this haemorrhage, but there were no signs of the tumor having returned.