

A-D Nutraceuticals -- Case Study Matrix Notes

All patients entering therapy were diagnosed as terminal or at the end of Stage IV.

Only patients surviving longer than ninety days from beginning of MSQ treatment have been included in the matrix.

Virtually all patients had preexisting or extenuating conditions. Most were unable to continue with additional interventions due to:

* Chemotherapy - toxicity limits or patient could not tolerate severe side effects.

* Radiation - maximum exposure limits reached without a viable resolution.

* Surgery - and/or additional surgery no longer a viable option.

The formulaic progression of the MSQ therapy began in 2000 with #11, and has progressed to #15F in 2008 as the latest compounded formulation. Efficacy and effectiveness have been noted as a result in newer formulations.

Patients were self administered at home and responsible for their own dosages and scheduling times. Clinical oversight and consistent documentation will be a focus in future trials as a quality control.

The minimum base MSQ therapy for Stage I-II patients requires consumption of two quarts over a twenty one day period. Terminal patients generally require at least two full courses to achieve remission status.

In conclusion, patients not achieving remission were often too far advanced, overriding complications, or their immune system was too compromised by previous treatments.

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A-D Nutraceuticals -- Case Study Summary Matrix

ID#	Age	Cancer Type	Prognosis	Chemo Treatment	Radiology	MSQ Type	Dosage 3/Day	Therapy Start	Therapy End	Remission Status	Preexisting Conditions	Patient Therapy Notes
100-AS	55	Lung	Terminal	Nov 1999 - 2 cycles - stopped - bad side effects	11/1999 - 30 Gy	11	4 quarts - 1 Tbls - Maint. dose 1 Tbls	6/2000 - 1 month 11/2000 - 6 months	4/2001	Significant regression, tumor necrosis, and pleuritis carcinomatous resolution in this patient despite complications	Inoperable Squamous cell carcinoma, pleuritis, emphysema, MI - enlarged heart, obesity, diabetes, liver problems complicated health. 2 sep. MSQ courses, maint. dose several mos. Patient only received half doses of MSQ therapy.	Many complications from previous and current problems. Diag. as terminal cancer, heavy smoker and drinker, would not change habits. Little chance of success. Died of heart problems.
101-KJ	43	Cervical	Terminal	July 2000 2 cycles - stopped - serious side effects	6/1998 - 50 Gy	11, 11A, and 13	11 - 1 Tbls 11A, 13 - 2 Tbls	1) #11 11/2000 2) #11A 4/2001 3) #13 7/2002	1) #11 12/2000 2) #11A 6/2001 3) #13 8/2002	Remission in 2001, regression > 50% of cervical SCC and resolution of metastases in 2002	Squamous cell of the cervix, ongoing infections from previous surgery, vaginal and bowel fistulas. Deceased in 4/03 after three surgeries to drain abscesses and close bowel fistulas failed.	Patient relapsed in 2002 from internal extenuating conditions, nephrectomy, ongoing abdominal abscesses and inflammations. Was not expected to live beyond 2000. Too many pre-existing conditions.
102-RA	28	Leukemia -AML	Terminal	May 2002 - several cytostatics tried, denied additional treatments due to side effects after Aug 02	None	13, 15	13- 1 Tbls 15- 2 Tbls	1) #13 10/2002 2) #15 1/2003	1) #13 11/2002 2) #15 3/2003	Complete Remission	10/99 auto accident, 8/01 brain abscess, 1/02 inf. Mono, and drug dependency, 5/02 cervical neoplasia treated w/ cytostatics, antihormone and interferon, 7/02 thrombocytopenia and anemia, 10/02 CT revealed > 25 soft tissue tumors in body, 11/02 leukemic crisis.	10/02 -1/03 Could only tolerate half doses of MSQ, but showed CBC improvement and tumor regression. Blast cells in marrow > 54%. Fever, blood pressure, vomiting, elev. pulse, feeding tube. MSQ 15 resumed end 1/03, by late 2/03 all CBC, blast cell & path reports normal, AML resolved.

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103-SJ	50	Eye	Poor, eye removal	n/a	Diode Laser Thermo Therapy	13	13- 2 Tbls 3 qts	8/2002	n/a	Progression stopped	Transpupillar diode laser thermotherapy on three previous occasions.	Outcome unknown, tumor progression was halted after two months of therapy.
104-AM	62	Non-Hodgkin's Lymphoma aggressive grade	Terminal	4 cycles - CHOP protocol 1998	40 Gy - 1998	12, 13	12- 1 Tbls 8 quarts 13- 2 Tbls 3 quarts	11/2001	10/2002	Tumor Shrunk- 180cm ³ to 38.5cm ³ 11/01-5/02	Major regression of tumors, health was much improved, complications forced withdrawal from therapy.	Leg edema from chemo and radiation forced surgery and stoppage of therapy. Leg tumor progression and aggressive edema noted after surgery
105-ER	58	Bladder SCC	Terminal	1 cycle Cysplatin & Gemzar, 1 cycle Gemzar only - 2002	60 Gy - 2001	11,13	11- 2 Tbls 1 quart 13- 2 Tbls 2 quarts	6/2002	?	Potential improvement, tests not accurate	Cirrhosis 1991, Arterial occlusion surgery 1993, hypertension 1998, stroke and vascular encephalopathy 1998, SCC of Bladder, 2001 Brain hemorrhage	Patient 30% disabled w/ stroke. Unable to maintain consistent MSQ therapy sched., bedridden at start, noted much increased energy, able to get out of bed in a week and resume chores.
106-GE	51	Breast IV - lung mets	Terminal	1998 - 2 cycles 2001 - 3 courses	Yes 1998	11	11- 1 Tbls 11- 2 Tbls 3 quarts	8/2001	12/2001	Stability and progression of tumor mets stopped for eight months on a 1/2 dose format.	1998 - Left breast resection and lymphadenectomy, 2000 - Right lower lung resection, 5/2001 tumor mets in both lungs - chemo stopped 8/2001 due to lack of efficacy and bone marrow toxicity.	Reported improved breathing (dyspnea) problems w/in 2 weeks, able to resume full time work one month later. Stable until 3/02 - tumor progression in lungs, 4/01 MRI revealed brain mets rapidly progressing, patient died 7/02

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107-GZ	33	Breast IV - lung/bone mets	Terminal	2001	2001	14	14- 2 Tbls 2 quarts	8/10/04	9/04	Complete Remission	2001 Right breast quadrant resection and lymphadenectomy, 3/04 CT - multiple mets in spinal vertebrae, 4/04 CT osteolytic thoracic bone mets, 5/04 & 8/04 CT's lung mets, pleural fluid and dyspnea, w/ severe bone pain not relieved by pain meds.	8/04 began MSQ, in two weeks resolution of dyspnea and bone pain, 9/04 chest CT found all osteolytic tumors had sclerotised (hardened), left side pleural fluid regressed completely, and patient returned to full time work 10/04 asymptomatic.
108-SL	67	Prostrate	Terminal	Hormonal therapy	No	15	15- 2 Tbls 3 quarts	8/5/04	9/15/04	Remission	7/14/03 Enlarged prostate (87x67x72), 8/18/03 blood in urine, high PSA - (280ng/ml) and transrectal biopsy to drain abscess, 8/28/03 MRI - 6x7.5 cm tumor, 9/12/03 transurethral prostactomy and cyst drainage. Cyst resolved by 1/04. A 3/04 PSA - (.46ng/ml) & 7/04 PSA (23ng/ml) suggested recurrence.	8/8/04 began MSQ 15 therapy of three qts. 9/15/04 PSA -(.076 nag/ml), showing very rapid decline of PSA level. Ultrasound results were negative, and patient is asymptomatic.
109-KE	70	Prostrate w/bone mets	Terminal	No	No	15	15- 2 Tbls 2 quarts	9/12/02	37539	Complete Remission	6/5/02 - (45x40) enlarged prostate, PSA (9.5 nag/ml). Transrectal biopsy - prostate adenocarcinoma. Whole body scintigraphy showed multiple bone mets to skull, scapula and spinal vertebrae.	9/12/02 began MSQ therapy, reported overall improvements in his condition. 10/12/02 PSA - (.41 nag/ml) showed normal range, and other blood tests normal. Asymptomatic since.

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110-CA	39	Breast IV Bone mets	Terminal	Hormonal therapy	2003 sternum bone mets 8/2004 sacral spine	14, 14A	14- 2 Tbls 3 quarts 14A- 2 Tbls 2 quarts	3/1/05 6/1/05	4/15/05 n/a	Improved health, lessened bone pain, mets too far advanced by start of treatment	2001- Left breast resection & lymphadenectomy, 2002 uterectomy and adnexal removal (reprod. organs). 2003 upper sternum radiation, 6/04 scintigraphy body scan showed bone mets to clavicle and sternum. CT showed sub pleural mets in left lung. 9/04 MRI showed add'l mets in sternum, thoracic and lower spinal vertebrae. 6/05 scan showed mets on entire spine. 1/05 hospitalized w/ hemorrhagic cystitis.	3/1/05 started MSQ-14 4/18/05 CBC results much improved, decr. alkaline phosphotase (AP) from 530 to 377 U/L. Noted a sharp decrease in bone pain. 5/05 test - AP up to 545 U/L, and incr. bone pain. 6/1/05 Resumed MSQ 14A, bone pain reduction and return of appetite. Advanced bone mets, MSQ therapy provided quick and significant help w/ bone pain, overall health and appetite.
111-DS	72	Leukemia -CLL	Terminal	2004 Fludara & Medrol (steroidal)	No	15	15- 2 Tbls 4 quarts	10/04 (2) 12/04 (2)	11/04 1/05	Rapid Leuk. crisis reversal, health and blood stabilized, unable to continue longer term therapy due to bowel disease	1992 diag. w/ CLL, no intervention, Leukeran since 1999. 6/04 Leuk. crisis. Plasmopheresis & COP therapy. High dose chemo and steroids failed. Also had inflammatory bowel disease w/ diarrhea that conflicted with MSQ. Poor CBC results.	7/04 leuk crisis - CBC - low RBC 2.4x10 and high WBC 608 G/L. 10/04 began MSQ therapy. 11/26/04 CBC -RBC 3.5x10 and WBC 43.5 G/L resulted in significantly improved blood counts and overall health status. Condition stabilized, but unable to continue long term therapy due to bowel disease and chronic diarrhea.
112-KM	n/a	Prostrate - mets bone	Terminal	Yes	Yes	13	3 quarts			Remission	Prostrate cancer had metastasized to bone cancer.	Remission obtained seven months after beginning therapy.

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113-TJ	n/a	Liver	Terminal	Yes	Yes	13	3 quarts			Significant improvement, remission still possible	Massive metastatic liver adenocarcinoma	Substantially improved. Trial end, at conclusion patient was not in remission yet, need additional time for verification.
114-TZ	n/a	n/a	Terminal	n/a	n/a	15	2 quarts			Remission	n/a	n/a
115-ML	n/a	n/a	Terminal	n/a	n/a	15	2 quarts			Remission	n/a	n/a
201-xx	52	Colon	Stage 4	Apr-06	n/a	15D	4 quarts - 2 Tbls	10/1/07	11/07	Complete Remission	Tumors removed via Colon Resection 2/06 and 12/06. Chemo follow up. CT-Pet scan 9/07 found new tumors. Patient refused chemo, took MSQ, a third sched. resection on 12/07 found no tumors from 9/07 CT scan.	Began MSQ therapy 9/07, Resection 11/07, tissue and histological samples negative. Abdomen Tomography scan 3/08 showed no tumors or abnormal lymph nodes.
202-xx	79	Bile Duct	Terminal	n/a	n/a	15D, 15E, 15F	4 qts, 2 Tbls 15D- 2 qts 15E- 1 qt 15F- 1 qt	4/07 11/07 7/08	8/08	Remission	2/07 Pruritis and mult. drug allergies, elevated liver enzymes, 3/07 surgery found tumor at confluence of hepatic ducts with liver infiltration. Gall bladder removed, tumor was non-resectable. Terminal prognosis for patient.	Stage 3-4 prognosis is 6 months. 6/07 Liver test showed reduced levels, CT scan found no tumor. Liver enzymes were much reduced, but variable through 8/08 due to infection. 7/08 CT showed no tumor present. 17 months later, patient is stable and therapy continues.