Arresting the Progressive Growth of Pineocytoma with Herbal Therapy

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Abstract

QM, 12-year-old girl, was diagnosed with pineocytoma. Surgical resection was not indicated. With time the tumour started to grow in size from 1.5 x 2 x 2.1 cm in 2002 to 2.5 x 2.7 x 3.1 cm in 2004. QM's mother declined radiotherapy and opted for herbal treatment. One year on the herbs, MRI indicated a tumour mass of 2.0 x 2.0 x 3.5 cm. The expected increase of tumour size did not occur.

DECLARATION OF INTEREST

Retired professor of botany / teacher, respectively, and currently practising herbalists. The senior author has partial financial interest in the use or marketing of the herbs mentioned in this article.

INTRODUCTION

Brain tumours are the second most common form of cancer (first being leukemia) in children and young adults. They make up about twenty to twenty-five percent of pediatric cancers ([1], [2], [3]). Brain tumours affect children of all ages and boys seems to be affected more than girls. Most of these tumours are benign ([4]). However, differentiating brain tumors into benign and malignant is of limited clinical value, because benign tumors can infiltrate healthy brain tissue and may, in time, transform into malignant forms ([3]).

The cause of brain tumours is unknown ([4]).

PINEAL TUMOURS

Pineal tumours originate from the pineal gland which is situated almost at the centre of the skull ([5]). They are rather rare and represent less than 1% of all intracranial tumors ([6]). Pineal tumors can be either a pineoblastoma or a pineocytoma. Pineoblastoma is an invasive and highly malignant neoplasm that grows fast while pineocytoma is generally benign and is slow growing ([5], [7], [8]).

SYMPTOMS

Small benign brain tumours may be asymptomic. But as the tumours grow bigger they may compress the tectal plate resulting in partial or complete obstruction of the aqueduct of Sylvis leading to secondary hydrocephalus.

Patients with brain tumours may present with a wide variety of symptoms such as headaches, drowsiness, fits, feeling of being sick, moments of unconsciousness, paralysis of upward or downward gaze, abnormalities of pupil, paralysis and precocious puberty ([4], [5], [6], [7], [9]).

TREATMENT

The treatment of pineal region tumors is controversial ([10]) and this seems to apply to other brain cancers as well. Tobias wrote that: As far as cure is concerned, there is no use pretending that brain tumours are truly curable ([11]).

Like in any other cancers, brain tumours are treated with surgery, chemotherapy or radiation. Where there is obstructive hydrocephalus, shunting is done. These mainstream modalities unfortunately are developed to treat cancers in adults. Treating children requires different considerations compared with adult oncology since potential treatment side effects may be different to those in adults ([4]). Subjecting children to similar treatments can indiscriminately kill both cancerous and healthy cells, disrupting the development of the growing tissues which eventually could lead to long-term disability for the young patients ([12], [13]).

SHORT-TERM AND LONG-TERM SIDE EFFECTS OF TREATMENT

While radiotherapy may be routinely used in adults, such treatment to children must be done with great caution.

Children's brain tissues are sensitive to radiation. This may also mean that the radiation used to treat the tumour could cause more damage to the brain than the tumour itself ([13]).

The immediate side effects of radiotherapy are hair loss, tiredness, nause or feeling sick and lowered resistance to infection. However, it is the long-term effects and permanent damages that are most worrying. According to the National Cancer Insitutue, USA, more than half of the children treated for brain tumours will have some sort of physical problem, for example limb weakness, poor balance or tremors. About 1 in 4 children will have fits or blackouts occasionally and about 1 in 3 will have headaches or migraines. A smaller number of children can lose the sight of one or both eyes, or have hearing difficulties. Radiating the heads of young girls could lead to early puberty. Most irradiated children showed a drop in their IQ scores and they could have poor memory, confusion, learning difficulties and personality changes. Unfortunately, many children suffer permanent damages because of the treatment ([14]).

CASE PRESENTATION

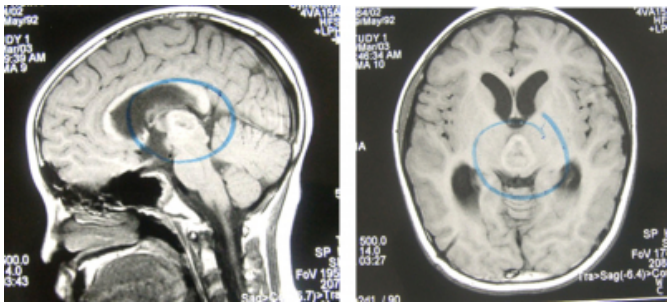
QM (not real name) is a 12-year-old female. In 2002, she suffered headaches and had double vision. MRI indicated a tumour in the centre of her brain with fluid accumulation. A biopsy report dated 31 May 2002, indicated PNET (primitive neuroectodermal tumour). An second opinion was obtained from the National University Hospital in Singapore which indicated a case of pineocytoma.

QM underwent surgical intervention to install a shunt in her brain. This is to drain any excess fluid. Six months later, she suffered a relapse. QM sought the help of a neurosurgeon in another hospital. She was told that the previous surgeon had wrongly placed the V-P shunt in her brain. QM underwent another surgery to correct this mistake in October 2002.

MRI of brain on 1 November 2002, indicated: a 1.5 x 2 x 2.1 cm enhancing mass seen in the posterior aspect of the third ventricle and pineal region. A right ventricular shunt is seen with the tip lying in the mass. The mass appears slightly larger compared to the one seen in previous MRI on 31 July 2002.

Figure 1

Figure 1: MRI on 31 March 2003.



MRI of brain on 9 October 2003: A 2.0 x 2.59 x 2.59 cm mass. This mass appears slightly larger compared to the one seen in previous MRI on 13 March 2003.

QM was alright up to 2004. She went back to her doctor every six months for a routine check up. Unfortunately, MRI done over the years showed that the tumour started to grow in size, from the initial 1 cm to 3 cm. QM was not on any medication and the surgeon ruled out surgery. Due to its position, it is too dangerous to remove the tumour. QM suffered headaches and was given only pain killers, such as Panadol.

MRI of brain on 20 April 2004: The mass appears slight larger compared to the one seen in the previous MRI on 9 October 2003. (MRI on 31 March 2003 showed mass was larger than seen on 1 November 2002; MRI on 9 October 2003 showed mass larger than seen on 31 March 2003).

MRI of brain on 8 October 2004: a mass size of 2.5 x 2.7 x 3.1 cm. right V-P shunt in position.

Noting that the size was growing, QM's mother (let us refer to her as QM) seek the opinion of a radiologist who advised radiation treatment. She was told that without radiotherapy, the tumour would grow bigger and with time could eventually kill her. QM was in a dilemma and came to seek our advice on 17 October 2004. QM presented with pains in her left abdomen, and once in a while she had difficulty breathing. She suffered headaches two to three times per month. Each time, the headaches lasted for about an hour. She sometimes felt dizzy.

QM was started on herbs and radiotherapy was deferred for the moment. The first two days after taking the herbs, QM felt dizzy and had headaches. By the third day, she was alright. The pains in her left abdomen disappeared. Her breathing improved. On 5 November 2004, QM said her usual headaches were less intense than before she took the

herbs.

QM was very concerned at this point in time, in spite of the fact that the herbs seemed to be helping her daughter. The nurses from the hospital had been calling her to bring QM for radiotherapy. QM was told that without radiotherapy QM's condition would deteriorate and this would endanger her life.

On 31 December 2004, QM reported that for the past two weeks, she did not suffer any more headaches. It seemed that the fortnightly routine headache attacks were gone. She said she always felt hungry.

On 24 May 2005, QM told us that she felt real good and she was doing well. Her mother decided not to proceed with radiotherapy at this point.

On 23 October 2005, QM came to see us. Her first word to us was: I don't want to say anything. Please see this report and tell me what it means. We could see her frustration and anger. Tears rolled out of her eyes as she spoke. This is what she told us:

QM talking to Chris: It has been one year since QM took your herbs. So, I brought her to see her doctor and did a MRI. The doctor saw the film and told me:

Doctor: You must operate her. The tumour is getting bigger.

QM: But the last time I saw you, you told me that in QM's case, the tumour cannot be operated. Why do you say it can be operated now?

Doctor: No the tumour is getting bigger you must operate. The operation fee is about RM 20,000 (US$5,300).

QM: Doctor, QM has been taking herbs for the past one year and she did not have any more problems – she seemed to be alright now.

Doctor: No, you look at her face. There are so many pimples. This is because of the herbs she is taking. You must stop the herbs.

QM: But doctor, QM had her pimples even before she was on the herbs. Last year, I asked you why QM had pimples and you told me that it was due to hormonal imbalance.

Doctor: No, that time the pimples were different. This time it is due to the herbs and you must stop taking the herbs.

Doctor: I am going to discuss with the radiologist about your daughter's operation. You can come back tomorrow.

QM came back to see the doctor, but got to see his nurse instead. The nurse conveyed her boss's message: My doctor said to hold on with the operation for the moment.

CURRENT SITUATION AND COMMENTS

We could understand QM's frustration. She kept asking: Why did the doctor say that the tumour is getting bigger. When I looked at the measurement in the radiologist's report, I believe the tumour is getting smaller. Even my 13-year old daughter calculated it out and said it was smaller. Why must the doctor keep insisting that the tumour is growing bigger and want to operate QM?

We could not answer QM's question.

In 2002, the tumour was small and in 2003 and 2004 had since grown in size (Table 1). The question we wish to ask is: what can we expect the tumour size to be in 2005? Simple logic will tell us that as a natural flow of event, the tumour would grow bigger.

Figure 2

Table 1: Progression of tumour growth from 2002 to 2005

Date of MRI	*Size of tumour (cm)*
1 November 2002	1.5 x 2.0 x 2.1
9 October 2003	2.0 x 2.59 x 2.59
8 October 2004	2.5 x 2.5 x 3.1
Question: will the tumour grow in size next year?	
Started herbs on 17 October 2004	
14 October 2005	2.0 x 2.0 x 3.5

When QM initially came to see us, we posed the following questions:

1. Though it may appear that logically the tumour will grow in size if nothing is done, can radiotherapy cause any harm? We told QM that if you think radiotherapy is safe and is beneficial, then go ahead and radiate the brain. If you are not 100% sure that radiotherapy is beneficial then you should look for another option.

2. Taking herbs does not guarantee that the tumour will not grow in size. But what harm can the herbs ever do to QM? We told QM, You have already wasted two years waiting. Waiting for another month or so is not going to make much of a difference. And there is a chance QM will benefit from the herbs – which is safer.

The challenge is this: QM often had headaches, probably due to the intracranial pressure exerted by the tumour in the brain. If the headache ever gets worse after taking the herbs, then it is not a good sign. Then, there is justification to stop taking the herbs. But if the headaches disappeared, it means the herbs are doing something. Continue with the herbs and see what eventually happen.

The herbs may not be able to make the tumour disappear or even shrink it, but then aim to maintain the status quo – be happy for as long as the tumour has not grown any bigger and does not cause any further problem. A review of medical literature does indicate that treatment of juvenile brain cancers could cause short- and long-term damages. As discussed earlier, the risks appear to be high.

In this case, we rejoice that after taking herbs for a year, the tumour did not grow in size. But more important QM is able to lead a normal life. She is able to go to school and do all the things that any school children do. All the discomforts of headaches, dizziness, etc. have all disappeared.

This is not the first case of such success. In May 2002, Sunan, a 35-year-old male from Thailand had a tumour in his brain. The family declined even a biopsy. Sunan took herbs and is well, up to this writing.

Prapti, a 23 year-old female from Indonesia was warded in the ICU in a hospital in Jakarta in early 2001. She was only on supportive care and was in coma for two months due to a relapse of her brain cancer. After taking the herbs while in the ICU, Prapti came out of her coma and resumed a normal life. As of this writing she is doing well and is a senior student at a Theological College in Java, Indonesia.

Science is supposed to be objective. The reason why QM was not operated on earlier is because the position of the tumour in her brain made it dangerous for an operation. This was what the doctor told QM. When QM gave us the MRIs, we brought them to China to consult with one of China's top brain surgeon. He too was of the opinion that the location of the tumour in the brain makes surgery extremely risky. Leave it alone, don't touch it, was his advice.

We wonder what makes something not operable become operable? Even if the tumour has grown a bit bigger (in this case it has not), it does not alter the fact that the location still remains the same – and is dangerous for an operation.

We are aware that taking herbs, instead of following conventional mainstream treatment does not go down well with the medical community. However, our data and experiences show that taking herbs do no harm, and on the contrary could turn out to be a blessing. Stephen Saga, cancer specialist at the Hamilton Regional Cancer Centre and Canadian Radiation Oncology Services, Toronto, wrote: Scientific research is demonstrating that it (Chinese Medicine) has a useful role to play in cancer treatment... Harmony is restored through complex pattern of herbal chemicals interacting with the dynamic information flow of molecules within and between cells. This system encompasses much more than conventional pharmacology ([15]). Writing in the foreword of the same book, James Gordon, Chair of the White House Commission on Complementary and Alternative Medicine Policy said: Chinese Medicine can, and should, be available to everyone who is being treated for cancer.

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