



Gynaecological Tumor

Mrs I.L.L., born September 1927 had been troubled by periodical pain in the upper part of the stomach and momentary vomiting since 1986. Various X-ray examinations at a Norwegian hospital showed only pouches on the large intestine. An ultrasound scan in December 1988 showed metastases in all segments of the liver, and a biopsy showed adenocarcinoma. Prime tumor unknown.

A gynaecological tumor was suspected i.e. a tumor in the abdomen, and in January 1989 her uterus and ovaries were removed. Examinations of the tissue showed only benign tumors (benign leiomyoma) and consequently no signs of cancer.

It was decided to give the patient chemotherapy with FAM (5-FU, adriamycin and mitomycin). That was on February 7 1989 adding 1000 mg 5-FU on February 14. Cure no. 2 was given in the same way on April 7 and again on April 14. In June both the liver and the metastases in it had grown and for that reason the chemotherapy was stopped.

The patient was staying at Humlegaarden from August 18 until September 1, 1989, and we started with the mistletoe preparation Hexor M (from the apple tree) by injection complemented with dandelion, chicory and other liver plants, also by injections - plus as usual drops from greater celandine and milk thistle (chelidonium comp).

The patient has been given these injections by her own local G.P ever since. The last contact with her in November 1996 showed that she was doing fine. She is living in her own house and is very active - participating in local meetings. However, in May 1992 she got diabetes, but it is now well under control.