



Immediate improvement in patient with multiple metastases in breast cancer

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The patient, a 55-year-old woman from Israel, came to Humlegaarden 23 April 2010 with breast cancer and multiple metastases to the lungs and liver, and pain in the chest.

The patient is genetically predisposed to breast cancer as BRCA 1 mutated, her sister also has a BRCA 1 mutation, their mother died of breast cancer. Therefore, in 2005 the patient decided to have the ovaries removed in order to minimize oestrogen production.

In August 2008 the patient discovered a tumor in the right breast, and had both breasts removed. It was an invasive ductal carcinoma without spread to lymph nodes in right armpit, triple negative, ie without hormone receptors and Herceptin sensitivity. The patient opted for no further treatment.

In February 2009 the patient noticed a bulge to the left of the sternum, but the ultrasound showed no abnormality. The tumor was removed and proved to be a recurrence of breast cancer. Subsequent examinations showed conflicting results, but the patient received radiotherapy as a precaution, 25 x against the tumor area and in the left armpit. Completed radiotherapy 16.11.2009.

A routine examination in April 2010 showed multiple metastases to lungs and liver, one metastasis in the liver was very large, 15 x 12 cm in diameter and there were smaller metastases 2-3 cm in size.

In Israel she was now offered treatment with Taxol, Avastin and CAF, but the patient choose to go to Humlegården. She comes almost directly from the hospital in Israel where she was hospitalized for heavy breathing and severe pain around the sternum (breastbone), and on arrival she had an LDH value of 2210, and other rather elevated liver markers. The tumor marker CA-15-3 was 56 and sedimentation rate (SR) 86.

When the patient arrives, she has pain in the sternum, enlarged liver, and some fatigue.

We immediately begin treatment with low dose metronomic cyclophosphamide, with local hyperthermia on the liver, with the mistletoe compound Helixor M in increasing dosage, and with other natural remedies for the liver and lungs. Moreover LDN (low dose naltrexone), alpha-lipoic acid, curcumin and DCA. She responds very well to this treatment and at departure on 23. May 2010 LDH is decreased to 279, her ferritin (a nonspecific tumor marker) decreased from 418 to 139, sedimentation rate decreased from 86 to 49. The liver markers are all reduced.

At our latest contact with the patient on 28. June 2010, she is feeling very well. She follows our program in Israel to the letter, and her tumor marker for breast cancer, CA 15-3, has now returned to normal (31), her LDH is normal (!!!) and her liver marker gamma-glutamyltransferase has gone from 410 to 180 . She moves around freely and is very pleased with the outcome.

Conclusion: Sometimes, with the combination of low dose metronomic chemotherapy and biological treatment you might see a very rapid onset of response.