

## Case 11386/04

**Clinical story** – Caucasian female of 41 years old with a story of carcinoma stage IV on right breast diagnosed in November 2003. Hospital report shown multiple metastasis to liver, adenopathies to axillary ganglions and bone lesions all over the skeleton.

Surgery is not recommended and the patient is submitted to palliative chemotherapy follow by radiation. At the beginning the chemotherapy is well tolerate with some reducing tumor size.

The patient come to our Institute on 6/23/04 about 5 months after initiation of chemotherapy. She felt a deep fatigue, pain from bone lesions, insomnia, intestinal diarrheha, anemia but with a good willing to cure herself. Antigene tumor marker is not very high. CA 15.3 19.5 U/ml – CEA 2.4 ng/ml.

We followed the patient under chemotherapy until November 2007. Several times she appear in a very bad physical condition, in such way that we were wondering if we would be able to stabilize the disease and protect the body from heavy chemotherapy.

### **Our combination therapy from 2004 to the end of 2007 include:**

Antioxidant therapy –	Anoxe 18g per day Reduce to 9g per day
Angiogenic therapy -	Liquid Cartilage Extract 1 vial of 30 ml per day
Immunomodulation -	Biobran MGn 3 3g per day
Stem cells therapy -	Biorejan 1 vial of 20ml per day

An aggressive diet is suggested to the patient including large quantities of fresh vegetable juices.

We add first my stem cells treatment Biorejan (umbilical cord, spleen, mesenchyme) to improve the anemic condition and increase immune defence together with Biobran. Biorejan may also regenerate the body's physiological condition. The patient is suffering from severe anemia compared to 2004. RCB's 34.000.000 – Hemo 8.5 – WBC's 2900 and has done blood transfusion. However when she start on Biorejan, Biobran and Anoxe even with radiation, blood parameters remain stable with no need of transfusion.

Her oxidative stress condition remain instable but because of our antioxidant treatment never overpass 500 U.CARR – 496 U:CARR – 430 U.CARR – 410 U.CARR – 390 U.CARR – oxidative stress level at 600 U.CARR may become

persistent increasing tumor resistance by down regulate apoptosis and impairing immune cells activity.

End of 2006 the patient stopped chemotherapy until new reevaluation. The patient is still taken Liquid Cartilage Extract.

However in June 2007 after new treatment of radiotherapy, the patient developed strong cardiomyopathy and is interned at hospital.

This is not really a surprise since before she was treated by antineoplastic agents as herceptin and adriamycin related drugs well known to be cardiotoxic, causing permanent heart damage associated with an increased risk of second cancer. Following by radiation there is a high risk not only of heart damage but to induce tumor growth. We prescribe high dose of Coenzyme Q10 with NADH supplementation and she well recovered.

The CA 15.3 that increase to 101 U/ml then decrease to 90 U/ml, 38 U/ml and 19.5 U/ml by November 2007.

The good new is the significative decrease of bone lesions but still remain many others while the adenopathies to axillary are eliminate and remain only 3 liver lesions of 44 mm, 27 and 17 mm. The patient remains under our treatment.

<b>Blood Parameter:</b>	RCB'S	4.55
	Hemo	139
	WBC'S	5.700
	Plt	233

## **Comment**

By November 2008 the patient is still in good condition with remarkable quality of life. In this particular case we have extend her median survival now to 5 years which if we considered the first diagnose and palliative therapy we probably contribute to this result and antigene tumor marker never increased more than CA 15.3 U/ml and reduce to normal range. We spend much time on this particular case with the best assistance and support and improved her quality of life. Once again we demonstrate that support from CAM could be much valuable during chemotherapy since in this particular case by doing only mainstream treatment this patient would have been dead for the past 2 or even 3 years now.

Blood coagulation (excess of fibrine)  
Severely damaged RBC'S  
Bacterial, fungal invasion  
Red blood cells intrusion  
Platelets aggregation  
Dead and fragile white blood cells

As example we include few typical observation of microscopy blood assessment of cancer patient at first consultation and only on chemotherapy. At this stage we may speak of serious physiological damage to liver, kidney, colon and high oxidative process on must tissues.

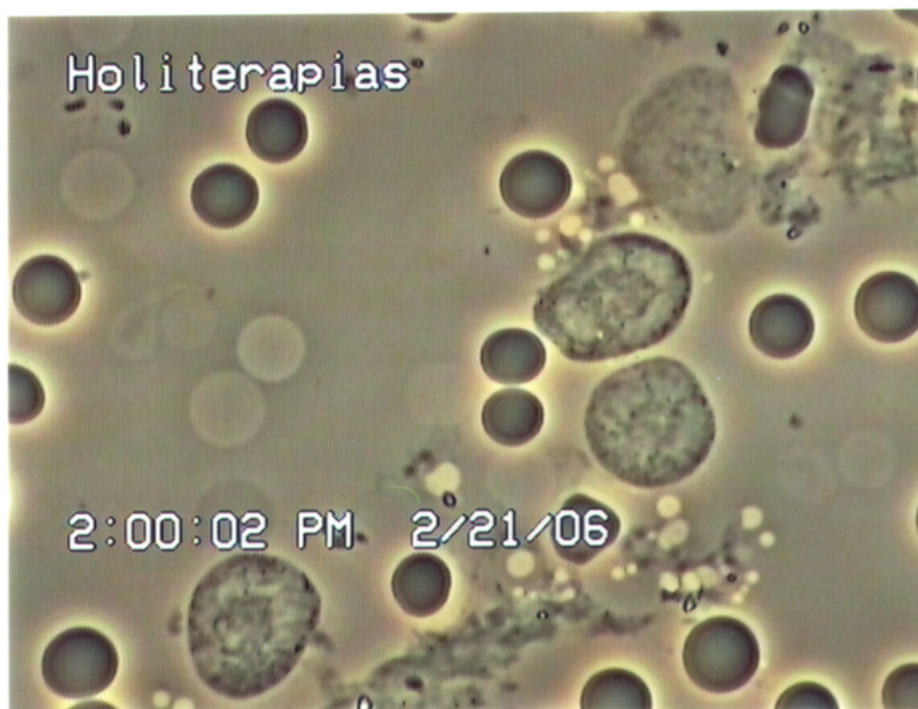
The observation of blood component may shown high oxidative process, major fungal and bacterial invasion, blood coagulation, fragile WBC'S, damaged immune cells, liver stress etc... As in many cases damaging effect from chemotherapy is irreversible but usually antineoplastic protocole must be follow either until the patient die or doctors realize that there is no more response from chemotherapy and inform patient relative.

As we observe on the different figure the blood condition never deteriorate to a degenerative state except some damaged red cells, red blood cells rouleaux and high lipid peroxidation (2-21-06, 6-23-04)

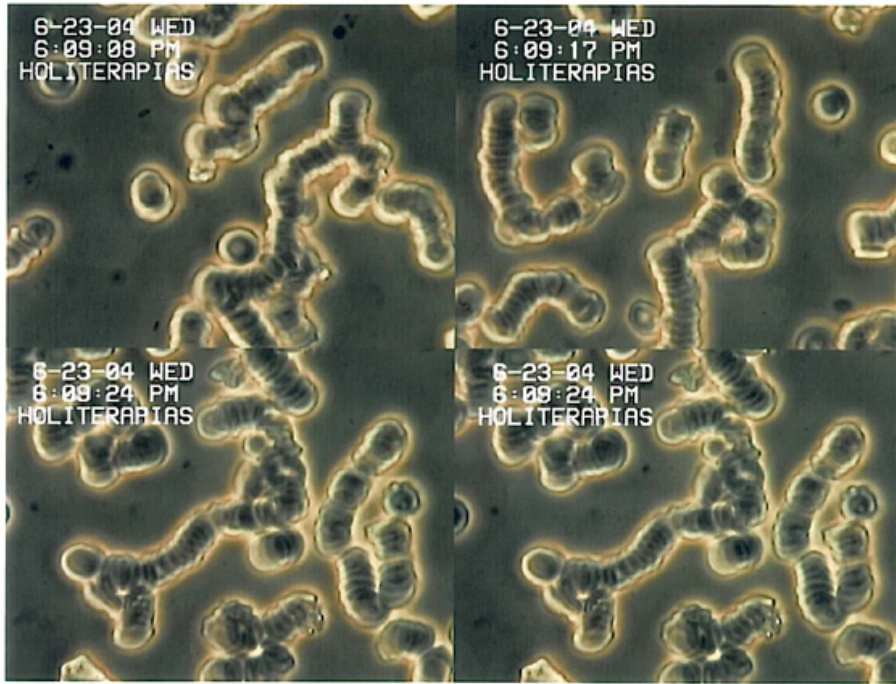
More recently (10-13-07) a new observation shown many macrocytes which indicate liver dysfunction as result of chemotherapy.

However if we compare with other patients only on chemotherapy there is always a serious deteriorating blood condition.

We may conclude that the clinical condition of the patient is more or less under control.



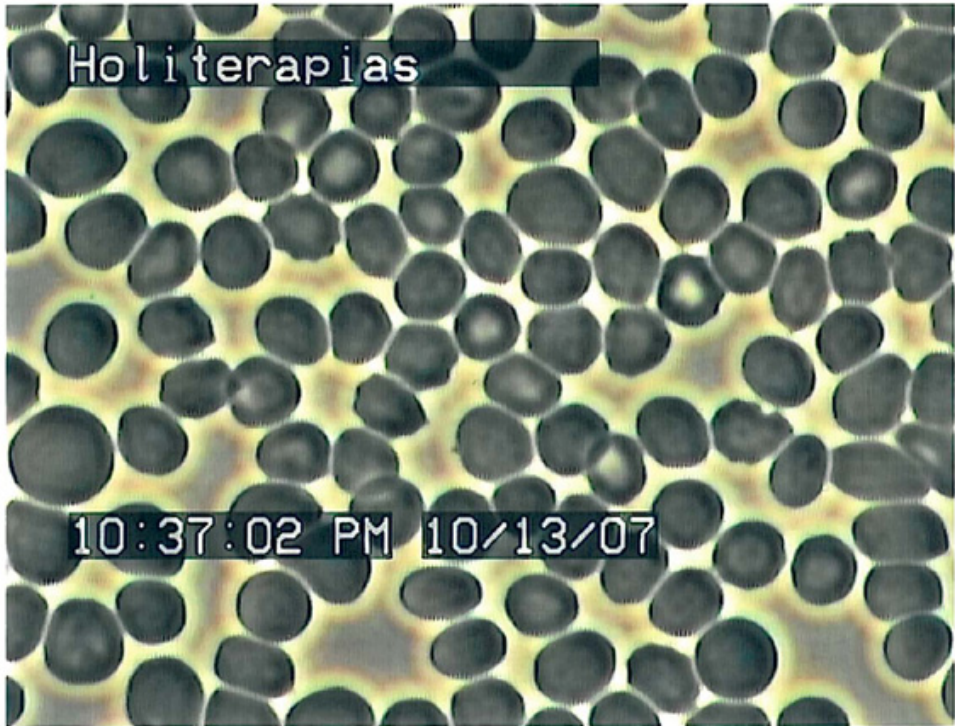
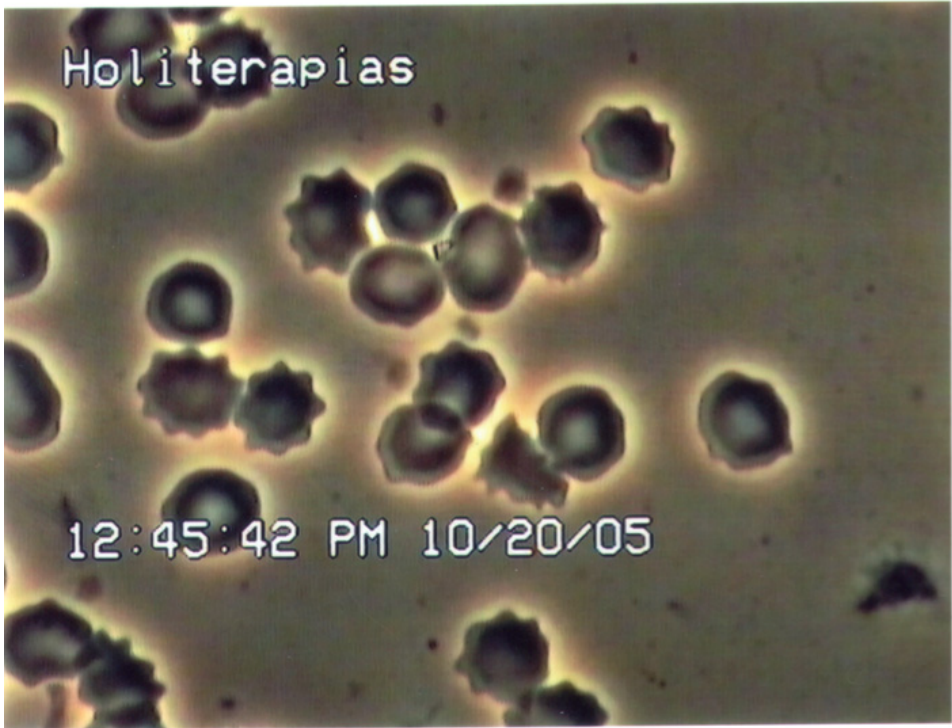
Red blood cells in rouleaux (6/23/06).



Excess of WBC'S and candida invasion (2/21/06).



Crenated RBC's from oxidative stress (10/20/25)



Advanced fugeimia in a case of ovary cancer – on chemotherapy – Impaired immune cells.

Holiterapias

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