

Breast Cancer Patients' Treatment Choices and Outcomes in a Naturopathic Clinic

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Abstract

In this study we gathered data in July 2016 by means of questionnaires from breast cancer survivors following initial consult in a naturopathic clinic. Most patients surveyed had previously or concurrently had total surgical resection of their tumor burden, followed by at least 36 treatments of intravenous nutrients, including water-soluble vitamins and minerals. We compare those having a history of surgery with those not having that history. We also compare outcomes among those having a history of radiation therapy and those without, as well as those having a history of chemotherapy and those without. Some of those in remission chose to return for follow-up intravenous nutrients once per month after achieving remission from their cancers. We compare the different cohorts, among the various stages of cancer, for treatment choices and disease status. 97 total cancer survivors responded fully and promptly to the questionnaires. 37 of those were breast cancer patients.

Introduction

Our naturopathic cancer clinic has focused on cancer patients and natural treatments for cancer for 10 years [1]. In 2016, we gathered self-reported data from all 37 breast cancer patients who came to our clinic for treatment and who voluntarily participated. No compensation was offered for completing the questionnaire.

Materials and Methods

Our clinic conducted a survey by questionnaire to breast cancer patients who had in common the following: a biopsy-diagnosed breast cancer, Stage I through late Stage IV, and that they stayed in our care for at least 4 treatments of IV nutrient infusions. Those treatments involved sterile infusions of primarily, by volume and osmolarity, high-dose intravenous vitamin C (HDIVC), which has been studied in numerous venues for anti-cancer effect.

Oral dosing of ascorbic acid has not been found to achieve sufficiently high concentrations in the vascular system to kill cancer cells [2-3]. However, intravenous use of ascorbic acid rose to plasma concentrations that were associated with apoptosis of cancer cells in vivo [4-7]. And in vitro [8-10]. Intravenous doses of ascorbic acid have been found to produce from 25 to 70 times as much plasma concentration as may be attained by oral administration [11]. The goal of ascorbic acid therapy is the presence of the products of vitamin C in the extracellular fluid [12]. These products of HDIVC were found to kill cancer cells while leaving normal tissue unharmed [13-14]. A meta-analysis of Vitamin C and cancer apoptosis reviews some of the mechanisms involved [15].

We also asked patients to abstain from sweetened foods, in our attempt to lower glucose availability to their cancers. Most

complied with that request, but not all. That study is reported separately [16]. Patients ranged in age from 37 to 78. The median age was 61.

The patients described their own status, at the time of the questionnaire, in Table I. Later, this data for each patient was verified by clinic physicians upon imaging, and if necessary, corrected. In this way, the subjective patient's self-reporting was corrected by the more objective view of the physician.

Results

	Number	%
Remission	20	54%
"Cured"	10	27%
Active cancer	7	19%
TOTAL patients	37	100%

Table 1: Patient outcomes.

We also asked patients to assess their own wellbeing. Those responses are shown in Table 2.

	Number	%
Excellent	9	24%
Very good	2	5%
Good	11	30%
Okay	12	32%
Bad	3	8%

Table 2: Self-reported health status.

We recorded the stages of those now in remission, as well as of all

patients, reported in Table 3:

	Number in remission	Total patients	Percentage of total in remission
Stage I	3	4	75%
Stage II	11	13	85%
Stage III	9	10	90%
Stage IV	5	10	50%
TOTALS	28	37	76%

Table 3: Stages of cancer at worst.

We recorded which of those in remission had any history of chemotherapy treatments in Table 4.

	Remission	Active cancer
History of chemotherapy	5	3
Total patients	28	7
Percent of total	18%	43%

Table 4: Chemotherapy and outcomes.

We recorded which of those in remission had any history of radiation treatments in Table 5.

	Remission	Active cancer
History of radiation therapy	7	2
Total patients	28	7
Percent of total	25%	29%

Table 5: Radiation therapy and outcomes.

And we recorded which of those patients in remission had surgical resection of their cancers in Table 6.

	Remission	Active cancer
History of surgery	25	5
Total patients	28	7
Percent of total	89%	71%

Table 6: Surgical history and outcomes.

The patients in remission differed from those with active cancer in the following ways:

- They had less history of chemotherapy: 18% vs. 43%. They had more history of surgery: 89% vs 71%.
- In an earlier study at the same clinic, tracking breast cancer patients from 2006 to 2014, 125 patients came to us with a biopsy-proven breast cancer.
- 95 never had any chemotherapy. 23 had previous chemotherapy. 7 had current chemotherapy.

The results of the breast cancer patients in that earlier study, by choice of treatment, are reported in Table 7:

	Remission		Died		Uncertain or unresolved	
	#	%	#	%	#	%
Concurrent chemotherapy (7 patients total)	2	29%	3	43%	2	29%
Previous chemotherapy (23 patients total)	9s	39%	7	30%	7	30%
Never had chemotherapy (95 patients total)	55	58%	8	8%	32	33%
TOTALS (N=125)	66		18		41	
Never had chemotherapy, but did all naturopathic recommended treatments (61)	52	85%	5	8%	4	7%

Table 7: 2006 to 2014 breast cancer patient treatment choices.

Of the patients in Table 7, studied over the 9 years 2006 to 2014, those with the best outcomes across all stages and types of breast cancer were those who chose to follow all the recommended naturopathic treatments and to not have chemotherapy. This cohort is represented in the last line of that table. The best outcome is considered to be determined by the fewest deaths (5) per number of patients treated in that group (61). That is $(61-5)/61 = 92\%$ who survived breast cancer to the point of the study.

Discussion

For unknown reasons, the breast cancer patients in a naturopathic clinic, who chose not to have chemotherapy, had better outcomes in general than those who chose chemotherapy. This may possibly have to do with the severity of the cancer being a factor that a patient would consider to warrant the severity of anti-neoplastic chemotherapeutics. That is, it is possible that the more vital cancer patients, or those with the least tumor burden, felt that they had the luxury of not undergoing chemotherapy. If that was the overriding factor, then one cannot conclude from this study alone that chemotherapy had an exclusively harmful effect. Or perhaps the toxicity of chemotherapy had a deleterious role that negated its potentially helpful role in the individual's struggle against cancer. More study of breast cancer patients' treatment choices and outcomes may help to clarify the role of chemotherapy, or the avoidance of it, in the likelihood and predictability of successful outcomes in breast cancer.

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