

# Metastatic Bone Cancer of Unknown Primary Resolved by Herbal Therapy: A Case Study

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## Abstract

Angela, 69-year old female, was diagnosed with metastatic bone cancer of unknown primary in September 1999. She declined radiotherapy and took herbs instead. She was on herbal therapy for five years. Medical examination in August 2004 indicated that her suspected bone cancer had resolved. She is currently on medication for osteoporosis.

## INTRODUCTION

Metastatic bone cancer originates from other primary site of the body such as breast, prostate, lung, thyroid and kidney.

The bone is one of the four favourite sites that cancer cells like to anchor on after moving out of their primary site.

Other organs that are targets of secondary cancer are the lung, brain and liver. Metastatic spread represents the final phase in the progression of cancer in the body (1, 2).

Bone scintigraphy or commonly referred to as bone scan, is the primary imaging modality for detecting bone metastasis. In this procedure radioactive tracer will accumulate in the skeletal structures where the bone is undergoing destruction or repair, resulting in formation of "hot spots" on the film (2, 3). While bone scan is a valuable procedure that allows for rapid evaluation of the entire skeleton, it unfortunately, lacks specificity. Tracer accumulation is not only confined to cancerous tissue but also areas where there is active bone turnover such as in degenerative joints, healing of fractures or infection (3). However, an experienced radiographer should be able to provide some degree of confidence in interpreting bone scan. Bone metastasis usually involve multiple sites (i.e. three or more lesions) and the tracer uptake do not correspond to any single anatomic structure (4).

MRI is another additional tool for evaluating patients with positive bone scan. It is said to be more sensitive than bone scan for detecting bone metastasis at its early stage (4).

Patients with bone metastasis often suffer from lytic destruction of the spine. This is the most commonly affected

site, followed by the sacrum, pelvis, femur, skull and humerus (3, 5). The symptoms shown by patients with metastatic bone cancer include: pains, hypercalcemia and increasing disability (4, 6). Bone metastasis can also lead to serious bone fracture (5).

At present, there is no cure for metastatic bone diseases (7).

## CASE PRESENTATION

Angela (not real name), 69-year-old female, suffered from chronic pains since 1995. She consulted two doctors and both of them prescribed her painkillers. During this initial period the pains just "came and went off". In 1998, the problem became more serious and Angela went to consult another doctor. Again she was prescribed painkillers. She took the pain tablets as and when necessary. By August 1999, the pain became too unbearable and she consulted another doctor. This time she was referred to an orthopedic surgeon, who suggested that Angela undergo a full blood test and do both a bone scan and MRI.

The blood test done on 4 September 1999 indicated mild polyclonal increase in gamma globulins, consistent with chronic inflammation / infection.

A bone scan done on 23 September 1999, indicated: multiple foci of increased trace accumulation involving both the sternoclavicular junctions, lower cervical vertebra, T5 or T6 vertebra, L3, right sacro-iliac joint and the right side of the lower aspect of the sternum. In view of the multiplicity of the lesions, metastasis has to be considered.

MRI report of 28 September 1999, indicated: abnormal

signal seen involving the T6, T7, T8, L3 and possibly L4 vertebral bodies. This signal abnormality suggest metastatic lesion involving these vertebral bodies. The T 6, T7 and T8 vertebral body shows mild loss of vertebral height anteriorly. The L3 vertebral areas show an otherwise normal configuration. Spondylotic changes of the lower lumbar vertebrae with degenerated disc area, also seen at L4 / L5 and L5 / S1 levels. Impression: Appearance suggests metastatic involvement of the T6, T7, T8 and L3 vertebral bodies. No cord compression is seen.

Another blood test done on 2 October 1999, had the following results:

**Figure 1**

Haemoglobin	10.4	Low
Total RBC	3.9	Low
Platelet	310	
ESR	57	High
CEA	0.5	
Alpha-fetoprotein	2.0	
<i>Liver and Renal function: all values within normal limits.</i>		

Based on the above findings, the doctor suggested chemotherapy and radiotherapy. The family declined and opted for herbal treatment. Angela's daughter came to seek our help on 2 October 1999 and presented her mother's condition as follows: chronic but severe pains all over the body. With these pains she had difficulty sleeping, and her appetite was poor. Other bodily functions – urination, bowel movements, breathings, etc. were normal. She was prescribed: Capsule A, Pain Tea and Bone Tea.

Angela took the herbs from October 1999 to August 2004 and her condition did not deteriorate but on the contrary showed improvements. Below are brief notes about her healing experiences:

- a) 22 March 2000 – Pains were bearable.
- b) 27 July 2000 – She put on weight and could move around.
- c) 2 March 2001 – Appetite was good and could travel.
- d) 18 July 2002 – Looked so healthy.

On 17 August 2004, a medical checkup did not show any sign of bone metastasis. The report is as follows:

Thoracic spine: There is marked osteopenia. Vertebral margin osteophytosis. There is a reduction in heights of T6 and T7 with sclerosis of the bodies anteriorly. There is also

sclerosis of the T5 body anteroinferiorly. Comments: Spondylotic changes. Possible mid thoracic vertebrae compression factures.

Lumbar spine: There is a marked syndesmophytosis of the lateral aspect of the vertebrae L2 to L4 with “fusion” anterolaterally. Sacralisation of L5. Sclerosis of the inferior right sacroiliac joint margins. Comments: Marked spondylotic changes as well as skeletal hyperostotic changes. Osteopenia is most likely due to osteoporosis of old age. Right sacroilitis.

On 24 November 2005, we had the opportunity to meet with Angela's son. The following is the transcript of our video-taped conversation:

Chris: What happened to your mother?

Angela's Son: In mid-1999, the problem started with bone pains and arthritis-like problems. I sent my mother to see doctors. When she took the medicine, she was OK and then the pains came back again. After seeing many doctors, we went to see a bone specialist. He suggested that we do a bone scan.

While half way through the bone scan, the technician told me that based on his experience he was very confident – 90 percent – that it was a bone metastasis. So the final report said it was a bone metastasis.

We went back to the bone specialist. He too was quite convinced that it was a bone metastasis but he told us not to make any conclusion and asked us to go for MRI.

After the MRI the doctor was very convinced that it was actually a bone metastasis. He referred us to an oncologist. I then went to see the oncologist myself without my mother. The oncologist too agreed that it was a bone metastasis but he suggested that we do a biopsy to find out where the primary was. I was reluctant because I did not want to let my mother know about her actual condition. The oncologist immediately recommended that we go for radiotherapy.

After all these, I was convinced that I have to go ahead with the radiotherapy and actually made an appointment to do the treatment for my mother.

When I came back to my office, I talked to my Regional Controller, who is a Singaporean. She had just gone through this kind of treatment with her father-in-law who had lung cancer. My colleague strongly objected to what I am going to do for my mother. Based on my mother's current health

condition and her age, my colleague suggested that I would just let my mother live a quality life.

I decided not to go ahead with radiotherapy for my mother. My wife heard about you and we came to see you.

### **CURRENT SITUATION AND COMMENTS**

As of this writing, Angela is still doing well. Since August 2004, she went off the herbs and was only on medication for osteoporosis. Metastatic cancer did not come into her life's equation anymore. Angela's healing did not come as a surprise to us. We have seen many healing cases involving bone cancer. A case similar to Angela's occurred in 1999. This involved a 66-year-old male called Nathan (not real name). He was diagnosed with bone cancer of unknown origin that caused the erosion of his T8. Doctors from the local hospital as well as Australia and Singapore confirmed this diagnosis. Nathan underwent chemotherapy and radiotherapy. The treatment did not cure him. He was immobilized, unable to sleep flat and needed morphine twice daily. The doctor told Nathan to get his affairs in order and was given six months to live. Nathan's son came to see us on 17 December 1999. Two weeks on the herbs, Nathan was able to walk by himself into our centre and his intake of morphine was reduced by half. Within a few months, he was able to move around and was able to visit India twice without problem. Up to this day, November 2005, Nathan is still alive and is leading a normal, pain-free life.

With regards to Angela's case, it is not possible for us to explain anything further than to know that her health did not deteriorate over the years. It was suggested that the earlier diagnosis, confirmed by both bone scan and MRI, was

wrong. It was not a metastatic bone cancer after all. To believe so, is to undermine the credibility of modern medicine. What could have been the implication if she – a 69-year-old lady, was to undergo radiotherapy and possibly chemotherapy? To look at the case positively, one may also like to conclude that the herbs had indeed made a positive impact on Angela's healing like they did for Nathan.

### **ACKNOWLEDGEMENT**

We would like to thank Angela's son for his willingness to share his mother's healing experience with us. Without his contribution it would not be possible for us to practise evidence-based herbal therapy.

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