

Using *Urtica Dioica* In Esophageal Cancer: A Report of a Case

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Abstract

Esophageal carcinoma has a unique and changing epidemiologic pattern. Geographic variation is remarkable and leading most to believe that environmental causes play a large role in the development of oesophageal carcinoma (1). Treatment is still surgery. Survival rates are not good besides surgery. Looking for good results, patients search for paramedical treatments. *Urtica dioica* is a plant commonly used for treatment by public in our country. A 65 year old man complaining with dysphagia admitted to our clinic. On investigations esophageal adenocarcinoma was diagnosed. Patient did not feeding orally and there was no passage to stomach on both endoscopy and posteroanterior graphies. At laparotomy the tumor was irresectable, so gastrostomy applied to the patient. At the follow up of the patient, he was feeding orally at the sixth month postoperatively. Passage to stomach was present on both endoscopy and posteroanterior graphies. The using of *urtica dioica* after the operation by patient has learned.

INTRODUCTION

As the incidence of esophageal cancer is less, it has an important role because of its difficulty on treatment. Esophagus histologic structure and late diagnosis are the main causes for this. On recent years, improvements on technology allow early diagnosis of esophageal tumors. Because of that, the success on treatment is going to increase.

Primary choice of treatment is surgery. Insufficiency of surgery alone causes to increase the research about chemotherapy and radiotherapy. Chemotherapy and radiotherapy are used in advanced tumors to reduce the tumor size for good surgical results. In our country, paramedical treatments are using commonly by people in cases which enable to treat medically. *Urtica dioica* is a plant growing endemically in many regions of Turkey. In our country, paramedical treatments were used for some such diseases (2,3,4,5,6,7). In our case a man following by our clinic who was using *urtica dioica* at home for inoperable esophageal cancer was represented.

CASE REPORT

A 67 year old man was admitted to a center complaining with dysphagia on November 2001. The esophageal tumor was diagnosed by the investigations. As seen during laparotomy, the tumor had invaded into the abdominal aorta

and accepted as irresectable. Putting a stent or chemoradiotherapy was suggested to the patient, but no acceptance of these treatments was achieved. He was discharged from the hospital. One year later, he admitted to our clinic. Esophagoscopy was performed. At the 40th cm, an ulcerovegetative mass protruding towards lumen of esophagus was seen. Endoscopic biopsy revealed as mucinous adenocarcinoma (Biopsy no:B-1886-02). In the Computerized Tomography (CT), thickening of 3 cm of distal segment of wall to 2cm was seen. Invasion to abdominal aorta was suspicious. So the patient operated for aiming curative surgery or gastrostomy. In the laparotomy, a mass about 15x20x10cm in diameters which derived from abdominal esophagus, fundus and proximal corpus of stomach that invaded left lobe of liver and abdominal aorta was established. The tumor was accepted as irresectable and Stamm gastrostomy was applied. Six months later, he admitted to our clinic, again. In the history, he has used gastrostomy for 1 month, then after this time he could swallow solid foods. In the endoscopic examination, appearance of the tumor was necrotic and the probe passed through stomach. Passage to stomach was easy in esophagogastroduodenography (Figure-I). In the deepened history, it was learned that, he drank 1500cc boiled *urtica dioica* a day, till 6 months after diagnosis. Now, the patient can feed easily and followed by our clinic without any

clinical complaints. Gastrostomy was pulled. The patient is still following by our clinic for tumor progression and any sign of metastases.

DISCUSSION

While the esophageal cancer defined by radiologically, it was enable to treat. It was notified that chemotherapy could reduce tumor size about 10% to 40% (8). In recent studies, chemotherapy with radiotherapy on the treatment of esophageal cancer is more effective (8). Despite these improvements, it was known that the treatment of stage IV esophageal cancer is usually impossible because of distant organ metastases and five years survival rates are 0% (9). For this patient, it was declared that palliative treatments are the standard methods to relieve dysphagia and other symptoms (8). Chemotherapy to these patients is controversy. Randomized studies showing no decrease on risk of metastases with adjuvant systemic chemotherapy was found (10,11). New researchs and treatment methods about this subject were going on th chemotherapy, genetics and immunotherapy (8). *Urtica dioica* is a plant growing endemically in our country. This plant is using by public in lots of diseases primarily on advanced cancers. In scientific studies, antiproliferative effect of *urtica dioica* on prostatic cancer and rheumatoid arthritis was shown. Also, *urtica dioica* detoxify the effects of some toxic substances on liver was shown (2,3,4,5,6,7). In eastern part of Turkey, some studies which showing the high prevalence of using *urtica dioica* in cancer patients for alternative treatment, were made (12). In our clinic, we observed a man followed for stage IV esophageal cancer and is using *urtica dioica*. Our observations were towards the positive effects of this plant, *urtica dioica*. We conclude that, scientific quality and quantity of this effect have to need further experimental and clinical studies

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