

Three Cases of Successful Anticancer Therapeutic Regimens

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Abstract

Three patients with gastric adenocarcinoma, endometrial cancer and pancreatic head cancer respectively were treated medications including herbal regimens. The clinical outcomes were followed. These regimens were effective. The patients were able to be engaged in mild physical labor or exercises. The patient with gastric cancer was cured after 10 months' outpatient treatment without the evidence of recurrence for 116 months. The patient with endometrial cancer was cured gradually for a period of 44 months. The patient with pancreas head cancer showed decreased tumor size, increased body weight, and regained sex life for 31 months. Through these three successful cases treated with integrative medicine, we concluded that it is possible to reduce the side effects of conventional chemotherapies, improve patients' life quality, and cure cancers or relieve cancer burdens by using regimens based on the principles in the practice of general medicine.

Keywords: Chinese medicine; Herbal; General internal medicine; Integrative medicine; Oncology

Introduction

The general medicine, as a comprehensive medical discipline, is an integration of clinical, preventive, rehabilitative medicine as well as humanity and social sciences. It prioritizes the needs of patients and their families, promotes holistic health, and provides responsible care on the long-term basis [1].

Based on these principles, we designed the multi-purpose anticancer therapeutic regimens and evaluated their effects on the following three patients.

Case 1

A 70-year-old man presented at a local hospital with a history of black stool for 3 days and haematemesis for 1 hour. A diagnosis of gastric cancer was made on December 26, 2003 through gastroscopy. His condition was stabilized after hemostasis and anti-acid treatment. He sought medical care in our department on February 10, 2004. The physical exam found that he was weak and anaemic, with slight tenderness in his epigastric region and no lump was palpable. Gastrointestinal barium meal fluoroscopy showed that the gastric antrum and body were constricted with a rigid gastric wall which lacked peristalsis. Repeated gastroscopic studies showed an ulcer, 1.0 cm in diameter, at the arcus minor ventriculi near the cardia region. The mucosa close to the ulcer was congested, swollen and brittle. A biopsy of the ulcerated tissue was performed and pathology report suggested a diagnosis of arcus minor ventriculi stomach adenocarcinoma. The patient rejected the options of surgery and chemotherapy because he could not afford the costs of these services. We thus designed an anti-cancer therapeutic regimen for this patient

based on the principles in the practice of general medicine. The regimen contained: ① for anticancer therapy: UFT (3 tablets tid), CF (15 mg tid), Norcantharidin tablets (10 mg tid), a dose of traditional Chinese medicine per day, which contained Herba Scutellariae Barbatae (50 g), Herba Lobeliae Chinensis (50 g), Oldenlandia (50 g) and White Grass Peng Qi (50 g). ② for adjuvant therapy: Mannatide Tablets (10 mg tid), Vitamin E (50 mg tid), leucogen (40 mg tid) and Multivitamin and Mineral tablet (1 tablet qd). ③ for medicated meals: Semen Coicis (50 g) porridge for breakfast every day, stewed Radix Astragali and pork bone three times per week. ④ health and end of life education and mental health intervention, including physical exercises and life style changes. After ten months' treatment, repeated gastroscopic examination showed that the focus at arcus minor ventriculi was disappeared and the therapeutic regimen was then withdrawn. No side effects were found during the treatment. On follow up, the patient has been well for 115 months and his medical expense was around 10,000 RMB.

Case 2

A 52-year-old lady received total hysterectomy and pelvic lymph node dissection for endometrial adenocarcinoma on July 31, 2007 and she was subsequently treated with adjuvant radiotherapy. Eighteen months later, she suffered from waist soreness, rectal tenesmus. MRI examination showed a 5.8 × 6.1 × 7.5 cm lump at the vaginal stump with encroachment to the bladder and rectum. Pelvic metastasis was suspected and the patient was treated with palliative radiotherapy and chemotherapy. Five months later, a follow-up CT scan showed that the tumor size was reduced (5 × 4 × 6 cm). The palliative radiotherapy and chemotherapy were terminated due to patient's intolerance of the side effects. The patient was treated with megestrol and developed constipation, hematochezia and pain in the right leg. The pain and swelling also developed in the left leg on October 20, 2009. The patient

was subsequently admitted into our department. Physical examination showed that she was weak and pale, with hair loss and edema (+++) in the left leg. This patient also had mild depression and her family was facing financial difficulties. Our prescribed regimen for this patient: ① listen to the patient's description of pain, and comfort the patient with encouraging words, information on her health conditions, and practical recommendations on life styles, physical exercises and sleeping. ② for anticancer therapy: Mifepristone tablets (50 mg bid), Medroxyprogesterone tablets (0.25 g qd), Norcantharidin tablets (10 mg tid), and traditional Chinese medicine per day: Caulis Lonicerae flower (20 g), Dahurian patrinia herb (20 g), Mongolian dandelion herb (20 g), Herba Taxilli Chinensis (30 g), Semen Coicis (15 g), White peony root (15 g), Radix Paeoniae Rubra (15 g), Polygonum aviculare (12 g), Gold scorpion (5 g), Seaweed (10 g), Kelp (10 g), Rhizoma Bletillae Striatae (15 g), Glycyrrhiza uralensis fisch (6 g), Slenderstyle acanthopanax rootbark (10 g), Fructus Forsythiae Suspensae (10 g). ③ for adjuvant therapy: Yun Nan Bai Yao Capsule (2# tid) or Carbazochrome (2.5 mg tid), Mannatide tablets (10 mg tid). ④ for medicated meals: Stewed Semen Coicis (50 g) with pork bone for breakfast every day. Cooked silkie (200 g), Lycium chinensis mill (10 g), Angelica sinensis (10 g) and Fructus Jujubae (16 g) three times per week. The patient showed no noticeable side effects during these therapies. By April 2010, the patient no longer had pain and edema in the left leg. Her constipation and hematochezia were also relieved significantly. The patient returned to normal life, work and exercise. She has been well in a follow up exam of 44 months. Her medical expense was about 23,000 RMB.

Case 3

A 49-year-old man underwent an exploratory laparotomy on January 5, 2011 for having recurrent abdominal pain, dark yellow urine and cough for 20 days at a local hospital. A 9 × 7 × 5 cm lump was seen in the head of pancreas with encroachment to the inferior vena cava, duodenum and superior mesenteric artery. Since a total removal of the tumor was not indicated, a common bile duct and jejunum Ronx-Cn-T anastomosis was performed. The blood glucose level of the patient fluctuated from 5.82 to 24.12 mmol/L. The patient was admitted into our department on January 12, 2011. The physical examination showed that the patient was weak and skinny. His right upper abdominal quadrant was slightly bulging and tender. A diagnosis of pancreatic head carcinoma, accompanied by pancreatolithiasis, chronic gastritis, type II diabetes, gallbladder agenesis, and bronchitis was made. The patient's family was also under very stressful financial pressure. The prescribed therapy of combined modality includes: ① listen to the patient's description of pain, and comfort the patient with encouraging words, information on her health conditions, and practical recommendations on life styles, physical exercises and sleeping. ② for anticancer therapy: FT207 or Carmofur (100 mg tid), CF (15 mg tid), Norcantharidin tablets (10 mg tid), a dose of traditional Chinese medicine per day: Herba Scutellariae Barbatae (50 g), Hedyotis Diffusa Willd (50 g), Yerbadetajo Herb (50 g) and Herba Lobeliae Chinensis (50 g). ③ for adjuvant therapy: Mannatide (10 mg tid) and Multivitamin formula with Minerals (1 tablet). ④ for treatment of other complex diseases: Diamicon (30 mg qd) for diabetes, Omeprazole (20 mg bid) for chronic gastritis, providing the patient with diabetic diet guide. ⑤ for medicated meals: Semen Coicis porridge and Radix Astragali Mongolici chicken bone soup. After half year's treatment, the patient regained good mental health status with improved appetite. His body weight was also

increased by 7 kilograms. He has returned to work and resumed sex life for 31 months. His medical expense was about 32,000 RMB.

Discussion

The principle in the practice of general medicine is based on strong scientific evidence that supports the biological-psychological-social model of diseases [2]. It encourages doctors to learn and apply alternative medicine which is consistent with the belief of the local people regarding health for more effective outcomes. Cancer is a chronic disease contributed significantly by unhealthy behaviors and life styles [3]. Therapeutically speaking, more attention should be paid to the coordination of anticancer therapy with the body, family, and society.

The three patients presented in the text above suffered from the cancer pain, depression, and sleep disorders. In addition, their families faced economic difficulties as well. So the first thing we did was to relieve the patients' depression and fear. This reduced the stress levels of these patients and helped them establish desires to launch personal fights against cancer in order to boost their compliance. We gained the patients' and their families' trust through proactive and transparent communication with them. We helped the patients relieve their fear and depression through cognitive behavior therapies and mental interventions which included disease and end of life education programs. Therapeutic regimens were designed not only to treat cancer but also to improve quality of life such as sleeping and sexual activities of the patients. We believe that these regimens were effective in achieving these desired outcomes.

To seek anti-cancer potency, we included drugs like 5-Fu and Norcantharidin tablets proven to be effective on gastrointestinal cancer and other tumors [4-6], or endocrine drugs which are useful to endometrial carcinoma [7]. We also made our regimens appealing to the patients living in Chaoshan culture based on common beliefs regarding health issues by prescribing Chinese herbal medicine and medicated meals as a form of alternative medicine. In addition, we aimed to improve the patients' immunity through adjuvant therapy. Because the development of cancer is closely associated with deficits in immunity, we should take steps to counter the inhibition of immunity induced by anticancer drugs. 5-Fu and antihormone drugs were shown to induce bone marrow suppression, resulting in reduced white blood cell count and immune functions. So we use medicines, like Mannatide, Norcantharidin, Semen Coicis, Radix Astragali Mongolici, and Leucogen to elevate white blood cell count and improve immunity during the treatment.

Through the anticancer treatment and care measures taken above, we were able to minimize the side effects of anticancer drugs and improve the general conditions of the patients. The anticancer drugs and Chinese herbal medicines in our regimens may work together to achieve desirable clinical outcomes in these three patients. These patients could do physical exercises, return to work and regain good life quality. This was achieved at significantly lower medical costs than the average expenses of similar patients in China.

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