

Cancer care the cam way

Short communication

Cancer is the fastest growing disease in the United States.¹ It is also the second leading cause of death in the U.S., only behind heart disease by a few thousand deaths.²

Major cancers and estimated new cases in 2015.³

Cancer Type	Prevalence
Prostate	220,800
Breast	231,840
Lung (men and women)	115,610 and 105,590
Colon-rectal (men and women)	69,090 and 63,610
All sites (men and women)	848,200 and 810,170

Conventional medicine has provided the most powerful tools for fighting that formidable disease, cancer. These therapies are effective in stopping cancer but they are also toxic to the body-often threatening the patient's life.

Cancer patients, and survivors, seek ways to modulate these toxic effects and discover better treatments for survival. A recent study found that 90% of cancer survivors have used at least one form of complementary and alternative medicine (CAM).⁴ Up to 71% of those survivors reported CAM improved wellness and quality of life. While these seem like subjective measures, "wellness" and improved "quality of life" are directly related to improved cancer survival.¹

This led to an emergence of widespread complementary and alternative therapies that are now regularly used in cancer treatment and prevention.

CAM therapies are often based on natural healing principles which promote anti-cancer effects in the physiology with the aid of natural products. At the Ayurvedic and Naturopathic Medical Clinic, we aid the body by promoting the immune function, supporting healthy inflammation, and promoting detoxification. This strategy has been developed and refined through research and experience over the past 35 years. Major therapies offered at the ANMC include:

- i. **Intravenous infusions:** Vitamin C, Mistletoe, Alpha lipoic acid, nutritional IV and more.
- ii. Infra-red sauna.
- iii. **Herbal therapies:** Ashwagandha, Turmeric (Curcumin), Boswellia s. (Frankincense), Neem, etc.
- iv. **Detoxification:** Panchakarma includes cleansing massages, sweat therapy, doctor-guided fasting/purging, colonics, as well as special dietary and lifestyle interventions.

We have found that the combination of these therapies, with the use of conventional cancer care, can yield remarkable and lasting effects. A "normal" life, and even remission, is achievable through a sustained and intentional approach to whole-body wellness, as highlighted in the following case studies.

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Living a full life with glioblastoma multiforme

56 year-old male, with glioblastoma multiforme

The investigation and subsequent treatment of MD's GM tumor began March 30, 2013, during a visit with a physician at a Swedish hospital. MD presented with dizziness, ataxia, and also complained of on-and-off headaches for the past 3 days. MD also revealed a history of diplopia, memory loss, altered balance, and coordination.

In recent months, MD had also been diagnosed for Atrial fibrillation on Feb. 06, 2013, and sleep apnea Feb. 28, 2013. On physical examination, MD was found to be stable and well oxygenated. Physical exams were otherwise within normal limits (WNL). Laboratory testing was also WNL, with the exception of elevated white blood cells and elevated platelets.

An investigative heat CT scan revealed a Right Thalamic mass (right-central part of the brain), measuring nearly 4 cm in diameter as of March 31, 2013. Diagnosis of Glioblastoma multiforme was confirmed by biopsy of the right thalamus on April 3, 2013.

Patient was prescribed radiation therapy and chemotherapy as primary intervention, beginning the first round of Temozolomide (Temodar), Decadron, and Keppra on April 24, 2013.

MD first visited our clinic on Aug. 8, 2013. At the time, we initiated complementary therapy after consulting with his oncologist. We incorporated dietary and lifestyle modifications, as well as herbal supplements.

- i. **Boswelya Plus™**: 1 cap x3/day.
- ii. **CoCurcumin™ powder**: 1 tsp, twice a day.
- iii. **Melatonin**: 6mg at night.
- iv. Ketogenic diet, which is rich in fats like oils or animal products and reduces sugar exposure for cancer cells.

While radiotherapy ended, chemotherapy with Temodar and Avastin continued. MD continued having problems with fatigue, constipation, confusion, and stress. Continuing the initial therapy, we added:

- i. Sugar elimination as of Nov. 11, 2013 (began using glutamine as alternative sweetener).
- ii. **AmlaPlex™**: 1 tsp 3x/day.
- iii. **Neem Plus™**: 1 cap x3/day.

We also added IV therapy treatments to his regimen on Jan. 20, 2014. IV Treatment was given, while MD sat in far-infrared sauna. The component of IV consisted of:

- i. **Vitamin C**: 500 mg/ml x25 ml in 500 ml of distilled water.
- ii. **20% MgCl**: 200 mg/ml x 5 ml in 500 ml of distilled water.

Patient received 7 IV treatments between Jan. 20 and Feb. 27, 2014. MRI studies have shown a steady decline in tumor size between August 2013 and March 2014. As of March 2014, the tumor shrank from nearly 4 cm to 2.7cm in diameter. MD also reported that, since starting the complementary regimen, he had no side effects of chemotherapy; numbness and tingling were gone, nausea had retreated, and his energy and mood had significantly improved. Blisters related to Avastin treatments, pruritis related to other medication and constipation had improved. At this point, we added on a couple of adaptogenic and nervine supplements to support the healing process:

- i. **Bacopa Plus™ formula**: 1 cap x3/day.
- ii. **Ashwagandha**: 1 cap x3/day.
- iii. **Melatonin**: 20mg at night.

- iv. Continued IV treatments with Vitamin C and MgCl.

In September of 2014, while the cancer had stabilized, MD took a cruise around the Mediterranean with his lovely wife. MD and his wife described it as, “the trip of a lifetime.” They had minimal-to-no difficulty continuing the supplements.

The following month, the MRI report had ominous news: the tumor had grown in size significantly. Despite this, MD was still doing fairly well. Symptoms of balance, numbness, tingling, and forgetfulness were a bit worse, but not significantly debilitating. Michael still had energy to do many things, including cooking breakfast “his favorite meal of the day.”

After several weeks in deliberation, MD decided to try Novocure electric field therapy and one more round of chemotherapy Avastin and radiation. Unfortunately, MD was never physically the same after this. His energy, balance, and coordination diminished rapidly over the course of a couple of months. In early 2015, MD was provided hospice services for care in his final days. He was also supported by his wife Tracy, sister, father, and two daughters.

Glioblastoma normally claims its victims within 1 to 4 months, however, MD survived close to 2 years with a good quality of life. He was active and able to continue doing the activities he enjoyed during most of that time-thanks to the aid of CAM therapies.

Remission

RK, 63 Year-old female, metastatic colorectal cancer

RK had a history of breast cancer. She was diagnosed in 1998 and treated with radical mastectomy in 1999, chemotherapy, and radiation. She had also undergone surgical removal of part of her colon in 2008, as treatment for T3 N2 colon cancer. After this, RK underwent an additional nine rounds of chemotherapy and was given “cancer free” status in March 2010, with CEA levels around 0.8. However, the cancer persisted and metastasized to her liver in September 2010. This is when RK finally came to us for complementary care.

At the time, RK’s CEA cancer marker level had spiked from below 1.0 to 3.9. A subsequent CT scan revealed a 3cm tumor in the right lobe of her liver. We initiated a complementary treatment plan during her first visit on Sept. 29, 2010:

- i. **Livit-2, liver supportive formula**: 1 tab x3/day.
- ii. **Trifal™, digestion support**: 1 cap x3/day.
- iii. **Rentone™ a kidney supportive formula**: 1 cap x3/day.
- iv. **CoCurcumin™ powder, inflammation blocker**: 1/2 Tsp, 2x/day.
- v. **Ashwagandha, supportive adaptogen**: 1 cap x3/day.
- vi. Yoga therapy and breathing exercises.
- vii. Constitution-based dietary changes were also introduced.

After surgical removal of part of her liver on Oct. 26, 2010, RK’s CEA level went down to near 1.1 as of Feb. 18, 2011. Considering the aggressive nature of the cancer, RK was very motivated to make dietary and lifestyle changes and seeking ways to lower her body’s toxic burden. RK chose to do our Panchakarma detoxification program starting Feb. 25, 2011.

Also around the same time, a routine abdominal CT revealed a small 3mm nodule in the middle lobe of the right lung. It was dismissed for scarring secondary to previous mastectomy. This nodule continued to grow steadily (3mm to 11mm) throughout 2011 until March of 2012, when it was investigated further. A fine needle biopsy in March 2012 revealed metastasized colon cancer in the lung tissue.

During 2011, RK continued to follow her complementary protocol. We added IV vitamin treatments in March 2011.

- i. **7 IV treatments of Vitamin C and B complex**: March 2010 – April 29, 2011.
- ii. **15 IV treatments of Vitamin C and B complex**: June 3, 2011 – Dec. 19, 2011.

RK reported progressive improvement in fatigue, mood, and quality of life. RK was also able to completely transform her diet and lifestyle practice to better conform to natural rhythms. While on the IV treatments, RK continued her supplements.

The discovery of the metastasized colon cancer in the lung was a demoralizing blow for RK. Yet, she persisted with healthy choices and elected to undergo surgery once again. RK underwent a wedge resection of the tumor from her lung on April 6, 2012 and she returned for treatments soon after. At this time, we placed RK on a regimen of IV mistletoe.

Mistletoe: 250mL ringer lactate. Titrated systematically from 50mg to 500mg over the course of treatment between July 16, 2012 and Oct. 3, 2012.

By October 2012, RK was relieved to find out that her CEA levels and CT scan remained within normal limits. She was feeling healthier than she had previously. She no longer had any cancer or cancer treatment related abnormal symptoms. RK was instructed to continue with her healthy diet and lifestyle practices and continued taking the following supplements.

- i. **Livit-2™**: 1 tab x3/day.
- ii. **Trifal™**: 1 cap x3/day.
- iii. **CoCurcumin™ powder**: 1/2 Tsp, twice a day.
- iv. **Ashwagandha**: 1 cap x3/day.

RK took a break from treatment for a few months and then returned for Panchakarma in March 2013. She underwent a 90-day PK detox between March and May 2013.

In March 2013, we started a second round of IV mistletoe treatments. RK was given 8 IV treatments between June and August of 2013.

RK continues to be a patient at the clinic and she is still cancer free. Her CEA levels remained within normal limits over the past four years-without recurrence of cancer. No signs of malignancies were found on the more recent CT scan or colonoscopy.

Breast cancer choices

BY, 59 Year-Old, Female, With Breast Cancer in Situ

BY is an otherwise healthy middle-aged Chinese female who presented with ER-positive, PR-negative and Her2/neu-positive breast cancer, diagnosed on October 2013. Excision biopsy of a breast lump showed that she had an infiltrating ductal cell carcinoma with mixed ductal and lobular features. Lymph node biopsy showed no infiltration of cancer.

Following lumpectomy BY was offered treatment with aromatase inhibitors. She refused these treatments for fear of cataract and osteopenia. Instead, BY chose to pursue natural treatment for her care.

The patient interview revealed a long-running stressful lifestyle, such as: work and social stress, an unhealthy diet, and a lack of self-care habits like exercise and stress-management strategies. BY was seeking to prevent further disease, while cultivating a foundation for her health.

When she came to our clinic on April 17, 2014, BY had already made some changes to her diet. She was eating vegetables, meat, and quinoa for most of her diet; avoiding sugar, soy, and dairy. She was exercising 4 days per week, doing stretches and weights. ROS determined that BY:

- i. Had lost 16lbs. in the past 6 months dropping weight from 120 to 104lbs.
- ii. Had mild cataract, with some blurring vision.
- iii. Had a 10-year history of high blood pressure, controlled with: Atenolol 25 mg and HCTZ 25 mg.

BY works as a corporate analyst for a major retailer; this job causes a lot of mental and emotional stress. Also, she lives with and cares for her mother, who is 80 years old. She has tendency to become anxious and worry.

Physical examination was WNL. Lab results demonstrated elevated liver enzymes, elevated testosterone, as well as pre-diabetic.

i. **Elevated Liver enzymes**: ALT-117, AST- 78, GGT-77.

ii. She has elevated Testosterone.

iii. **HbA1c**: 6.1%.

Treatment was directed towards support BY's natural anti-cancer immune activity, modulate stressors, support liver function, and manage high blood sugar:

- i. **AmlaPlex™**: one teaspoon, three times per day.
- ii. **Ashwagandha**: one cap, three times per day.
- iii. **CoCurcumin™ Powder**: one teaspoon, twice a day in coconut milk or soy milk.
- iv. **Livit-2™ Liver support**: one tab, three times per day.
- v. **Neem Plus™, for blood sugar support**: one cap three times per day.
- vi. **Trifal™, for bowel support**: 2 cap at night.
- vii. **Probiotic, for digestion support**: one cap three times per day.
- viii. **Broccoli extract, for modulation of estrogens**: one three times per day.

AIV therapy:

- i. **Vitamin C IV therapy**: 25 g Vitamin C with 200 mg mistletoe extract in 500 mL distilled H₂O, once per week.
- ii. **ALA IV therapy**: 1200 mg in 250 mL NaCl, once per week.

BY also underwent detoxification through the Panchakarma program which included 14 sessions of Ayurvedic oil massage and sauna, fasting/purging cleanse, 4 sessions of Colonic/medicated enema over the course of 2.5 months.

Additionally, we recommended that BY add nuts and seeds, raw oils, more seasonal vegetables and fruits, and beans to her diet. For stress management strategies, BY was trained in breathing exercises, simple meditation, and walking at interval speed (3 mph/5 mph) as a form of relaxing aerobic exercise.

Follow-up review of treatment and BY's progress was done on Nov. 11, 2014. Liver enzymes levels improved but continued to be elevated. Total testosterone improved and blood pressure was well-controlled. DEXA scan showed that BY has osteopenia. BY reported excellent energy, continuing to regain her weight and positive outlook on self-care and life. She had no complaints related to her health.

- i. **Liver enzymes**: AST – 71 (H), ALT – 95 (H); ultrasound demonstrated a liver cyst
- ii. **T, total**: 12
- iii. **DEXA scan**: Nov. 6, 2013 – Lumbar: -2.80, left Femoral neck: -2.70, Right femoral neck: -2.90

BY continued her IV treatments and continued all the supplements. She also stuck to her diet and regular exercise. We still needed to reinforce the need for better stress management and reduce work conflicts and anxiety. BY elected to continue IV therapy once every two weeks.

Follow-up on March 3, 2015, BY continued to do well; her weight stabilized at 115 lbs. She continues to have good energy and stress management has greatly improved. By doing breathing and meditation regularly, BY finds these insightful-helping to let go of work concerns and anxiety. Her quality of life is described as “great.”

MRI performed on March 27, 2015, demonstrated no signs of malignancy. Liver enzymes restored to normal limits: ALT – 20, AST – 23.

BY continued to receive weekly IV's through April, then decided to take a 6-month break from IV therapy. She continued her supplement recommendations and at this point, BY has been in remission for almost 2 years.

PSA, from 102 to <1

DJ, 72 Year-old male, with metastasized prostate cancer

DJ came to our clinic in December 2010 after being diagnosed and treated for metastatic prostate cancer. He had undergone prostatectomy. Lab results showed that PSA was rising again. Increasing PSA after removal of prostate indicates metastatic prostate cancer and now his PSA was 102.

DJ was placed on a regimen to support his immune function and strengthen his constitution in January 2011. This regimen included:

- i. **Ashwagandha:** 1 cap, 3x/day.
- ii. **Rentone™ Kidney/prostate support:** 2 caps, 3x/day.
- iii. **Co- Curcumin powder, as inflammation support:** ½ tsp, 2x/day.
- iv. **Boswelya Plus™ formula, as inflammation support:** 2 caps, 3x/day.
- v. **Neem Plus™, as immune support:** 1 cap, 3x/day.
- vi. **AmlaPlex™, as immune support:** 1 tsp, 3x/day.
- vii. He was counseled regarding a comprehensive dietary therapy; as well as, lifestyle modifications like Yoga and breathing exercises.

DJ continued with this regimen throughout 2011. His next visit to the clinic was on March 6, 2012. By this time, DJ's PSA levels had reached around 16ng/mL as of March 16, 2012. At this point, we initiated IV therapy for DJ.

We began with 25g Vitamin C and 5g 20%MgCl in 500 mL distilled water; this was titrated up to 50g Vit. C and 5g 20% MgCl in 50mL distilled water. Then, we added an infusion of alpha-lipoic acid starting at 250mg/40cc, which was titrated up to 600 mg. This regimen was conducted between March 13, 2012 and April 23, 2012.

DJ took a break from treatment and then returned in August 2012. By this time, DJ's PSA had peaked above 26ng/mL. DJ continued his supplement regimen in addition to the following IV therapy regimen.

- i. **AM IV therapy:** 250 mL lactated ringer's solution with 50cc (500mg/mL) vitamin C solution and 5 cc (200 mg/mL) magnesium chloride.
- ii. **PM IV therapy:** 250mL 0.9% NaCl (normal saline) with 15mL (40 mg/mL) alpha-lipoic acid.

DJ's PSA started coming down steadily again after initiation of IV treatment. And we were able to stabilize it below 1 within a few months.

The patient's current status is unknown. We still haven't received records from the Veteran's hospital in Spokane.

Prostate cancer with CAM and conventional care

DC, 58 Year-old, male with prostate ca

DC's prostate cancer was discovered in 2009, following a series of elevated PSA levels. DC had a needle biopsy in January 2010, which revealed a 3+4 gleason Adenocarcinoma of the prostate with questionable focal positive margins at the left base. Subsequently, DC underwent Robotic Assisted Laparoscopic Prostatectomy in February 2010. PSA level taken post-prostatectomy was further elevated to 6.40 ng/mL as of April 6, 2010.

The patient's doctor recommended radiation treatment, but DC was not interested in pursuing any further conventional treatments.

DC came to our office to initiate complementary therapy on April 12, 2010. We started with treatment to help restore his health and reduce toxicity. All DC's lab results were WNL, except the PSA. The following steps were taken after reviewing labs:

- i. **Ashwagandha, for immune support:** 1 cap, 3x/day
- ii. **Vit. D:** 5000 IU/day.
- iii. **Trifal™, for digestion support:** 1 cap, 3x/day
- iv. **Bacopa Plus™ formula, for collagen support:** 1 cap, 3x/day.
- v. **Livit-2™ Liver formula:** 1 tab, 3 x/day
- vi. **Co-Curcumin™ powder:** ½ tsp, 2x/day blended in coconut milk.
- vii. Additionally, DC was counseled regarding constitutional dietary therapy, Yoga practice, and walking as a daily exercise.

In the coming months, DC's PSA continued to go down. It had reduced to 2.00ng/mL by April 29, 2010; then down to 0.66ng/mL on June 24, 2010. DC also dropped 21 lbs during the two months. He was very pleased with his improving health, mood and weight loss.

His PSA began rising again and was measured at 1.42ng/mL on Oct. 14, 2010. Additionally, a secondary suspicious nodule had developed in the location of the left seminal vesicle—near the prostate. As before, DC chose against doing radiation therapy. In response, we added on IV Vitamin C regimen to his treatment plan on Oct. 26, 2010.

DC underwent six IV treatments between Oct. 26 and Dec. 20, 2010. During this time, his PSA went down steadily and was measured at 0.79 in Jan. 17, 2011, 0.57 on April 8, 2011, and 0.63 on July 18, 2011. His latest PSA, as of July 27, 2015, is 0.06.

Few cases discuss how many people have benefited from Ayurvedic and Naturopathic treatments. Healing is different than remission; patients may not always go into remission but their quality of life can improve significantly with natural medicine.

Cancer is an incredibly complex disease. Treatment options should focus on multiple issues, which are often the initial cause of the disease.

Whether you choose conventional treatments or just want to heal your body naturally, having a reliable CAM provider who will work with your oncologist and medical team is paramount.

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Conflicts of interest

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