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## **CASE STUDY: PANCREATIC CARCINOMA BY MITCHELL J. GHEN, D.O., PH.D.**

The war on cancer has been declared a failure! In a recent article in the New England Journal of Medicine, the overall success in cancer treatment has not improved significantly for most of the common neoplasias. More and more patients are turning to alternative approaches to cancer therapeutics.<sup>1</sup> It is important to recognize that since there are so many different alternative medicines, remedies, and treatments, that a meaningful, concentrated approach needs to be utilized for the ultimate benefit of our patients. Unless complementary medicine consolidates its efforts, it may also realize failure. Haphazard alternative treatments may become extremely costly for the patient wandering about the alternative maze. After reviewing approximately 26,000 articles for my Ph.D., it became evident that optimal health can only be obtained by addressing five specific areas each time to prepare a treatment program for a patient. These five components are cellular nutrition, cellular respiration, hormonal cross-talk, energy balance, and psycho-social spirituality. I shall illustrate these five components and demonstrate their use in developing a treatment plan for a patient with pancreatic carcinoma.

**History and initial evaluation** - On September 18, 1997, a 66-year-old Caucasian male (Mr. B.T.) presented to me with a diagnosis of pancreatic carcinoma. Two weeks prior to seeing me, he had turned jaundiced and saw his family doctor. At that time, he was admitted to a university hospital where a stint was placed to drain the bilirubin and relieve his jaundice. He then underwent an operative procedure to alleviate his symptoms and hopefully debulk his tumor. Unfortunately, the size and position of the tumor did not allow the surgeon to complete his procedure. The patient was advised that it was an "open-and-close" operation. Mr. B.T. was given no additional life expectancy and was told by a consulting oncologist that chemotherapy would only be somewhat palliative and would not affect his long-term survival. The five-year overall survival rate for pancreatic carcinoma is only 3.5%.<sup>2</sup> Mr. B.T.'s options were few so he decided to investigate complementary modalities.

**Diagnosis** - A thorough history was taken from the patient. He was examined from a holistic approach, including eastern and western types of diagnostics. His history noted diabetes; he took oral medication, including Glucophage and Glynase. He had significant weight loss: He weighed 250 pounds earlier this year, and at the presenting time he weighed 90 pounds less. His symptoms included fatigue, sleep disturbance, and lack of appetite. Physical examination noted a well-oriented, pleasant gentleman with blood pressure of 138/88. Pulse was also normal at 78 beats per minute. At that time there were no findings consistent with hyperbilirubinemia, i.e., jaundice. Other than the skin, jaundice can often be seen in the sclera (white portion of the eyes) and under the tongue. A good physical examination pearl to discern if a patient has skin icterus (jaundice) is to look in the axilla and note its color. This should help differentiate a skin pigmentation from true jaundice. If the patient is jaundiced, then the axilla will also be yellowish in nature along with the rest of the body. Laboratory evaluations performed included CBC, Sma224, prostatic specific antigen, total and free testosterone, somatomedin C, natural killer cell function and activity, and DHEA (dehydroepiandrosterone). Cancer markers CEA and Monoclonal Antibody CA-19-9 were also drawn. A 24-hour urine excretion for heavy metals was obtained, and a subsequent fractionation was ordered secondary to an elevated total arsenic level. Abnormal studies showed an elevated glucose, a low albumin/globulin ratio, and elevated CEA, a low DHEA, a low Somatomedin C, an elevated organic arsenic level, low CD-8 suppressor cells, elevated liver enzymes alkaline phosphatase and GGTP (gammaglutamyltranspepsidase), a slightly low hemoglobin and hematocrit, and a significantly elevated CA-19-9, consistent with pancreatic carcinoma. The pH of the saliva and urine was noted to be 5.5 in the morning and 6.8 in the evening. In both instances, these are considered acidotic.



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Treatment plan - I organized the treatment plan utilizing the Ghen Hypothesis. I also considered that successful treatment must include a strong detoxification program, followed by a continual cleansing and rebuilding process. The following is how this was specifically accomplished for Mr. B.T.:

Detoxification program -

### 1. Cellular nutrition

- DMPS (2-3 dimercaptopropanesulphanate), 250 mg intravenous (IV) push was used to chelate (extract) the arsenic from the tissues. This was used once a month over two months. Then the urine was rechecked to make sure the organic arsenic level had returned to normal.
- Intravenous high doses of vitamin C (25,000 to 100,000 mg per dose) were given three times a week, along with a multi-mineral formula, B complex, and glutathione for free-radical destruction. Vitamin C has been shown to enhance natural killer cell activity.<sup>3,4</sup> Molybdenum was also added to these IVs since it has been proven helpful for liver detoxification and support. Four hundred micrograms of selenium was added to each IV for two reasons: Selenium is an essential co-factor for glutathione, and it has anti-tumoric activity. Taurine (an amino acid), abundant in the white blood cell, was also used to increase white blood cell function.
- Hydrazine sulfate was used to decrease cachexia. This compound is found in rust protectors and rocket fuel. It has been suggested that it helps cancer patients by regulating glucose, thereby reducing the cachexia that is often seen in these individuals. Tumors in general require massive amounts of sugars for their energy source and continued growth. Some studies have shown that the insulin level inside tumors is three times that of the normal circulation.
- Essiac tea (three times a day) to aid general and liver detoxification.
- Organic fruits and vegetables, juicing, and green teas were the mainstay of the diet. The patient was also instructed to avoid foods containing tyramine. Hydrazine sulfate acts as a monoamine oxidase (MAO) inhibitor; foods high in tyramine can precipitate a hypertensive crisis when combined with this substance. GSH (reduced glutathione) was also given to the patient orally in an effort to increase intracellular glutathione levels.

### 2. Cellular respiration

- Light breathing and yoga exercise were demonstrated and performed with the patient. He was unable to perform heavy aerobic activity.
- IV germanium (a mineral known to increase oxygenation at the cellular level and gamma-interferon levels) was added to each IV treatment.
- Oxygen/ozone baths were performed to increase oxygenation through skin absorption.
- Oral magnesium peroxide was used to aid in bowel detoxification and increase systemic oxygenation.

### 3. Hormonal cross-talk



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- DHEA sublingual was given to Mr. B.T. to increase his adrenal hormone into the normal range. Considered "the mother of sex hormones," DHEA is the precursor of estrogen and testosterone. DHEA levels decrease with aging and stress. Since cancer is an overwhelming physical and mental stress to the body, I have almost consistently found this hormone level to be abnormally low or within the very low end of normal. Without the interaction of the neuro-endocrine system and the immune system (which is mediated by hormones, cytokines, etc.), treatment failure is certain.

#### 4. Energy balance

- Acupuncture was utilized three times a week. Although acupuncture or acupressure itself may not reduce tumor size or contain tumor spread, its use can be important in balancing the electrical energies within and surrounding the human body. For some, acupuncture and the concept of energy is difficult to accept. However, new strides and research in this area suggest that the mind field plays an active part in both diagnosis and correction of human maladies.
- Homeopathic remedies were used to improve organ detoxification and lymph movement. Using minute doses of similar animal, mineral, and plant products that usually produce toxicity can effectively help the body remove the same toxins that caused the cancer. If a patient has had chemotherapy, it is most likely useful to use a homeopathic remedy developed from a chemotherapeutic agent(s). This could help facilitate the removal of any traces the chemotherapeutic agent(s) may have been left behind in the viable tissues.

#### 5. Psycho-social spirituality

- Mr. B.T. was provided with guided imagery training and was encouraged to continue his practice at home for 20 minutes daily.
- Biofeedback was used to train Mr. B.T. in the techniques of guided imagery. I was able to monitor the patient's progress and his ability to alter his state of consciousness. He used a patented virtual reality biofeedback system that allows a technician to guide the patient in his/her biofeedback session. The patient watches a laser program of moving, "real-time," beautiful imagery and is able to change the scene according to his/her state of relaxation. A sensor that the patient wears delivers information to the system. Either electromyographic data or galvanic skin resistance information is transmitted to the computer via a remote infrared port. The technician can make this virtual reality session either easier or more difficult, depending on the patient's response. A 20-minute challenging session, three days a week for one month, can help the individual reproduce this state of relaxation at any time at will by recalling the pleasant scene. This process is known as operant learning and is similar to seeing/hearing a commercial jingle, smelling a perfume/cologne, or hearing a particular song that relates to a certain event. The physiologic response to these stimuli can either be positive or negative. For example, smelling a particular perfume/cologne may remind a person of a close companion from the past and will evoke a particular memory from that time. Changes that may occur include heart rate and respiratory changes, blood pressure decrease or increase, and stress hormone release or containment, depending on what type of physiologic response the patient has had.

#### Cleansing and rebuilding –

##### 1. Cellular nutrition



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- Mega-dose oral vitamins such as vitamin A, beta-carotene, B-complex, coenzyme Q10, vitamin E, grape seed and grape skin extract, thiotic acid (i.e., alpha-lipoic acid), and multi-minerals were used. Intravenous vitamins and minerals were continued for immune support. Mistletoe was used to stimulate an immune response.

## 2. Cellular respiration

- Daily walks (20 minutes)
- Deep breathing exercises

## 3. Hormonal cross-talk

- Low-dose DHEA was continued in order to maintain this hormone within an acceptable normal level.

## 4. Energy balance

- Homeopathic remedies were used for cellular and tissue regeneration.
- Maintenance acupuncture
- Soft tissue manipulative therapy (distant from the tumor)

## 5. Psycho-social spirituality

- Patient continued with guided imagery regularly.
- Mind-body psychologist helped improve the patient's overall outlook and helped him develop future concepts of occupational, educational, and social aspects of his life.

Discussion - The length of a detoxification program can last from two to six weeks, depending on the patient's level of toxicity. This can be measured by several methods, such as dark-field evaluation of blood cells; pH (acid/base) of saliva, urine, and blood; physical signs; and lab test improvement. Pancreatic cancer is like all solid tumor cancers, in that its etiology is an enigma. It has been suggested that excessive coffee consumption and alcohol abuse may be responsible for its development. Mr. B.T. owned a nightclub and had many years of regular, excessive ingestion of alcoholic beverages. Other factors that may increase the risk of pancreatic cancer include a high-fat diet and smoking. My patient had admitted that he had complete disregard for his diet, ate meat often, and smoked heavily (two packs a day for over 20 years). The most common constitutional symptom of this cancer is generalized fatigue. It is likely that the symptom is secondary to a high catabolic state and large quantities of free radicals. Aggressive treatment in all areas described is necessary to decrease its severity. As a chronic disease, cancer is the essence of a true paradox. On one hand, it is fatal to the cells of the host; on the other, the cancer cells themselves are immortal. The best approach to this disease is prevention. Strengthen the psycho-neuro-endocrine immunologic systems to provide the necessary environment for healthy cells. This would allow the human to surpass the Hayflick Limit (a theory of aging that claims cells can only reproduce themselves 50 doubling) and approach immortality without fatal cellular aberrations.

Conclusion - Mr. B.T. is currently six months into treatment and still complains of fatigue. However, his weight has stabilized. We are now even seeing some weight gain of half to one pound per week. The original oncologist and surgeon warned Mr. B.T. that his prognosis was dismal and that he had only four months to live. However, without



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nausea, vomiting, hair loss, hospitalizations, or other complications of treatment, Mr. B.T. is still alive and has already surpassed his expected longevity by 50%. It is my contention that a rational, scientific, focused approach offers the patient the best opportunity to obtain optimal health.

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