

Humlegaarden



Breast Cancer

Mrs K.K. was born in October 1937. Having felt a kind of tumour in her left breast for a couple of years, she had an operation on January 7, 1983. The tumour, which proved to be malignant, was removed and three days later the entire breast was also removed, as well as the lymph glands. The malignancy spread to three out of three of the removed glands in the armpit field and to 2 out of 3 in the processes axillaris (i.e. the "tail" of the breast, which stretches into the armpit). The size of the tumour was 1 cm.

The patient was thus in the high-risk group, and chemotherapy with Endoxan, Metrotrexat and 5-FU once a month was started on February 3 1983 and stopped in September the same year. Furthermore, she was given the anti-estrogen Novadex--30 mg every day for about a year.

The patient came to Humlegaarden right after starting chemotherapy, i.e., in the middle of February 1983 and began with the mistletoe preparation Helixor Pini (from pine) and the usual greater celandine drops (Chelidonium comp) for the liver.

Mrs K.K. was in good health in connection with this treatment until 1985, when she had several bouts of influenza in March, April and May plus pneumonia in her left lung at the beginning of August and in her right lung at the end of the same month. She was quite worn out by the pneumonia, and an X-ray of her right lung showed a spot that had disappeared. The patient had antibiotics and we increased the Helixor dose to 50 mg every other day. In Autumn 1985 she had such strong headaches that she was given a brain scan, which showed that everything was normal.

The position of her bed checked for veins of water through dowsing, and after that it was moved.

In 1988 the patient had influenza again, and in December 1990 there was again a problem with her lungs, which were checked 34 times (at a months interval).

From July 1992 to October 1992 she had an almost continuous low fever of up to 38 degrees centigrade, and maxillary sinusitis was diagnosed and then punctured. The patient was easily winded, even if she only had to go up one floor. Her condition improved, but in summer 1993 she had an inflammation of the throat, which lasted about a month and a half.

At the latest check-up in October 1998 the patient was doing fine. During all these years she has followed her Helixor-treatment to the letter, and this case fully illustrates how important it is to begin as early as possible and shows what an impact a consequently continued immune-therapy can have on the patient's future--in this case a frail woman, who during these 12 years was divorced, had an appendix operation and had a reconstruction of her breast.

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Doctors working with biological treatments consider it a tragedy for the patients that traditional oncologists so far have not realised the importance of immune-therapy.