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Defeating cancer requires more than one treatment method: An 8-year retrospective case series using multiple nutritional and herbal agents, 2014 update

Introduction: Research has shown that for cancer to occur in the body multiple normal functions must break down. Therefore multiple-component treatments may be the only successful way to treat cancer. We used well-tolerated natural substances to assess their usefulness in combination anti-neoplastic therapy. The following has been the goal of our clinic in treating cancer patients: It is not enough to repair genetic damage or to stop angiogenesis and neglect to reverse all other cancer-causing problems. It is also not enough to attack metastases and leave the primary tumor in a comfortable environment. In order to defeat cancer, it must be attacked at every level and with every method necessary to reverse cancer's multiple-layered assault on the body, even if that means that some of the various treatments have redundant effects. And this all must be accomplished while maintaining the maximum possible wellbeing of the patient and without sickening or weakening the patient.

Methods: We treated a total of 379 patients with cancer from October 2006, when we opened our practice, until July 1, 2014, when we stopped collecting data for this year's update of this paper, originally written in 2009. Data from all 379 patients who came to us with a diagnosis of cancer are included in this paper, excluding only those cancer patients who decided against further treatment after less than two weeks in our care. Patients' stage is recorded as the stage at first arrival to our clinic, which is not necessarily the stage when first diagnosed. We treated with natural methods alone, choosing among methods with research-established anti-neoplastic effect, oral and intravenous, dietary and supplemented, nutritional and herbal, having a preference for those with high patient tolerance and compatibility, and varying with individual needs and tolerance, according to the standard naturopathic principle of "Treat the whole person."

Findings: Many patients voluntarily left our practice, against our advice, primarily for financial reasons, while still having cancer. Of the remaining patients, 175 either went into confirmed, complete remission, which we define by no evidence of cancer remaining in the body on imaging, or have remained in good to excellent wellbeing, as determined retrospectively by prolonged stable health of at least 6 months after leaving our care and needing no other physician supervised cancer care, and as confirmed by annual telephone conversation with either the patient or a family member. Those patients in remission stayed in our care an average of 3.7 months; those who left, 2.7 months, (this data last measured in 2010). Eight additional patients went into remission after leaving our clinic, and while being treated at a different clinic, and it is unlikely that our treatments were the decisive factor in that remission. We were still treating 22 patients at July 1, 2014 plus giving ongoing maintenance treatments to some of those who are still in remission. 44 died while still our patients. Of those 44, 12 died after a significant dietary dispute with us. That is 32 patients died although they received our treatments and complied with our requested diet. 22 more were killed by hospital procedures and/or chemotherapy and/or radiation side effects while still our patients. 45 total patients chose to have chemotherapy while having our treatments. Yet, of the 175 who went into remission, only 12 had chosen to have chemotherapy while having our treatments. Stages 1, 2, 3 and early Stage 4 patients at start of treatment had much better outcomes than late Stage 4 patients in general.

Interpretation: The 32 patients who complied with our dietary and treatment protocol and still did not survive their cancers must be seen as an 8% failure rate if considered of all 379 patients, or a 15% failure rate if taken of the 210 patients who stayed