

Integrating Holistic Herbal Therapy and Medical Modalities for Breast Cancer: Some Case Reports

C Teo, C Im-Teo

Citation

C Teo, C Im-Teo. *Integrating Holistic Herbal Therapy and Medical Modalities for Breast Cancer: Some Case Reports*. The Internet Journal of Third World Medicine. 2006 Volume 4 Number 2.

Abstract

Breast cancer is the number one problem encountered by CA Care over the past decade. This represents 18.8% of all cancers we have seen. Females in the age group between 41 to 50 years were the most vulnerable, representing 34.7% of those who had breast cancer. Patients who came to us have already undergone medical treatments: surgery (61.7%), chemotherapy (34.2%), radiotherapy (33.6%) and hormonal therapy (25.8%). In spite of these, 20.7% of patients suffered metastasis or recurrence. CA Care provides help in the form of counseling and herbal therapy. Our strategy is to heal the whole person and we advise patients to change their diet and lifestyle, exercise and employ religious beliefs to find peace within. Overall, 28.6% of those who came to us benefited from our therapy in various ways as illustrated in our case reports. While herbs are not "magic bullets" for breast cancer, our case studies showed that herbal therapy is an integral and beneficial component for the overall healing of breast cancer.

DECLARATION OF INTEREST

The senior author is a practising herbalist and therefore has financial interest in the herbs mentioned in this article. However, please note that these herbs are not commercially available and has to be specially prescribed by the author.

INTRODUCTION

Breast cancer is the most common malignancy in women. In the US, one woman is diagnosed with breast cancer every two minutes and one woman dies of breast cancer every eight minutes (₁). In Malaysia, 3,738 breast cancer cases were reported in 2003 and one in 19 women is expected to get breast cancer in their lifetime (₂). The dilemma facing women today is best expressed by Karen Stabner: "There is no sure way to dodge breast cancer – no proven preventive, no dependable treatment, no cure... and no means of predicting whom it will strike next. The only certainty is that over 183,000 women will get breast cancer this year (in the USA), and about 44,000 will die of it" (₁).

LITERATURE REVIEW

More often than not, women with breast cancer are subjected to a battery of treatments: surgery, chemotherapy, radiotherapy and hormonal therapy. The most important question that patients may wish to ask after undergoing these treatments is: Can I be cured? Or, is there such thing as a

cure?

It is a common belief that with early stage breast cancer the standard medical treatment can "cure" the disease (₃). However, it is noted that 20 % to 85% of patients diagnosed with early stage breast cancer will develop recurrent and/or metastatic disease despite undergoing the required treatments (₄). Unfortunately, metastatic breast cancer is generally considered incurable and the median survival is 2 to 4 years (_{3,4,5}).

Following the progress of 1,581 breast cancer patients who had undergone chemotherapy at the M. D. Anderson Cancer Centre, Houston, Texas, USA, P.A. Greenberg et al. noted that only 49 patients or 3.1% remained in complete remission for more than 5 years. They concluded that "most patients with metastatic breast cancer treated with systemic therapies have only temporary responses to treatment. These data show that a small percentage of patients achieve long-term remission with standard chemotherapy regimens" (₆).

Cathie Chung & Robert Carlson (₅) presented an account of the natural history of untreated advanced breast cancer based on the records of 250 women with inoperable advanced breast cancer from 1805 to 1933 in Middlesex Hospital, England. Although untreated, 18% of the patients remained alive after 5 years thus bringing to question the actual role of

medical treatment.

HOW EFFECTIVE IS CHEMOTHERAPY?

Graeme Morgan, Robyn Ward & Michael Baton (7) reported that in Australia, of the 10,661 people who had breast cancer, only 164 people survived 5 years due to chemotherapy. This works out to 1.5% survival rate contributed by chemotherapy. This observation led Eva Segelove to report that “chemotherapy has been oversold. Chemotherapy has improved survival by less than 3% in adults with cancer” (8). In Holland, a study by M. Veroot et al. (9) showed that “breast cancer mortality reduction caused by present-day practice of adjuvant tamoxifen and chemotherapy is 7% “. Guy Faguet, after 28 years of research, came to a startling conclusion that chemotherapy for cancer is based on “flawed premises with an unattainable goal. Cytotoxic chemotherapy in its present form will neither eradicate cancer nor alleviate suffering” (10).

CASE PRESENTATION

Breast cancer is the most common cancer encountered by CA Care over the past decade. This represents 18.8% of all cancers we have seen. Females in the age group between 41 to 50 years seem to be at the highest risk, representing 34.7% of those who had breast cancer.

Patients with breast cancer who came to us have already undergone medical treatments: surgery (61.7%), chemotherapy (34.2%) and radiotherapy (33.6%). After these treatments, one out of four patients (25.8%) was asked to take tamoxifen (hormonal therapy) by their doctor (11). Unfortunately, medical treatments do not “cure” breast cancers. One in five (20.7%) patients that we saw suffered metastasis or recurrence after some years of remission. They came to us, perhaps as the last resort or as complementary treatment.

CA Care provides help in the form of counseling and herbal therapy (12). Our approach is holistic and our strategy is to heal the whole person. We advise patients to change their diet and lifestyle, exercise and seek the Spiritual help to find peace within. Overall, at least one in four patients (28.6%) who came to us benefited in various ways from our therapy.

Over the years, we have formulated more than 60 herbal teas using some 350 different herbs, to manage various aspects of cancer (13). While these teas are not “magic bullets” for breast cancer, our case studies showed that herbal therapy may form an integral and beneficial component for the overall healing of breast cancer. The efficacy of herbs can

best be illustrated by the following case studies.

CASE REPORT 1: A PATIENT WHO CAME TOO LATE

Mei (not real name) was a 34-year old female nurse. She was diagnosed with infiltrating ductal carcinoma of the right breast, Grade 3. She underwent a right mastectomy and axillary clearance on 18 August 2003. This was followed by six cycles of chemotherapy using FAC (5-FU, andriamycin and cyclophosphamide). From 1 March to 19 March 2004, she underwent radiotherapy on the right chest wall. From May 2004, she was started on tamoxifen.

Barely eight months after the completion of her treatment, in November 2004, Mei had a 3 x 3 cm soft tissue mass associated with bony destruction in the sternum. In addition, there were multiple nodules scattered in both her lungs. Mei underwent chemotherapy again, using Taxol. After five cycles, the use of Taxol was terminated because of disease progression. The lymph nodes in her right collarbone seemed to have been infected. Mei was given another cycle of chemotherapy using Navelbine. After the first treatment, chemotherapy was abandoned due to severe side effects.

In April 2005, Mei was given an oral chemo-drug Arimidex (anastrozole). From 25 May to 31 May 2005, she was on radiotherapy again, as the sternal mass was increasing in size. In spite of this treatment, the swelling of the right collarbone grew bigger. The use of Arimidex was discontinued and replaced with Xeloda.

Mei decided to stop further chemotherapy. On 23 June 2005, she developed right pleural effusion. The doctor tapped out 5.5 liters of fluid from her lung and she felt better. On 23 July 2005, I received a fax asking for help. Unfortunately, Mei died a month later. Our herbs failed to help her.

CASE REPORT 2: A PATIENT WHO CAME ALMOST TOO LATE

Eng (not real name), a 44-year-old-female, is a radiographer in a hospital in Hong Kong. She was diagnosed with right breast cancer in August 1993, and had a mastectomy. However, the cancer was found to have metastasised to her bones. She underwent chemotherapy and radiotherapy. In addition, she was put on tamoxifen and Orimetene. Everything went well for her after the treatment.

Eight years later, August 2001, the doctor found that the cancer had spread to her liver. She underwent chemotherapy again with six cycles of FAC followed by eight cycles of

Taxotere. This time, however, Eng suffered severe side effects. Her lower limbs swelled and she suffered from pleural effusion. She was put on an oral chemo-drug, Xeloda. She wrote us: “My limbs feel numb. I feel tired easily and my heart sometimes beat irregularly... I feel short of breath at times”.

She was started on the herbs in August 2002 and benefited from them. Her fax in late August 2002 reads: “I have been taking your herbs for 3 weeks. My lower limbs and right upper arm are still swollen. The numbness in my extremities still exists... but my breathlessness has improved”. Fax in September 2002 reads: “The doctor gave me Xeloda again... I dare not refuse because he will close my file and I have no one to turn to when problems arise. Dr. Teo is too far away for me to consult if emergency arises. My lower limbs are back to normal – only swelling slightly in the evening but will be alright after a night's rest “.

Indeed her condition had improved. She had more energy, the swelling lessened and the “wind” in her stomach had disappeared. She did not suffer any more coughs or pains. Her fax on 30 May 2003 reads: “I only take your herbs ... I am doing alright at the moment – just feeling pins and needles in my fingers and feet. I told my doctor here that I am taking your herbs”.

Fax 20 May 2004 (i.e., 2 years on the herbs): “I am feeling alright at the present moment. Thank you very much for treating me. I am now fully dependent on your herbs”. On 30 November 2005, she wrote: “I had an ultrasound done on 28 Nov. 05. The result is similar to that done in May 05. I am doing very well. Thank you for helping me all these years. I really appreciate your kindness and helpfulness”. On 26 March 06 her e-mail reads: “I had my blood test done on 15 March 06. Most of the results are within normal range”.

CASE REPORT 3: THE TALE OF TWO SISTERS

Chau is a 43-year old female. She came to see us on 14 May 2004. She had a lump in her right breast. A biopsy indicated cancer and subsequently she underwent a mastectomy.

Chau's 47-year-old sister also had had breast cancer. She had undergone surgery and chemotherapy and within a year she died. Chau was similarly asked by her doctor to undergo chemotherapy – to take the same path that her late sister did. Chau was indeed in a dilemma when she came to see us. She was not sure what would be the “correct” thing to do. Her brother urged her not to go for chemotherapy or radiotherapy.

I (CKHT) remember a conversation we had where I said: “Don't worry. I do not think that you are going to die within a year like your sister. Of course, I cannot guarantee you that because I am not God. But my experience with breast cancer showed me that even if you do nothing, you will not die of breast cancer within a year”.

Chau was started on the herbs and was told in no uncertain terms that she must keep to a good diet. I also asked her to go for a blood test, as a baseline for monitoring her progress (Table 1).

Figure 1

Table 1: Chau's blood test results.

	21 June 04	19 Feb. 05	23 Sep.05	4 Sept. 06
ESR	4	13	4	12
Platelet	228	191	199	238
Liver function values	normal	normal	normal	normal
CEA	1.2	0.5	0.6	0.5
CA 15.3	7.0	2.6	4.9	5.4

On 3 April 2005, Chau came to see us in Penang. It was almost a year after her initial visit. She was doing well but was very unsettled and concerned. Her doctor was still insisting that she go for chemotherapy. I told her: It has to be your choice! As of this writing (November 2006), Chau has been well for two years since she first came to see us. Chau had lived twice the length of time her late sister had, is still very much alive today.

CASE REPORT 4: DERAILMENT OF LIVER FUNCTION VALUES

Andi (not real name), a 49 year-old female underwent a left lumpectomy in Jakarta, Indonesia in September 2004. She then underwent eight cycles of chemotherapy. She was asked to go for radiotherapy besides taking tamoxifen. She declined both and came to us on 15 March 2005. She presented with bloatedness of her stomach and numbness of both feet. One month on the herbs, all these symptoms disappeared.

In June 2005, a blood test indicated elevated liver function values. She was put on liver herbs. Within two months, her liver function values were restored to normalcy. She discontinued with the liver herbs. In April 2006, a blood test indicated that her liver function values were again elevated (Table 2). She was again put on liver herbs.

Figure 2

Table 2: Andi's liver function values.

Parameter	24 June 05	25 Aug. 05	19 Oct. 05	4 April 06
ESR	14	14	5	10
Alkaline phosphatase	104	104	87	66
SGPT/ALT	185 High	52	52	57 High
SGOT/AST	114 High	29	40	52 High
GGT	26	25	15	15
Alpha-fetoprotein	0.5	4.7	n/a	n/a
CEA	2.6	1.7	n/a	0.5
CA 15.3	15.7	13.2	n/a	13.5

Patients who have undergone chemotherapy may sometimes end up with derailed liver function values. They can normalise this problem by taking liver herbs. However, it has been suggested that this problem is only a temporary set back after chemotherapy. Even without herbs, the liver will be able to normalise by itself. In Andi's case, her liver values rose again after she discontinued with the liver herbs.

CASE REPORT 5: OVARIAN CYSTS DISAPPEARED AFTER HERBS

Bee is a 37-year-old female. She was diagnosed with right breast cancer in May 2001 and had a mastectomy. After that she underwent six cycles of chemotherapy. She took tamoxifen. An ultrasound done on 6 June 2002 indicated two simple cysts in the right ovary, measuring 19.5 x 15.6 and 13.5 x 9.4 cm. The left ovary contained a complex cyst measuring 4.1 x 3.4 x 3.9 cm.

She came to us on 25 April 2004 and was started on Capsule A, Breast M and C-tea for her breast cancer and GY 5 and GY6 for her ovarian cysts.

On 2 May 2004, she reported that she felt better and was more energetic after taking the herbs. On 4 July 2004, we had a chance to discuss her condition further. She turned out to be a pharmacist and is fully aware of the danger of taking tamoxifen. She told us that she had stopped taking it about two months ago after having been on it for almost 3 years. Her main current worry was that she has cysts in both her left and right ovaries. She also said that the doctor found another cyst or lump behind her uterus.

After taking the herbs for two months this was what the doctor found:

- a) the cysts in both the left and right ovaries had reduced in size by 50%.
- b) the cyst at the back of the uterus had disappeared.

I (CKHT) expressed skepticism over these results. “This cannot be” was my initial remark to her. But she is a pharmacist and she must know what she was saying. She reaffirmed that she had the same gynaecologist monitoring her progress from the start and he was well aware of her problem and could not be wrong.

We requested her to give us more data. On 17 October 2004, she came with the following (Table 3).

Figure 3

Table 3: Progress of Bee's ovarian cysts.

Date	Right ovarian cyst	Left ovarian cyst	Cyst in uterus
28 Sept. 02	47.1 x 23.6	33.4 x 29.6	
19 Oct. 02	41.5 x 34.2	Not seen	
29 March 04	18.5 x 16.0	38.4 x 28.3	
<i>Started herbs on 25 April 2004</i>			
5 April 2004	26 x 19.8	48.1 x 52.6	23.1 x 20.4 behind uterus
1 July 2004	18.5 x 12.8	27.3 x 14.6	Disappeared?
22 Sept. 2004	Disappeared	Disappeared	12.5 x 10.8 polyp inside uterus

This story highlights two points. One, when the cyst is not seen (as with the left ovary on 19 October 02), it does mean that it is not there. Such an occurrence could be due to “machine” or other technical error. Two, the doctor said that the uterine cyst at the back of the uterus had disappeared. But in September 2004, a lump was again “found” in the uterus.

Interestingly, there is one point to take note when taking herbs for ovarian cyst or fibroid. Our experience show that for the first one or two months after consuming the herbs, the cyst or fibroid will increase in size after which it gets smaller and eventually disappears.

CASE REPORT 6: HERBS AND SIDE EFFECTS OF CHEMOTHERAPY

Shirley (not real name) was a 30-year-old medical doctor. She was diagnosed with inflammatory right breast cancer in February 2001. She underwent a mastectomy followed by chemotherapy and radiotherapy. She lost her hair and appetite and vomited for four to five days after the chemo-treatment. She suffered numbness of her fingers and soles of her feet and had pains in her joints. After taking the Chemo-tea she did not suffer any more side effects and was able to eat, drive, etc. immediately after the chemo-treatment. The following are excerpts of our video taped conversation:

Chris: During the first chemotherapy, you were not on the herbs?

Shirley: No, no, I did not know about the herbs yet.

C: You told me you suffered total hair loss, you said you

vomited for 3 to 4 days, you lost your appetite and there were pains in the joints and fingers.

S: Yes, then I was very weak.

C: That was the first chemo. After that you had the second chemo – what happened?

S: After that nothing, because I was already on your herbs.

C: Oh, for the second chemo you were already on the herbs?

S: Ya ... (laughing and smiling). It was only after that (first chemo) that I came to see you.

C: When you were on the herbs, you went for the second chemo. Did you suffer any side effects?

S: No, no side effects.

C: Did you vomit?

S: No, I did not vomit and I could still drive by myself.

C: Ya, you can drive? Even after the chemo?

S: Yes, yes.

C: Before you took the herbs and you had chemo, could you drive?

S: No, I could drive only six days after chemo.

C: Oh, you mean for the first few days after chemo, you could not drive?

S: No, I could not drive.

C: Oh, after you took the herbs you could drive after you had chemo?

S: Yes, can drive – even immediately after chemo.

CASE REPORT 7: SHE DECLINED CHEMOTHERAPY AFTER MASTECTOMY

Lian is a 57-year-old female. Sometime in 1996, she underwent a hysterectomy. Three years later, she suffered left breast cancer. She underwent a mastectomy on 27 July 1999. It was a medullary carcinoma with no metastasis. She was asked to undergo chemotherapy but declined. She took tamoxifen. Lian came to see us on 28 November 1999 and was started on the herbs. She then decided to stop taking tamoxifen.

Lian is indeed a pleasant lady who takes the herbs diligently.

She also kept to her strict diet very well. We still remember this frail looking lady when she first came to see me. We could not imagine how she would have survived chemotherapy if she had undergone the treatment.

It has been almost seven years since Lian was diagnosed with breast cancer. She is still doing well today and has no problems whatsoever.

CONCLUSION

As of this day, there are numerous cases similar to Case Report 7, i.e., patients who declined chemotherapy and/or radiotherapy after having undergone surgery who are currently doing very well. This has led us to conclude that even without chemotherapy or/and radiotherapy, women with breast cancer do have other options that will enable them to live healthy, normal lives after mastectomy (11).

In early 2006, we started to monitor breast cancer patients using thermography. Patients who opted not to undergo chemotherapy or radiotherapy have normal body temperature (14). But thermograms of patients who had undergone chemotherapy or radiotherapy showed an overheated body. Imagine what it is like, if your car runs on a hot or overheated engine? What damage an overheated body does to bodily functions is for us to guess, for no such research is ever conducted on such topic. To what extent an overheated body contributes to cancer recurrence or metastasis is also a remote or unheard of question to ask.

Healing is about facts, not about ideology, theory, personal or professional bias. Let us combine the best of Western medicine and Oriental wisdom. Let us conclude this paper with a quote from Caryl Hirshberg and Marc Barasch: Some alternative forms of medicine – once seen as quack remedies, placebos or at best unproven therapies, may become tomorrow's real medicine. Today's useless herbs, may become tomorrow's miracle pharmaceuticals (15).

CORRESPONDENCE TO

Chris K. H. Teo CA Care, 5 Lebuhraya Gelugor 11600 Penang, Malaysia. e-mail: chris@cacare.com, website: <http://www.cacare.com>

References

1. Karen Stabiner. 1997. *To Dance With The Devil*. Delacorte Press. New York.
2. The New Straits Times 10 August 2004.
3. Jacek Jassem. 2003. Chemotherapy of metastatic breast cancer: is more better? *Breast Cancer Research and Treatment*. 81: S37-S42.
4. Chantal Bernard-Marty et al. 2004. *Facts and controversies*

in systemic treatment of metastatic breast cancer. *The Oncologist*. 9: 617-632.

5. Cathie Chung & Robert Carlson. 2003. Goals and objectives in the management of metastatic breast cancer. *The Oncologist*. 8: 514-520.

6. P.A.Greenberg et al. 1996. Long-term follow-up of patients with complete remission following combination chemotherapy for metastatic breast cancer. *J. Clinical Oncol*. 14: 2197-2205.

7. Graeme Morgan, Robyn Ward & Michael Baton. 2004. The contribution of cytotoxic chemotherapy to 5-year survival in adult malignancies. *Clinical Oncology*. 16: 549-560.

8. Eva Segelov. 2006. Editorial: The emperor's new clothes - can chemotherapy survive? *Australian Prescriber*. 29:2-3.

9. M. Veroort et al. 2004. Trends in the usage of adjuvant systemic therapy for breast cancer in the Netherlands and its

effect on mortality. *British J. Cancer*. 91: 242-247.

10. Guy Faguet. 2005. *The War on Cancer: An anatomy of failure, a blueprint for the future*. Springer. The Netherlands.

11. Chris K. H. Teo. 2006. *The Two Big Cs: CA Care experience with cancers of the breast and lung*. CA Care, Penang, Malaysia. (In press).

12. Chris K H Teo & Ch'ng Beng Im. 1999. *The Cancer Care Therapy*. CA Care, Penang, Malaysia.

13. Chris K H Teo & Ch'ng Beng Im. 1993. *Cancer Yet They Live*. CA Care, Penang, Malaysia.

14. Chris K. H. Teo, Ch'ng Beng Im, Yeong Sek Yee, et al. 2006. Thermography and breast health: preventing cancer and monitoring effectiveness of treatment. *e-Journal Traditional & Complementary Med Vol. 1*.

15. Caryl Hirshberg and Marc Barasch. 1995. *Remarkable Recovery*. Riverhead Books, New York.

Author Information

Chris K. H. Teo, Ph.D.

Care Care Project, Teo Herbal Centre

Chn'g Beng Im-Teo, B. Sc (Hons)

Care Care Project, Teo Herbal Centre