

Humlegaarden



Breast Cancer and Antihormones

A Danish woman, A.H., born in 1946 came to Humlegaarden in April 1996 with a large cancerous tumour in the left breast. Pt. didn't want to be operated on and got the mistletoe preparation Helixor. A new biopsy done in September 1996 showed that cancer had spread to the right breast, to the left armpit and the left side of the neck. The patient was strongly positive for estrogen receptors. Therefore she received Tamoxifen 30mg daily. She then agreed to an operation but the surgeons found her cancer inoperable. Instead they offered her chemotherapy. She refused that and came to Humlegaarden again in November 1996. At the control consultation in February 1997 the tumours under the arm and on the neck had disappeared and the lump in the right breast was reduced to half size. The skin over the lump in the left breast looked much better. By the middle of June 1997 her lumps were gone. The patient restarted her job in August 1997.

Six weeks after the cancer reappeared in both breasts and Tamoxifen was changed to Femar 2.5mg daily that stopped the growth of the cancer. The patient stopped her mistletoe injections in February 1998, and stopped Femar in May 1998. At the end of June she received 5 radiation treatments on her ovaries.

In July 1998 she fell down from an Icelandic horse and broke her right arm, which was surgically treated.

In the middle of December 1998 she came to Humlegaarden for consultation where we found a lump in her left breast measuring 7-8cm and restarted Helixor injections. In June 1999 she again stopped mistletoe injections because she used up her supply. She restarted it in November 1999 due to cancer growth in the left breast.

From 14.6.00-1.8.00 she received radiation on the left breast which resulted in third degree burning as a result. One month after the radiation she developed 10-12 cutaneous metastases on her left breast and she therefore received Tamoxifen 20 mg. daily from 1.11.00. In the beginning it had considerable effect but in February 2001 there appeared a new cutaneous lesion in the left breast area. Therefore Tamoxifen was stopped on 1.3.01 and she received Megace 160mg daily instead of it. She stopped the latter after three weeks because of side-effects.

In May 2001 fluid appeared in the pleura of the right lung and two and a half liter of fluid was removed through puncture on 28-29.5. Besides this there were metastases to the first lumbal vertebra. She then received chemotherapy, which she couldn't tolerate. After that she received Her-2-Neu auto-vaccine without effect. In the beginning of January 2002 the cancer spread itself to pleura on both sides and to the pericardium. Two liters of fluid were tapped from the pleura.

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The patient came again to Humlegaarden on 18.1.02. She had shortness of breath even at rest and arrhythmia (irregular heart action). From 26.1.02 we gave her the antihormone drug Aromasine 25mg daily. She soon got her strength back. On 31.1.02 two liters of fluid were again tapped from pleura. Her condition quickly became better and on 1.7.02 she stopped Prednisolone. In August she started her job again.

In January 2003 the patient stayed two weeks in Humlegaarden and was in excellent health. CA 15-3 is falling. She receives Helixor 150mg three times per week and 25mg Aromasine daily.

Antihormone treatment is an essential treatment method today, especially for breast cancer. It is important to change the antihormonal drugs when necessary, as we saw in this story because they can be very effective and as a rule, they do not have tangible side-effects. You can read about antihormones in the list of treatments offered by Humlegaarden.