

**MSQ Supplement Case Studies
Completed in Hungary**

Case Studies and Profiles

**Peter Grandics, Ph.D.
Director Clinical Research
A-D Research Foundation
5922 Farnsworth Ct, Carlsbad, CA 92008**

A-D NUTRACEUTICALS, INC

Carl H. Pfeiffer, President

**4200 English Ivy, McKinney, TX 75070
(972) 333-6640 e-mail carl@adnutraceuticals.com**

General Background and State of the Art

It is a widely accepted view that cancer can start in just one of the body's billions of cells. Cancer could be triggered by a variety of factors. Our current thinking is that radiation, toxic chemicals, viruses or other infectious agents may induce an error in the transcription of the cell's genetic information. The cells then divide to form abnormal cells, without normal genetic controls. The immune system of the body then fails to respond properly by not destroying the aberrant cells. The aberrant (cancerous) cells lose their normal controls of cell division and continue to proliferate. This leads to the formation of a growing mass or tumor expanding into healthy tissues. The cancerous cells compete with normal cells for nutrition. Also, the cancerous cells may migrate into the bloodstream or the lymphatic system that is the primary cause of the formation of a metastasis.

It is currently believed that cancer could be reversed if the altered genetic message of the cell could be corrected. However, such a method up to this date has not been developed. Our current mainstream treatment methods focus exclusively on the tumor and equate cancer with the cancerous lesion(s) appearing in these patients. This way cancer is considered a localized phenomenon that may lead to an incomplete definition of this disease.

The mainstream treatment modalities for cancer are sometimes described as the cut, burn and poison therapies. As the cancerous lesion is equated with cancer, its surgical removal, whenever is possible, is considered indispensable. This is done despite the evidence that surgery fails to correct the underlying cause of cancer and may actually cause the spreading of cancer. Residual lesions are treated with radiation and chemotherapy, both of which produce severe side effects. These treatments are immunosuppressive and can pave the way to secondary infections, an important cause of mortality following chemotherapy.

Toxicity to the kidneys, bone marrow and the nervous system may produce lasting complications even if a remission is achieved. It is also established that such therapies can actually cause secondary tumors. Regardless of the practice of these cancer treatments, two-thirds of all cancer patients eventually die of the disease. Moreover, many of the malignant tumors are resistant to these conventional treatments.

A safe and effective cancer treatment has been the goal of scientists for many decades. Such a technique must be selective in destroying the cancer cells without irreversibly damaging normal cells. It is well established that cancer is continually produced in the human body but is kept in check by the immune system. Only when the immune system is weakened can cancer establish itself. Therefore, it would be desirable to develop methods that restore the healing ability of the body so cancer would be eliminated naturally by the immune system.

INVENTION SUMMARY

Pursuant to this invention a new technique is described to treat cancer. In an illustrative embodiment, an inoperable, malignant lung cancer was treated with a plant extract called Soma, and an adjunct second therapeutic modality comprised of a mixture of natural plant derived substances and a mineral. The Soma and the adjunct second therapeutic modality can be used together; alternatively, the second adjunct therapeutic modality can be used alone.

Methods according to the present invention are particularly suited to the treatment of malignancies of the lymphoid system.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS

Interest in alternative therapies is increasing as dissatisfaction with traditional therapies grows. The absence of markedly improved treatments despite decades of research, the toxicity of chemotherapy and the lack of significant improvement in cure rates for the major cancers contribute to the dissatisfaction (Cassileth et al. (1991) New England Journal of Medicine 3249 (17) 1180-1185). This led to an increasing interest even within the traditional medical community for alternative cancer treatments.

The present invention describes an alternative therapy for cancer. We offer a new theory for the development of this disease that describes cancer as an endocrine disease. More specifically, we hypothesize that cancer manifests as a result of the malfunctioning of the pituitary gland that resides at the apex of the endocrine system. Pituitary hormones regulate the functions of other glands, e.g., the thyroid, the adrenals or the pancreas. A dysfunctional pituitary gland manifests in the weakening of the immune system and eventually in its inability to eliminate cancerous cells.

This hypothesis proposes that cancers arise from a single cancer "progenitor" cell that gives rise to all known forms of cancer. This cell is part of the working mechanism of the immune system and normally resides in the sinus cavity from which it is mobilized as needed. These cells are eliminated by specific activated lymphocytes after they complete their tasks. When the elimination of these cells is unsuccessful due to weakened thyroid, adrenal, and pancreatic activities, viable damaged cells remain that can attack host tissue. These cells will seek out injury sites inside the body that are present due to physical damage, the activities of pathogenic organisms, parasites, chemical agents, or irradiation and establish colonies at those locations. The final morphology of the cancer cells develops as a result of interactions with the surrounding host tissue.

Secretions of the thyroid and adrenal glands and the pancreas play a critical role in the activation of the killer cell capable of eliminating cancer "progenitor" cells as well as established tumors.

The described natural formulas are intended to optimize the functioning of the pituitary gland as well as the other three endocrine glands leading to the restoration of normal immune functions. The effect of the formulas results in the regression of cancerous growth without the side effects of contemporary therapies.

A potential causative agent for cancer, besides the environmental factors, is prolonged periods of stress. Stress has been found to be associated with immunosuppression and an increased frequency of tumors (Lissoni, P. et al. *Neuroendocrinol. Lett.* (2001) 79, 350-357). Therefore, it is important that life-style changes also accompany any therapeutic intervention if long-term results are sought.

MSQ Formulation and Ingredients

A full description of the MSQ ingredients has been published in the *Journal of Carcinogenesis*, Nov. 18, 2003, Vol 2:9, "Cancer, A Single Disease with a multitude of manifestations?" by Dr. Peter Grandics.

The following illustrates two embodiments of the MSQ intervention. In early trials, the Soma extract as explained below, was used in conjunction with the MSQ intervention to determine if additional benefits could be gained through the inclusion of this herbal supplement. Soma has since been determined as not required in the MSQ intervention. Some patient benefits were ascribed to the general well being and feelings of the patient, however, no conclusive immune system benefits could be ascertained and has since been discontinued.

Current intervention requires only the various patented MSQ supplement formulations be used for specific purposes. These comprise MSQ-11, 12, 13, 14, 15, 16, with MSQ 15 as the primary adjunct for use in oncology treatment. Specific formulations have been developed for bone cancer cases - MSQ-13, and pancreatic cancer - MSQ-14 are suggested as a directed intervention in these applications.

The required components of MSQ, are mixtures of plant-derived and mineral substances. More specifically, the active ingredients are blackstrap molasses, apple cider vinegar, quinine, sulfur, and Iodine (USP 23, Strong Iodine Solution, weak iodine can be supplemented in larger amounts)

Additional MSQ-xx formula specific ingredients may include rose petal extract, baking soda, a carbonaceous material such as charcoal or diamond dust, cayenne pepper, prune juice, powdered sugar, corn oil, pineapple juice, raw almonds, Vitamin C calcium salt, vitamin B12, and folic acid.

MSQ Intervention Dosage and Regimen

The composite mixture(s), (i.e., one of MSQ- 11, through MSQ-16) is administered orally at a dose of 1-3 tbsp. (15-45 ml) for adults, preferably at 2 tbsp., three times a day taken with meals. Some variations of MSQ require 2 ½ Tbsp. per dose, three times per day. Along with this treatment, 6 glasses of water should be taken daily spaced at proper intervals. This administration schedule is followed for 3-4 weeks, and a person will consume 2-3 quarts during this time period. MSQ-14 for pancreatic cancer will require a seventy-two day regimen to be fully effective. The administration of this therapy may continue depending on the rate of cancer regression. The therapy can be used prophylactically after remission is obtained. Also, it can be used as a cancer preventative agent, as an immune system enhancer/booster.

As used herein, the term "therapeutic effect against cancer" means any effect against cancer, including but not limited to symptomatic relief, improvement in subjective well-being, histological improvement such as reduction in tumor burden, reduction in stage or grade of the tumor, reduction of tissue damage associated with malignancy, or other biological, pathological, or histological effects.

The malignancy to be treated can be, but is not necessarily limited to, a malignancy of the lymphoid system. The malignancy can be another malignancy, such as pulmonary squamous cell carcinoma or squamous cell carcinoma of the cervix, as well as other types of solid tumors.

Soma Adjunct

In the earlier combined treatments, the first composition is an extract of the Soma plant. Soma is the famous healing plant described in the sacred scriptures of the Hindus, the Rig Veda (Griffith RTH, The hymns of the Rigveda, Shastri, JL ed. Delhi, Motilal Banarsidass Publishers, 1999). Since the passing of the Vedic era, many investigators sought to identify this mystical herb to which religious tradition attributes many great healing powers.

As a result, today Soma is mainly believed to be the hallucinogenic mushroom, *Amanita muscaria*. However, Indian scientist Dr. SN Paddy from the Department of Botany, Orissa Government Science College challenged this view and stated that the actual Soma plant was neither hallucinogenic, nor intoxicating, but kept its consumers awake and alert (The Indian Times, February 11, 2001). He pointed out that the identification of Soma as *Amanita muscaria* is in conflict with the Vedic principles, its reported mode of action, as well as the description of the plant in the scriptures. The Soma plant is said to have milky secretions, a creeper-like appearance, and exists in two varieties according to the Rig Veda. We concur with Dr. Paddy's analysis on Soma.

In this early embodiment, Soma is taken orally once a day, preferably one-hour before bedtime. The recommended dosage is 1 ml dispersed into a cup of water. Soma should be taken for a month at this dosage. For the next month, it should be taken every other day. A weeklong break in the schedule is then recommended. The dosing is resumed at a rate of 0.5 ml per day for one month and the same dosage taken every other day for the next month.

When used in conjunction with chemotherapy, Soma has largely relieved chemotherapy-associated nausea and vomiting. Patients taking Soma were able to carry on with their normal activities shortly after the administration of the chemotherapeutic agents. In one patient, Soma has shown some degree of protection against the nephrotoxicity of Cisplatin.

Discussion

The following three case studies illustrate the advantages of MSQ intervention. These examples are illustrative only and are not intended to limit the application to the oncology disorders listed therein. Accordingly, it is to be understood that the description in this disclosure is to facilitate comprehension of the nutritional supplement and should not be construed to limit the scope of its application as a therapeutic embodiment singularly to oncology disorders.

MSQ formulations with quinine can only be ordered by prescription through an affiliated, licensed compounding pharmacy in Dallas, TX. It may be shipped to the physician or patient due to the required inclusion of quinine sulfate in amounts exceeding FDA allowable levels in beverages. All other ingredients may be obtained through non-regulated sources. Prescription instructions to be written in the form of xx grams of quinine sulfate powder as added to the Base MSQ Formula-###. For further MSQ information or prescription instructions, contact Carl Pfeiffer, at 972-333-6640.

Publications:

Grandics, P.: Cancer, A Single Disease with a multitude of manifestations?" Journal of Carcinogenesis, Nov. 18, 2003, Vol 2:9

Grandics, P: The Cancer Stem Cell: Evidence for its Origin as an Injured Autoreactive T-Cell, Molecular Cancer, Feb. 14, 2006, Vol 5:6

Grandics, P.: Complete Remission Achieved in Both Primary and a Recurrent Adult Acute Myelogeneous Leukemia by a Novel Nutritional Therapy, 2006, The Journal of Alternative and Complementary Medicine, Volume 12, Number 3, pages 311-315.

Trial and Case Notes:

The cases prior to Jan 2002 received half doses (1 tbsp.) in the beginning of the trials. Most of these patients required multiple therapies as a result of this reduced dosage level, and their depleted physical condition. The original formulation MSQ-11, has since been modified to the improved patented MSQ-15/16 formulation, and final modifications are at revision level MSQ-18.

Those receiving the modified versions have responded in significantly less time than earlier cases receiving half doses. These Stage IV terminal cases required subsequent or longer-term therapy due to highly compromised immune systems resulting from chemotherapy, radiation and other medical protocols. Several patients were in such poor health or presented such severe complications entering the program, they died prior to completion of the therapy.

Nonetheless, an overall ratio of sixty percent or better was achieved in terminal patients that completed the therapy. Blood tests revealed improved cell counts and improved blood structure compounds within two weeks for all patients after starting therapy.

Until clinical cases studies are performed on Stage I & II patients, it can only be speculated what therapy results might be achieved in these patients prior to their immune systems being compromised from chemotherapy and/or radiation treatments. Ideally, these cancer patients would be in better overall health and would likely respond faster utilizing the newly modified formulations.

The Soma adjunct was implemented by the lead researcher as an experimental adjunct. No beneficial results could be attributed to its inclusion, and was discontinued after year two in the trials with no adverse results.

A new formulation of this therapy, MP-10, has been developed that does not require the prescriptive ingredient quinine sulfate to be included and can be marketed over the counter as a health supplement. This formulation reduces the dosage to once a day but for a longer time period. No cases have been completed using this formulation.

Carl Pfeiffer

Case Studies, Case Profiles and Summary Results

Case Studies (5)

AS - Resolution of pleuritis carcinomatosa and atelectasis in malignant lung cancer Very difficult lung cancer case complicated by heart, renal, liver, diabetes type II, obesity, and former heavy smoker with evidence of early emphysema or respiratory distress. Cause of death - heart complications.

KJ - Remission and partial regression of metastatic SCC of the cervix over two consecutive recurrences of the disease until remission confirmed.

RA - Complete remission of acute myelogenic leukemia, remission confirmed. Published in Journal of Complementary and Alternative Medicine, Volume 12, No.3 , April 2006

XX – Complete Remission of Bile Duct Cancer. Case submitted for publication.

XX – Remission of Colon Cancer – Patient underwent a third scheduled resection for removal of large tumor identified on CT scan. MSQ therapy started three months prior to surgery, but exploratory surgery of abdominal cavity found no tumor(s) to remove.

Additional Case Profiles and Results (5)

SJ – Cancer of the eye. Tumor progression was stopped, results unknown

AM - Non-Hodgkin's Lymphoma, aggressive grade, beginning 1997. Maximum radiation administered, and chemo through 2001. Tumor shrinkage from onset of the MSQ/Soma administration on Nov 2001 from 180cm³ down to 38.5 cm³ in May 2002. Complications with edema removal from leg restarted progression of tumor.

ER – Bladder Cancer – Some improvements have been noted, however due to previous brain hemorrhage, patients ability to follow protocol unmonitored has taken only 30% of therapy and hindered her improvement.

GE – Breast Cancer – Partial resolution, provided significant eight-month stability period on a progressing Stage IV refractory carcinoma. (MSQ-11 – ½ dose).

GZ – Breast Cancer Stage IV with lung and bone metastases. Full remission. Began treatment 8/10/04, and on 9/14/04 resolution of bone pain, and almost full pleural regression.

SL – Prostate Cancer - The MSQ-15 dietary composition produced a rapid reversal of elevated PSA in a recurrent prostate carcinoma. As of 09/04 patient was asymptomatic.

KZ – Prostate Cancer - The MSQ-15 dietary composition produced a remission of a metastatic prostate carcinoma.

CsMA – Carcinoma of the Left Breast – Demonstrated improvement in Stage IV breast carcinoma. Early termination of MSQ 14 therapy, treatment resumed at later date, status unknown.

DS – Chronic Lymphocytic Leukemia – Rapid reversal of leukemic crisis and stabilization of patient. Therapy discontinued due to bowel syndrome problem, however status at last report was stable.

Result Summary Only – No Other Details (4)

KM - Prostrate cancer, metastasized to bone cancer, received 3 quarts of MSQ, full remission confirmed seven months after beginning therapy.

TJ - Massive metastatic liver adenocarcinoma, received 3 quarts of MSQ along with Soma over about 4 months. He is still not in remission but all his results demonstrate a significant improvement and might end up in remission in about two months.

TZ - Received Soma and 1 and 1/3 quart of MSQ until remission was confirmed.

ML - Received 1 and 1/3 quart of MSQ with Soma until remission.

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Case Study #1

Resolution of Pleuritis Carcinomatosa and Atelectasis in Malignant Lung Cancer

Patient: A.S.

Summary

We present the case of a 55 year-old man with a history of inoperable squamous cell lung carcinoma. The patient withdrew from chemotherapy and radiation therapy due to their side effects. We discuss here the potential value of a novel alternative approach utilizing an oral oxygenating agent and natural remedies that were applied in a case with carcinomatous pleuritis and atelectasis.

Key words: Lung cancer, oxygenation, natural remedies

Introduction

Lung cancer in the majority of cases can be linked to tobacco smoking (1,2). Despite the great expansion of understanding cancer biology, lung cancer remains one of the deadliest human neoplasias. About 90% of the patients die of lung cancer due to the worst cure rates among common solid tumors (3). New therapeutic strategies are therefore needed that could improve current prospects for long-term survival in lung cancer.

In this report, we present a patient's case with rapidly progressing, large, partially undifferentiated squamous cell carcinoma (4). We believe that a novel, natural combination therapy favorably altered the course of his illness.

Case report

A.S. is a 55 years-old male patient who was admitted to the hospital on 10-27-1999 with right-sided chest pain, hemophtysis, worsening shortness of breath, and dyspnea on exertion.

He has a history of smoking for 40 years, 1.5-2 packs a day. He claimed that he consumed 1 glass of wine and 2 bottles of beer a day. He suffered myocardial infarction in May 1999. On physical exam he was an obese man who appeared older than his chronological age. Chest and throat exam revealed emphysema and severe chronic laryngitis. Cardiac enlargement and hepatomegaly was noted. Extremities were free of edema and clubbing.

His blood gases on room air were pO₂ 61.9, pCO₂ 52.6, pH 7.39 and Sat 91%. A CT of the chest revealed a large mass in the 3rd segment of the right lung that propagated onto the pleura. Around the mass, distelectasis and infiltration was observed. Pleural fluid or abnormal lymph nodes were absent.

A biopsy was performed and the initial finding was a partially undifferentiated squamous cell carcinoma. Due to the patient's cardio-respiratory status and the extent of the infiltration, the tumor was evaluated as inoperable. The exact size of the tumor could not be determined.

He was placed on a Carboplatin and Vepesid combination chemotherapy and radiation therapy. He received 2 cycles of chemotherapy and 30Gy of irradiation. A chest CT taken on 03-03-2000 had shown the presence of a 5 cm diameter tumor in the upper right lobe that contained an irregular internal cavity, and showed propagation onto the pleura. In April 2000, the patient decided to discontinue the therapies due to their severe side effects.

Starting in June 2000, the patient has taken a one month long course of the oral combination herbal supplement, MSQ-11. Historically, the formula was used with the intention of enhancing natural tumor immunity. Two weeks after the initiation of MSQ-11 supplementation, hemoptysis resolved. Shortly after completing the course, pneumonia developed specifically affecting the tumor site. Antibiotics were prescribed and the pneumonia subsequently resolved.

After the resolution of the pneumonia, the patient enjoyed a relatively uneventful three months before he was again admitted to the hospital on 10-13-2000 with right-sided anterior chest pain, shortness of breath, dyspnea on exertion and peripheral edema.

His blood gases were pO₂ 5.59kPa, pCO₂ 7.60kPa, pH 7.383 and Sat 79.8%. A chest X-ray revealed the progression of the tumor in the upper right lobe as well as pleural fluid accumulation. Complete atelectasis of the right lung has developed. During pleurocentesis, 650 ml of fluid was removed which contained blood, large numbers of lymphocytes, macrophages and mesothelial cells. In the cytology report, there is no mention of tumor cells. Subsequently, he was released and instructed to return in the event if his dyspnea was worsening.

Five weeks later on 11-20-2000, the patient was readmitted to the hospital with fever (37.7-38.8°C), shortness of breath, and dyspnea on rest. His blood gases on admission were pO₂ 43, pCO₂ 52, pH 7.43 and Sat 79%. Chest x-ray revealed the progression of the upper right lobe tumor with an expansion into the central lobe. Complete atelectasis of the right lung and hydrothorax had developed. During another pleurocentesis, 800 ml of pleural fluid was removed. The pleural fluid contained large numbers of white blood cells. In the cytology report, there is no mention of tumor cells. The general condition of the patient did not allow chemotherapy. At this point, the prognosis was extremely bleak.

The patient's hypoxia was relieved with a nutritional supplement, called Aerobic 07 (Aerobic Life Industries, Phoenix, AZ, USA). Aerobic 07 delivers oxygen directly into the circulation via the stomach. The dosage was 10 drops dispersed into a cup of water, taken twice a day, following the general recommendations of the manufacturer. The patient reported an immediate relief from his dyspnea upon taking the first dose of Aerobic 07. Four days later upon his discharge, the patient's blood oxygen saturation was 88%.

He continued using Aerobic 07 at the same dose for 4 months and for another 4 months at a half dose. The patient reported Aerobic 07 to be very important in improving his general well being. Repeated determination of oxygen saturation has shown a continuous progress.

At this time, a combination of Soma extract and MSQ-11 was given. Soma is a healing herb described in the sacred scriptures of the Hindus, the Rig Veda (6). It is credited with healing powers in a variety of diseases. Soma extract was prepared following the directions in the 9th Book of Rig Veda.

One week after his second pleural drainage, the patient started taking 1 ml of Soma extract twice a day, dissolved in a cup of water (starting on 11-29-2000). Soma was administered for six weeks. At three weeks into the Soma therapy, MSQ-11 was added to the regimen at 3 tbsp. per day for one month. A maintenance dose of 1 tbsp. of MSQ-11 a day was used for an additional 6 months after completing this standard treatment course.

On 01-03-2001, the patient was readmitted to the hospital, and 350 ml of yellow pleural fluid was removed. Cytology found a few lymphocytes and macrophages with no blood or tumor cells present. This time, it appeared that his pleuritis carcinomatosa was subsiding. Blood gases were pO₂ 7.06kPa, pCO₂ 6.40kPa, pH 7.462 and Sat 89.1%.

One week later on 01-10-2001, a head and chest CT was performed. No abnormalities were found inside the cranium. Abnormal lymph nodes were absent in the mediastinum. A circular constriction of the upper right lobar bronchus was observed. In the upper right lobe, tumorous infiltration was apparent. The size of the upper right lobe tumor could not be determined. The image suggested necrosis. Pleural fluid accumulation was noted but it was insufficient for tapping. He was released from the hospital.

Another two months later on 03-26-2001, the patient checked into the hospital because of chest pain. His blood gases were pO₂ 8.73kPa, pCO₂ 5.89kPa, pH 7.421 and Sat 93.1%. The patient's blood oxygen saturation returned to normal. Chest x-ray found no tumor progression and pleural fluid was undetectable. The episode was diagnosed as viral infection.

On 07-24-2001, the patient was admitted to the hospital because of right-sided chest pain. Chest x-ray has shown no change since his previous admission. An ultrasound exam found no abnormalities in the organs inside the abdomen. The admitting physician attributed the pain to scar tissue formation in the upper right lobe. He was given pain medication and released.

In conclusion, this patient presented significant improvements over a period of 6 months since the rapid progression of his tumor was detected. We continue to monitor the patient's condition.

Discussion

This case study demonstrates the resolution of carcinomatous pleuritis and atelectasis developed during the progression of an inoperable, partially undifferentiated squamous cell carcinoma of the lung. The patient had a history of emphysema and acute myocardial infarction. His critical condition and the bleak prognosis of his disease qualified him for the above-described alternative approach.

The progression of the tumor discontinued and the pleuritis carcinomatosa resolved over a period of 2 months while using a combination of Soma and MSQ-11. The patient reported a gradual increase in his energy and an overall improvement in the quality of his life. He experienced no side effects during Soma and MSQ-11 administration.

This study describes that the administration of a combination of alternative remedies coincided with the regression of an originally inoperable lung carcinoma. Further studies are warranted to investigate the utility of this approach in a larger population of lung cancer patients.

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Case Study 2

Remission and Partial Tumor Regression Achieved Over -Two Consecutive Recurrences of Locally Advanced Cervical Carcinoma by a Novel Nutritional Therapy

Key words: Cervical carcinoma, recurrences, metastases, nutritional therapy

Abstract

Objectives: Stage-specific survival rates of patients with recurrent, locally advanced cervical cancer have not improved in many decades. This study examined the possible clinical benefits of an extract of the herb Soma and several MSQ nutritional formulas in a case of recurrent, locally advanced squamous cell carcinoma (SCC) of the cervix.

Design: Single case study.

Settings/Location: Home.

Interventions: A regime of nutritional products was administered as follows: Soma extract 1 ml QD, MSQ-11 1 tbsp. TID, MSQ-11A and MSQ-13 2 tbsp. TID for a total duration of 7 months.

Outcome measures: Remission and partial regression of metastatic SCC of the cervix over two consecutive recurrences of the disease.

Conclusions: Treatment with the MSQ formulas may become an effective therapeutic modality for recurrent, locally advanced cervical carcinoma, which has proven unresponsive to conventional treatments.

Introduction

Cervical carcinoma is a common gynecological neoplasia responsible for 4,100 deaths in the United States in 2002 (1). Radical pelvic surgery and radiation therapy are the most widely prescribed treatments (2). Chemotherapy is generally reserved for treatment of locally recurrent disease (3, 4). However, despite advances in surgical techniques, radiation, and chemotherapy, stage-specific survival rates of patients with locally advanced cervical cancer have not improved many decades (2, 5). Therefore, we are compelled to investigate new and possibly unconventional treatment modalities in the effort to improve current prospects for long-term survival.

In this report, we present a patient's case that spans over two recurrences of locally advanced squamous cell carcinoma of the cervix. We demonstrate the effectiveness of a novel nutritional therapy (6) in this disease.

Methods

In June 1998, a 43 year-old patient was diagnosed with squamous cell carcinoma of the cervix (grade II/A) and metastasis to the colon. She underwent Wertheim's radical hysterectomy and pre- and post-operative radiation therapy for a total dose of 50 Gy.

In June 2000, the patient presented with right-sided hydronephrosis, rectovaginal fistula, and recurrent malignant disease in the pelvis. Rectovaginal exam confirmed a 6x6 cm tumor partially attached to the pelvic wall, which had infiltrated the base of the bladder as well as the colon. In July 2000, six cycles of the Cysplatin-Vepesid-Epirubicin combination chemotherapy were begun. The patient received two cycles of chemotherapy (one each in July and August). Due to the serious side effects of the treatment (myelosuppression, nausea, vomiting, and severe pain in the flanks and extremities), no further chemotherapy was administered. The patient received only red blood cell transfusions and pain medication from then on. She was not expected to survive.

In the beginning of November 2000, the patient began a one-month-long course of the oral nutritional supplement MSQ-11. This formula was established based on a review of the scientific literature on the effects of nutrition on a variety of cancers (6). The active ingredients include blackstrap molasses, apple cider vinegar, quinine and sulfur (7). The dosage was 1 tbsp. TID po, taken with meals until 1 quart (946ml) of the mixture was consumed, then 1 tbsp. QD for another 5 months. Ample consumption of whole milk or purified water with this formula is necessary.

Besides MSQ-11, Soma, a healing herb described in the Rig Veda (8), the sacred scriptures of the Hindus, was also administered. Soma is credited with healing powers in a variety of diseases. Soma extract was prepared following the directions in the 9th Book of the Rig Veda with some modifications (7).

The dosage of Soma was 1 ml of extract QD po, taken in a cup of water and administered for 4 weeks. Subsequently, it was taken every other day. Shortly after starting on these supplements, the patient reported an improvement in her appetite and general well being. She started gaining weight. The clinical manifestations of neuropathy subsided and the myelosuppression, as evidenced by normal CBC, disappeared. Her other blood test results normalized, and rectovaginal exams demonstrated a regression of the tumor. The patient was monitored periodically by clinical examinations and by May 2001 no tumor could be detected clinically or otherwise.

In September 2001, the patient underwent an ileus surgery and the preparation of a temporary preternatural anus. She remained stable until January 2002, when she presented with high fever and right flank pain. This was attributed to a urinary infection caused by the yet-unresolved rectovaginal fistula. Abdominal ultrasound examination showed a right-sided renal abscess, the resolution of which required right-sided nephrectomy. In March 2002, an abdominal CT exam revealed an irregularly shaped growth in the right side of the pelvis, which accumulated contrast material, and was in contact with the base of the bladder as well as the adjacent intestines.

A gynecological exam in April 2002 found a mass around the vaginal cuff that filled the entire pelvis area and was suspected to be a recurrent tumor. Pathological testing showed a recurrence of SCC of the cervix (grade III-IV). The tumor was evaluated to be inoperable. In the same month, a surgical repair of the rectovaginal fistula was carried out.

At this point, the patient resumed taking MSQ-11 and Soma. Soma was administered at the same dosage as in 2001, while the dosage of MSQ-11 was 2 tbsp. TID. The tumor regression was monitored by clinical examination and pelvic ultrasound. Subsequently, the nutritional supplement regime was adapted according to the clinical status and ultrasound results.

In May 2002, an ultrasound exam showed a highly vascularized, 41 x 53 x 60 mm sized tumor in the right side of the pelvis that had infiltrated the bladder wall. A more active formula, MSQ-11A, containing vitamin B12 and rose oil was administered instead of MSQ-11, at 2 tbsp. TID. The use of Soma was discontinued.

In June 2002, an ultrasound exam showed a 40 x 27 x 25 x 28 mm-sized tumor in the right side of the pelvis that was attached to the bladder over an area of 2 cm diameter, and to the colon over an area of 1.7 cm diameter. A subsequent CT exam showed the adhesion of intestinal loops to the base and the right side of the bladder. Inside the conglomerate, a 3 cm-diameter solid formation was found that was thought to be the tumor.

An ultrasound exam in July 2002 demonstrated a 30 x 33 x 60 mm-sized irregularly shaped formation in the right side of the pelvis. To potentially accelerate tumor regression, MSQ-11A was replaced with the more active formula MSQ-13. This formula contains folic acid and molecular iodine as additional components.

After completing the basic course of MSQ-13 therapy (2 quarts), a pelvic hemorrhagic episode occurred. Large blood clots were spontaneously discharged rectally and vaginally. The surgical team interpreted this as possible healing process. The anemia caused by the hemorrhage resolved without the need for intervention. The patient continued with the nutritional supplementation. Subsequent ultrasound exam found an 8 x 5 cm formation in the right side of the pelvis. The enlargement was likely caused by the hemorrhage.

A CT exam in late September 2002 found an irregularly shaped soft tissue conglomerate in the right side of the pelvis, attached to the right side of the bladder. A 4-5 cm-sized solid formation was found above the vaginal fornix. Oral contrast material accumulated inside the vagina (vaginal tampon) indicating that a fistula still existed. No accumulation of contrast material was observed elsewhere. Abnormal lymph nodes were absent in the retroperitoneum. A MRI exam was prescribed to differentiate the tumor from the surrounding scar tissue.

Subsequent to the hemorrhage, the patient noticed a gradually intensifying inflammation in her pelvis by early October 2002. On multiple occasions, spontaneous putrid-smelling vaginal and rectal discharges occurred, accompanied by episodes of fever (37-38°C).

After a gynecological exam and CT scan in November 2002, the patient was referred to emergency surgery, during which an abscess approximately 12 cm in size was drained in the lower abdomen. An examination of the surrounding area indicated a potential continuation of the abscess. A lower pelvic laparotomy was performed which opened another, larger abscess that stretched from behind the symphysis towards the vaginal cuff. Following the lysis of small bowel adhesions, an encapsulated 3.5 x 5 cm-sized tumor was found, extensively attached to the sacrum. No metastases were present inside the abdominal cavity.

The small bowel fistula could not be repaired at the time, and the patient was scheduled for another surgery. The fistula repair was attempted at the end of February 2003, however, it was unsuccessful. Another surgery was performed in the middle of April 2003 to close the fistula and, again, it was unsuccessful. The patient deceased at the end of April 2003. No autopsy was performed at the family's request.

Discussion

Improvements in survival rates for woman with cervical cancer are largely due to improvements in early diagnosis. For advanced disease, however, the 5-year survival rates remain unchanged (2, 5). The current survival rates of 31% for stage III and 8% for stage IVA disease indicate that radiotherapy is not an effective therapeutic modality. Chemotherapy has been used for the management of locally advanced recurrent disease, but objective and subjective responses are of short duration (4, 5). There is no known cure for locally advanced cervical cancer.

This case study demonstrates that a novel nutritional therapy offers a potentially effective tool for the treatment of recurrent, locally advanced SCC of the cervix. This patient's critical condition and her poor prognosis qualified her for this novel approach.

The nutritional therapy described was based on an analysis of the scientific literature concerning the effects of nutritional deficiencies of plant-derived phenolic compounds, essential lipids, vitamins and minerals on a variety of cancers (6). This analysis led to the conclusion that nutrition can offer a unifying perspective on cancer and recast it as a single disease, potentially treatable by a single protocol. Based on this approach, it was hypothesized that supplementing cancer patients with these essential nutrients in adequate amounts might reverse the course of their disease. The results of this case lend support to this hypothesis.

A remission was achieved during the first recurrence of this case of locally advanced SCC of the cervix. Following the second recurrence and treatment, tumor regression of greater than 50% and the resolution of metastases were achieved. The patient's general condition was fair through out. Unfortunately, the conditions of her bowels made it impossible to repair the active fistulas, and the patient died despite the improvements in her oncological status.

Despite the ultimately negative outcome of this complicated case, the positive effects of this novel nutritional therapy may offer promise, for the first time, for the treatment of a late stage, metastatic cancer, such as this case of SCC of the cervix. Further studies are warranted to investigate the utility of this novel approach in a larger population of cervical cancer patients.

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Case Study 3

This case study was been published in The Journal of Complementary and Alternative Medicine, Volume 12, No. 3, April 2006

Complete Remission Achieved in a Case of Adult Acute Myelogeneous Leukemia by a Novel Nutritional Therapy

Patient: R.A.

Key words: Acute myelogeneous leukemia, remission, nutritional therapy

Abstract

Objectives: Acute myelogeneous leukemia (AML) is a catastrophic illness in young adults. The aim of this study was to determine the possible clinical benefit of the MSQ nutritional supplement formulas in a case of adult AML.

Design: Single case study.

Settings/Location: Home.

Interventions: The regime of nutritional supplements was administered as follows: MSQ-13 1tbsp TID for 1 mo, MSQ-15 2tbsp TID for 3 mo.

Outcome measures: Clinical improvement and regression of AML as well as accompanying disseminated soft tissue tumors.

Conclusions: Treatment with the MSQ formulas resulted in tumor regression and the reversal of clinical manifestations of the disease. Therefore, this may provide an effective therapeutic modality for AML.

Introduction

Acute myelogeneous leukemia (AML) is a common form of adult leukemia, accounting for 25% of all leukemia cases (1). AML involves malignant transformation of myeloid cells inside the bone marrow, leading to anemia, platelet deficiency and elevated white cell counts. The treatment outcome for adult AML remains poor (2). High-dose chemotherapy is the mainstay of current therapeutic regimes, however it is highly toxic and may become fatal.

In a recent clinical study, nearly one-third of patients died during induction chemotherapy (3). Relapse is also common among those who achieve complete remission from chemotherapy (2). The long-term (2-4 year) survival without intensive post-remission therapies remains a low 2% to 10%, depending on age group (3, 4). New, non-toxic treatment modalities are needed that can offer longer disease-free survival, particularly for the elderly. The principles of a new, nutrition-based cancer therapy have been described (5) and are applied to AML in this case study. We report that this nutritional therapy produced complete remission in this case of AML.

Case report

In October 1999, a 28-year-old female sustained severe injuries to her lower extremities in an automobile accident, after which she underwent reconstructive surgery and was hospitalized for three weeks. In December 1999, she underwent surgery for removal of metallic objects from her legs, followed by a knee arthroscopic procedure in January 2000. In August 2001, she was diagnosed with a brain abscess that was drained surgically, and subsequently treated with IV antibiotics. In January 2002, she was treated for infectious mononucleosis. In March 2002, she was diagnosed with polytoxicomania (benzodiazepine and synthetic opiate dependency), and subsequently treated for withdrawal symptoms.

In May 2002, the patient was diagnosed with cervical intraepithelial neoplasia and subsequently treated with conization and cryocoagulation. She also received treatments including cytostatic (Endoxan, Cysplatyl, Vinblastin, Cosmegen), antihormone (Zitazonium, Honvan) and interferon (Intron A, Egiferon) therapies. The patient experienced the usual side effects of chemotherapy (nausea, vomiting and severe pain in the extremities) and reported alternating episodes of diarrhea and constipation. She lost weight, felt pain in the bones and was fatigued most of the time. Hemoptysis and menorrhagia was noted.

In July 2002, new blood test results indicated thrombocytopenia, elevated white cell counts and anemia. In September 2002, a growth appeared on the upper arm. Pathological examination confirmed an unclassified soft tissue malignancy, and the growth was surgically removed. Subsequently, nodules appeared under the armpits, on the neck and around the genitalia. At the beginning of October 2002, a whole body CT scan was performed.

Numerous soft tissue tumors (the exact numbers could not be determined) around 1 cm in diameter were detected throughout the body. The highest density was in the lower abdomen, underneath the right side of the ribcage as well as the right side of the spine. Significant fluid accumulation was detected in the pelvic area. At that point, the patient opted out of conventional cancer therapies and, beginning October 2002, began taking a one-month course of the MSQ-13 oral nutritional supplement (6). This supplement was developed in response to the discovery that a number of coincidental critical nutrient deficiencies were found in cancer patients (5). The active ingredients of the supplement are blackstrap molasses, apple cider vinegar, quinine, sulfur, rose oil, folic acid, vitamin B12 and molecular iodine. The dosage was 2 tbsp. TID po taken with meals. Ample consumption of whole milk or purified water with this formula is recommended.

The patient, who had difficulties swallowing, could only take half the recommended dose of MSQ-13. Despite this, some improvement in the CBC was observed by late November, 2002 (Table 1) with some regression of visible tumors located along the spine. At the end of November 2002, an abrupt leukemic crisis occurred. The patient's RBC and platelet counts declined sharply while a surge in white cells was evident (Table 1). Bone marrow pathology confirmed the presence of erythroid blast cells in the bone marrow, which were also observed in the peripheral blood.

The patient now presented with constant fever ($>38^{\circ}\text{C}$), vomiting, episodes of alternating high and low blood pressure, elevated pulse rate, sweating, shortness of breath, bleeding, and periodic loss of consciousness. For the next month, she could only sporadically take the MSQ. She received parenteral nutrition and vitamin and mineral supplementation. In the middle of January 2003, the blast cell concentration in the marrow was 54%, and the patient also presented with bacteriuria ($>100,000$ cfu/ml) and proteinuria (>500 mg/24h).

Oral feeding was resumed with the aid of a fresh fruit concentrate and by the end of January, 2003 the patient resumed taking the MSQ. This time she received the more active MSQ-15 formula which contains the additional ingredients of baking soda, prune juice and sucrose (6).

By late February 2003, there was a surge in RBC and platelet counts and a decline in white blood cells (Table 1). Blood enzymes and metabolites returned into normal ranges. Blast cells disappeared from the bone marrow and the peripheral blood, all the soft tissue tumors regressed, and the pathological urinary symptoms reversed. All the clinical manifestations of AML had resolved, and the patient had a complete remission.

Discussion

AML is a myeloproliferative disorder that typically affects the elderly but it can be present at any age. The majority of adults relapse after undergoing highly toxic chemotherapeutic regimes that can be lethal (3). Long-term survival for adults remains poor (2-4). This paper describes a non-toxic, nutrition based therapy.

Nutrient deficiencies of plant-derived phenolic compounds, folate, vitamin B12 as well as other vitamins of the B class, essential lipids, iodine, and several minerals have been found to co-exist in and increase the incidence of a variety of cancers (5). This correlation has led to a reexamination of the role of nutrition, unifying the perspective on cancer and recasting it as a single disease, potentially treatable by a single protocol.

Based on this perspective, it was hypothesized that supplementing deficient nutrients in cancer patients might reverse the course of their disease. This study demonstrates the result of this hypothesis in a case of an adult female AML patient who was not expected to survive.

Administration of the MSQ-15 nutritional supplement (6) led to a reversal of the characteristic cellular abnormalities of AML, along with a complete regression of accompanying disseminated soft tissue tumors. Based on these objective criteria, a complete remission was obtained without the side effects and potential lethality of induction chemotherapy.

This case study suggests that this novel nutritional therapy may offer, for the first time, an effective tool for the treatment of a late stage, metastatic cancer such as this case of AML. Further studies are warranted to investigate the utility of this approach in a larger population of AML patients.

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- Patent pending, USSN 09/949,126.

This case study has been submitted for publication by Grandics and Figler.

**Tumor Regression and Improved Survival in a Case of Cholangiocarcinoma
(Klatskin Tumor/Bile Duct Cancer)
Achieved by a Novel Nutritional Therapy**

Peter Grandics¹ and Maria Figler²

¹A-D Research Foundation, Carlsbad, CA 92008 USA, ²University of Pecs Medical School, 1st Institute of Internal Medicine, Gastroenterology, Pecs, Hungary
e-mail: pgrandics@earthlink.net

Key words: Hilar cholangiocarcinoma, tumor regression, nutritional therapy, MSQ 15 dietary compositions, molasses

Abstract

Objectives: Cholangiocarcinoma is a rapidly lethal cancer of the biliary system. The aim of this study was to determine the possible clinical benefit of the molasses-based MSQ 15D, 15E, and 15F dietary compositions in a case of cholangiocarcinoma.

Design: Single case study.

Settings/Location: Home.

Interventions: The regime of dietary supplements was administered as follows: all MSQ compositions, 2tbsp TID.

Outcome measures: Clinical improvement and regression of the tumor.

Conclusions: Treatment with the MSQ 15 formulae resulted in tumor regression and clinical improvement. Therefore, this approach may provide a novel therapeutic modality for cholangiocarcinoma.

Introduction

Cholangiocarcinoma is a relatively rare but rapidly lethal cancer of the bile ducts.¹ The etiology of the disease is unclear, but risk factors include inflammation of the bile ducts, parasitic infections, congenital liver abnormalities and exposure to mutagenic substances. The patients may present with abdominal pain, pruritus, abnormal liver function tests, jaundice, weight loss, and fever. Patients are frequently diagnosed at Stage III-IV, which is too late for tumor resection. Currently, the five-year survival rate for non-resectable disease is 0%, and less than 5% in general.

Treatment options for cholangiocarcinoma include surgery, radiation and various chemotherapy protocols.² Total resection of the tumor is the only potential chance for a cure; however, this option is available only in cases of early-stage disease. Adjuvant chemotherapy and combined chemoradiotherapy appear to be ineffective. The mortality rate is very high, and disease progression is rapid. The overall median duration of survival is less than 6 months. Therefore, new therapeutic modalities are widely sought and needed.

Previously, we reported a case study using a novel diet-based method to treat a patient with acute myelogenous leukemia (AML).³ AML is another lethal cancer with a very low 5-year survival rate.^{4,5} The nutritional therapy was designed based on our analysis of dietary deficiencies that are common (ly/and) present in cancer patients, as well as new findings on the etiology of cancer that have identified a link between infections and the emergence of the cancer stem cell.^{6,7} These analyses led to the hypothesis that all cancers share a common initiation pathway, and would therefore benefit from a common therapeutic approach.⁸ Here, we report that this novel nutritional therapy produced tumor regression and clinical improvement in a case of cholangiocarcinoma.

Case report

A 79-year-old female presented with pruritus in the beginning of 2007 and was subsequently diagnosed with multiple drug allergies. However, the pruritus remained even after discontinuing the suspected medications. In mid-March 2007, elevated liver enzymes were detected.

ERCP (Endoscopic Retrograde Cholangiopancreatography) exam described a constriction at the confluence of the left and right hepatic bile ducts. Subsequent computed tomography scan detected an ovoid, 1.5x2.5 cm tumor in the plane of the porta hepatis. Surgical exploration discovered a walnut-sized tumor at the confluence of the left and right hepatic bile ducts (Klatskin tumor). The tumor surrounded both the left and right hepatic ducts and on its left side infiltrated the liver. Cholecystectomy was subsequently performed. The tumor was deemed non-resectable. A stent was inserted into the constricted hepatic ducts.

In the beginning of April 2007, the patient began oral administration of the MSQ 15D dietary composition, 2tbsp TID. In the middle of June 2007, liver function test demonstrated reduced levels of enzymes. An abdominal computed tomography exam was subsequently performed that found no tumor around the porta hepatis.

Liver Enzymes Tests & Therapy Progression Notes

Date	Akaline Phosphates AP U/l	Gamma GT GGT U/l	Transaminases GOT U/l	Transaminases GPT U/l	Total Bilirubin µmol/l	CA-19-9 U/ml
Averages	45-115	0-30	8-48	7-55	5.1-17	<37
Mar 2007	1918	2471	226	82	79.3	N/D
June 2007	1120	437	49	22	19	77
July 2007	1046	417	49	21	19.5	51
Aug 2007	952	298	63	33	12.7	57.9
Sept 2007	1298	474	42	19	17.7	N/D
Oct 2007	1529	524	77	44	15.7	N/D
Dec 2007	2681	770	79	45	33.9	159.6
Feb 2008	2662	878	82	55	36.2	210
Mar 2008	2672	903	79	34	52.4	405
June 2008	2569	1057	118	61	65.4	N/D
July 2008	2659	1058	98	54	48.6	445.3
Aug 2008	2117	807	77	41	37	N/D

N/D – Not Determined

April 2007 - Patient began oral administration of the MSQ 15D dietary composition, 2tbsp TID.

June 2007 - Liver function test demonstrated reduced levels of enzymes. An abdominal computed tomography exam was subsequently performed that found no tumor around the porta hepatis.

July 2007 - Liver function test demonstrated slightly reduced levels of liver enzymes.

August 2007 - Liver function test demonstrated further decrease in the levels of liver enzymes.

Sept. 2007 - Patient presented with an infection of the urinary tract and was treated with antibiotics. At the end of September 2007, liver function test demonstrated an increase in the levels of liver enzymes. The urine contained large amounts of bacteria. We concluded that the elevation in the enzyme levels could have been triggered by the infection.

October 2007 - Liver function test demonstrated an increase in the levels of liver enzymes. As the patient complained about bone pain, a whole body isotope bone scan was performed that detected no skeletal metastases.

November 2007 - The therapeutic dietary formula was changed to MSQ 15E containing an additional 80ml of apple cider vinegar per quart (947ml).

Mid-Dec. 2007 - Liver function test demonstrated an increase in the levels of liver enzymes.

Early Feb. 2008 - Liver function test demonstrated stabilized levels of liver enzymes with the exception of GGT. The CA 19-9 marker was elevated to 210 U/ml.

Mid March 2008 - Liver function test demonstrated stabilized levels of liver enzymes with the exception of GGT. This time the CA 19-9 marker was 405 U/ml.

Early June 2008 - Liver function test demonstrated stabilized levels of liver enzymes with the exception of GGT. The CA 19-9 marker was not determined.

Early July 2008 - Liver function test demonstrated stabilized or slightly reduced levels of liver enzymes. The CA 19-9 marker was 445.3 U/ml.

End of July 2008 - An abdominal computed tomography test was performed. No tumor was detected in the abdomen. At that point the patient was switched to the MSQ 15F formula containing an additional 1 tsp of cayenne pepper, 1 tbs of baking soda and 2tsp of apple cider vinegar per quart more in the basic MSQ 15D formula. This was necessitated by the rise of the tumor marker CA 19-9, which suggested possible pancreatic involvement.

Mid-August 2008 - Liver function test again demonstrated reduced levels of liver enzymes. CA 19-9 was not determined. Bacterial level present in the urine was slightly elevated.

At 17 months after diagnosis, the patient is in a satisfactory overall physical condition. The therapy continues.

Discussion

This paper describes a nontoxic, nutrition-based therapy for a case of hilar cholangiocarcinoma (Klatskin tumor). Cholangiocarcinoma is a rapidly lethal cancer of the bile ducts with an incidence of about 1-2 people per 100,000 in the Western world.⁹ The incidence of cholangiocarcinoma is rising worldwide.¹⁰ Main presentations include pruritus, fever, weight loss, abnormal liver function tests and jaundice. As cholangiocarcinoma is unresponsive to chemoradiotherapies, surgery remains the only viable therapeutic option, however, since patients commonly present at Stage III-IV when the tumor is already non-resectable, practical options for cholangiocarcinoma are very limited. This is why the 5-year survival of non-resectable cholangiocarcinoma is 0%.

The elderly patient in this case report was inoperable. With no therapeutic option available to her, she chose to take our novel nutritional cancer therapy, the principles of which have been published.⁶

We have found that nutrient deficiency of plant-derived phenolic compounds, folate and vitamin B12 as well as other B vitamins, essential lipids, iodine and several minerals correlate in a variety of cancers, and also increase their incidence. This correlation has led us to reexamine the role of nutrition, unifying perspectives on cancer and recasting it as a single disease, potentially treatable by a single protocol.

From this point of view, we hypothesized that supplementing deficient nutrients in cancer patients might reverse the course of their disease. In a previous case study with an AML patient, we demonstrated the therapeutic effectiveness of this approach.³

Recently, we analyzed links between infection, inflammation, and tumorigenesis, specifically examining how chronic infections and tissue inflammation could facilitate the formation of the cancer stem cell.⁷ Inflammation of the bile ducts as well as parasitic infections have been identified as causative to the development of cholangiocarcinoma.¹¹⁻¹³

Phenolic polysaccharides from molasses used in the MSQ 15 dietary compositions are potent anti-inflammatory and anti-carcinogenic compounds and likely play an important role in suppressing the underlying causes of tumorigenesis.⁸ As the gut is a main point of entry of pathogens into the body, maintaining the health of the digestive system should be of major concern for both prevention and therapy.

This study demonstrates the result of our hypothesis in a case of a rapidly lethal cancer, hilar cholangiocarcinoma with an elderly patient. Administration of the MSQ 15D dietary composition led to regression of the tumor as demonstrated by computed tomography scans. The course of the disease is particularly interesting. The elevated liver function markers decreased over the first 5 months of the therapy during which time the tumor also regressed. Subsequent to a urinary tract infection, the markers began to rise. We have earlier found a link between infection and cancer, so it appeared that the infection triggered a reversal of the recovery process. Therefore, we decided to switch over to the more active MSQ 11E composition that contained additional apple cider vinegar, a natural antibiotic.

Over the subsequent 8 months we have seen the liver function markers stabilizing at the elevated levels. Of concern, however, was the rise of the tumor marker CA 19-9, suggesting potential pancreatic involvement. Therefore, we decided to switch to the MSQ 15F dietary composition containing increased apple cider vinegar, baking soda and cayenne pepper. This composition was originally developed for pancreatic adenocarcinoma, another rapidly lethal form of cancer.

The next testing in the middle of August 2008 demonstrated a reduction in liver function test markers. Although the therapy of the patient is still ongoing, we believe it is important to report this case because of the regression of the tumor, as well as the relatively increased survival time of the patient. In a Stage IV, inoperable cholangiocarcinoma, typical patient survival is 1-2 months and we have already passed the 17 months mark with this patient, who is in a satisfactory overall physical condition.

This case study suggests that our novel nutritional therapy may prove to be an effective tool for the management of cholangiocarcinoma, and demonstrates the potential for a common therapeutic approach for cancer. Further studies are warranted to investigate the utility of this therapy in a larger population of patients.

Contributing Editors Note: There is subjective evidence to suggest that the liver enzymes will remain at elevated levels for as long as 24-36 months before leveling to normal levels. Ongoing follow of this patient will determine if this is verifiable.

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Case Study #5

**Tumor Regression in a Case of Stage IV Colon Carcinoma
Achieved by a Novel Nutritional Therapy**

Peter Grandics
A-D Research Foundation
Carlsbad, CA 92008 USA
e-mail: pgrandics@earthlink.net

Key words: Colon adenocarcinoma, metastases, nutritional therapy, molasses

Abstract

Objectives: Colon adenocarcinoma is a cancer of high incidence in humans. The goal of this study was to determine the possible clinical benefit of the molasses-based MSQ 15D dietary supplement in a case of stage IV colon adenocarcinoma.

Design: Single case study.

Settings/Location: Home.

Interventions: The regimen of dietary supplement was administered as follows: MSQ 15D, 2tbsp TID.

Outcome measures: Clinical improvement and regression of metastatic disease.

Conclusions: Treatment with the MSQ 15D formula resulted in tumor regression and the reversal of clinical manifestations of the disease. This approach may provide an effective therapeutic modality for stage IV adenocarcinoma of the colon.

Introduction

Colorectal cancer is the fourth most prevalent cancer and the second leading cause of cancer-related death in the United States¹. Risk factors include smoking, alcohol consumption, obesity, and a high-sugar, fat-rich, low-fiber diet. The etiology of colorectal cancer is unknown, but both genetic and life-style factors are suspected. The five-year survival rate is around 60%, primarily due to screening programs aimed at detecting early stage disease. Standard treatment options involve surgery, radiation and various chemotherapy protocols that are highly toxic². Despite all therapeutic advances, the overall mortality rate remains high; disease progression can be rapid, and the development of multi-drug resistance poses a major obstacle. For these reasons, new therapeutic modalities are widely sought and anticipated.

In a previous paper, we reported a case study on using a novel, diet-based method for the therapy of an acute myelogenous leukemia (AML) patient³. AML is a lethal cancer with a very low 5-year survival rate^{4,5}. The nutritional therapy utilized was based on our analysis of common dietary deficiencies present in cancer patients⁶ as well as an analysis of the etiology of cancer, in which the emergence of the cancer stem cell is linked to infectious causes⁷. These analyses led to the hypothesis that all cancers share a common initiation pathway, and therefore it may be possible to design a common therapeutic approach⁸. Here, we report that this nutritional therapy resulted in tumor regression in a case of metastatic colon cancer.

Case report

A 54-year-old male observed change in his bowel function in September 2002. He experienced constipation and difficulties in emptying, as well as pain in the left side of his pelvis. Ultrasonographic exam detected a pathological mass in the descendent colon. Colonoscopy revealed a tumor that nearly occluded the lumen of the colon at the junction of the sigmoid and descendent colon. Upon tumor biopsy, histology confirmed adenocarcinoma stage III, T3N1MX, Dukes C1. Segmental resection of the colon was performed at the end of October 2002. In November 2002, 12 cycles of adjuvant chemotherapy were initiated using the DeGramont protocol. This therapy continued until April 2003.

In April 2004, the patient presented with a sudden rise in blood pressure. Abdominal computed tomography scan and renal scintigraphy diagnosed hydronephrosis carotis

verte. Subsequently, a laparoscopic left-sided nephrectomy was performed. In the middle of August 2004, elevated CEA (4.2ng/ml) was detected, although abdominal and chest computed tomography scans found no abnormalities.

In mid-July 2005, a PET-CT scan detected a 10mm diameter focal FDG accumulation at the level of the 12th thoracic vertebra. Several 8-30mm diameter focal FDG accumulations were also detected paraaortically between the lumbar 2-5 vertebrae. About 2/3rd of the oral section of the ascendant colon showed intense FDG accumulation, while the rest of the intestines showed normal accumulation. These observations indicated recurrent, disseminated disease with retroperitoneal involvement.

In early August 2005, a colonoscopy discovered numerous pea-sized thickenings of the mucosal surface at a height of 30cm in the colon. A diagnosis of diverticulosis was made. Subsequent computed tomography scan detected the in 10th segment of the lung a subpleural focus 9mm in diameter that was a metastasis. Wall thickness of the rectal and a 13cm long section of the sigmoid colon varied from 8-11mm, suggesting a pathological mass.

In mid-September 2005, 5 cycles of chemotherapy were initiated using the FOLFIRI protocol. At the end of October 2005, a computed tomography scan detected a 7mm diameter focus subpleurally in the 9th segment of the right lung, and below that another 3mm size focus. These were pulmonary metastases. Progression of the previously described abdominal lymph node metastases was also observed.

Progression of the disease required a change in the chemotherapy protocol to the FOLFOX regime (6 cycles). Computed tomography scan at the end of February 2006 demonstrated further progression of the retroperitoneal metastases. Despite its lack of efficacy, continuing the same chemotherapy protocol was recommended. At that point, the patient decided to pursue an alternative solution, and in the mid-April 2006 began taking our MSQ 15D dietary composition, 2tbsp TID.

At the end of July 2006, the patient presented with a severe *Salmonella* infection after eating an infected egg and was hospitalized for 5 days. After completing a course of antibiotic therapy, he continued to have difficulties with food intake for another two weeks, experiencing a weight loss of 15kg during this episode. He was taking probiotics and received injections of Vitamins B6 and B12, Vitamin C and Vitamin E from his general practitioner. He was unable to take the MSQ 15D during this period.

In early August 2006, a computed tomography scan found no progression of the retroperitoneal lesions, while some of them were already undergoing calcinosis. There was no change in the status of the lungs. In mid-August 2006, the patient was admitted to the hospital and presented with difficulties with swallowing and vomiting. Oesophago-gastro-duodenoscopy exam found an obstruction in the jejunum that was biopsied. Braun anastomosis was subsequently performed to open up the passage. The jejunal obstruction was possibly a consequence of the inflammation caused by the *Salmonella* infection.

Restoring passage through the anastomosis required reoperating, followed by a nearly month-long period of recovery. The patient began using the MSQ 15D again in early October 2006, and shortly afterwards regained 4kg of weight. In mid-October 2006, a computed tomography scan demonstrated no disease progression in the abdomen and

calcification of some of the retroperitoneal lymph nodes. There was no change in the status of the lungs.

During November 2006, the patient's weight gain continued (6kg gain). His energy returned and he resumed working, initially with a light workload. He continued to recover through the rest of the year, with a weight gain of 7kg. In early January 2007 the patient was hospitalized with passage disturbance, and was released following day after his passage resumed.

In early February 2007, a computed tomography scan showed some calcified retroperitoneal lymph nodes. No tumor was detected in the abdomen or the chest. The patient was carrying a full workload at that time and pursuing normal activities. On March 10, 2007, a Friday night, the patient felt abdominal pain after consuming a heavy meal, and reported to the hospital. Ultrasonographic scan detected ileus, and the patient was admitted to the ICU. No surgical team was on call for the weekend in the small town hospital. By Monday, the patient was septic and expired. Autopsy revealed that the obstruction in the small intestine was caused by adhesions; no tumors were found in the body.

Discussion

Colorectal cancer is the second leading cause of cancer-related death in the United States¹. Despite advances made in the treatment of colon cancer, ample opportunities remain for therapeutic improvements. The overall mortality rate is high and the therapies are highly toxic. The patient of this case study had received standard therapies, however the lack of efficacy as well as treatment side effects led him to our dietary composition for the treatment of his disease.

This paper describes the use of a non-toxic, nutrition-based therapy for a case of stage IV colon adenocarcinoma. Nutrient deficiencies of plant-derived phenolic compounds, folate, vitamin B12 and other vitamins of the B class, essential lipids, iodine, and several minerals have been found to co-exist in and increase the incidence of a variety of cancers⁶. This correlation led us to reexamine the role of nutrition, unifying the perspective on cancer and recasting it as a single disease, potentially treatable by a single protocol. Based on this perspective, we hypothesized that supplementing deficient nutrients in cancer patients might reverse the course of their disease. In a previous case study with an AML patient, we demonstrated the therapeutic effect of this approach³.

Recently, we analyzed links between infections, inflammation and tumorigenesis, specifically on how chronic infections and tissue inflammation could facilitate formation of cancer stem cells⁷. Colonic inflammations due to chronic infections are known to play a role in the development of colon cancer⁹⁻¹². Phenolic polysaccharides, a main component of the blackstrap molasses used in the MSQ 15D dietary supplement are potent anti-inflammatory and anti-carcinogenic compounds⁸ and likely play an important role in suppressing the underlying causes of colonic tumorigenesis. As the gut is a main point of entry of pathogens into the body, maintaining the health of the digestive system should be a major concern for both prevention and therapy.

This study demonstrates the result of this treatment strategy in a case of stage IV colon adenocarcinoma. This patient went through standard surgery and chemotherapy regimens, but his condition kept deteriorating. When conventional options failed, he

chose the MSQ 15D dietary composition as his sole therapeutic modality. This initially led to the arrest of disease progression. Gastrointestinal complications from a nearly fatal *Salmonella* infection led to duodeno-jejunectomy followed by a long period of limited food intake along with considerable weight loss. This resulted in a two-month cessation in the MSQ 15D therapy. From November 2006, that patient was on a path of recovery, regaining much of his lost weight. A computed tomography scan in February 2007 found no tumor in his body. He regained energy and returned to work. Although advised to watch his diet and avoid heavy meals in general and particularly late at night, he found this advice difficult to follow. His lack of self-discipline along with the absence of basic medical services over a weekend time period caused his death. Autopsy demonstrated no tumors in his body. His case was still a success in light of the treatment's ability to achieve tumor regression in a multidrug-resistant, progressing, metastatic disease.

This case study again demonstrates that a novel nutritional therapy may provide a tool for the therapy of metastatic colon carcinoma, and gives further proof to the hypothesis that a common therapeutic approach can be designed for cancer. Further studies are warranted to investigate the utility of this nutritional strategy in a larger population of stage IV colon cancer patients.

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Patient Profile #4

Name: SJ - 50yr old male

Diagnosis: Haemangioma chorioideae o.d. Examination indicated tumor progression (Eye Cancer)

General condition entering treatment & associated complexities: Poor vision in right eye.

Previous treatment: Transpupillar diode laser thermotherapy on three occasions.

Prognosis: Poor, typical outcome requires removal of affected eye.

Treatment started: August 2002

Treatment ended: ongoing

MSQ treatments & dosage: 3x2tbsp Total of 3 quarts

Formula type used: MSQ -11 MSQ -13 Soma

Formula type used: MSQ -11 MSQ -13 Yes Soma

Patient status: Ultrasound testing and fluorescein angiography (FLAG) was carried out in September 2002 and no further growth was observed.

Noted improvements in condition:

Overall Health	Acceptable with vision problems
Tumor Regression	Stable disease

Was remission achieved? No

Approximate period between treatment and remission N/A

Case Comments: The absence of progression is encouraging, early stage in therapy.

Patient Comments: Patient would like to spare affected eye.

Patient Profile #5

Name: AM 62 yr old male

Diagnosis: Non-Hodgkin's Lymphoma, aggressive grade

General condition entering treatment & associated complexities:

Previous diagnoses and treatments:

Right-sided inguinal swelling of lymph nodes (1997)

Surgical removal of lymph node conglomerate (1997)

Chemotherapy, 4 cycles by CHOP protocol (1998)

Relapsed in 4 months, right-sided inguinal swelling of lymph nodes (1998)

Radiation 40 Gy total dose (1998)

Relapsed in 7 months, again right-sided inguinal swelling of lymph nodes (1999)

Chemotherapy, 3 cycles by ProMACE-CytaBOM protocol (1999)

Relapsed in 2001, right-sided inguinal adenomegaly causing edema in the right leg.

Radiation 20 Gy total dose (2001), no more radiation is allowed.

Prognosis: Poor, this type of lymphoma has an aggressive biology and clinical profile

Treatment started: November 2001

Treatment ended: thru October 2002

MSQ treatments & dosage: 3x1 tbsp and later 3x2 tbsp

Total of 8 qts MSQ-12 and 3 qts MSQ -13

Formula type used: MSQ -12 Yes MSQ -13 Yes Soma Yes

Patient status: At the onset of the MSQ/Soma administration, the tumor volume was 180cm³. In February 2002, the tumor volume was down to 47,4 cm³. In May 2002, the tumor volume was further down to 38,5 cm³. In June 2002, the patient was hospitalized for treatment of lymphedema of the right leg that developed as a side effect of the earlier radiation and chemotherapies. This treatment continues on an outpatient basis. In August 2002, the volume of the tumor was 57,9 cm³. The size increase was attributed to the efforts to move the edema from the right leg. Ever since switching to MSQ-13, the tumor area became sensitive. An ultrasound test on 10-15-2002 indicated an increase in the tumor mass to 6x6x6cm. An additional 3cm diameter nodule also appeared.

Noted improvements in condition:

Overall Health

In good physical condition

Tumor Regression

Partial, going into progression again

Was remission achieved? No

Approximate period between treatment and remission

N/A

Case Comments: Tumor regression of greater than 50% was observed followed up with progression. The lymphedema is extending now to the scrotum and the penis.

Patient Comments: He noted that he is in a good physical condition and still works as much as he can around the house. The lymphedema obviously limits how much he can do.

Patient Profile #6

Name: ER 58 yr old female

Diagnosis: Squamous cell carcinoma of the bladder.

General condition entering treatment & associated complexities:

Cirrhosis hepatica (1991),

Carpal tunnel syndrome (1991),

Surgery of abdominal aorta and femoral artery due to occlusions (1993),

Hypertension (1998),

Vascular encephalopathy (1998)

Squamous cell carcinoma of the bladder (2001)

Smoker and social drinker, hematuria at the time of diagnosis.

Previous treatment: Radiation: 60Gy on bladder (2001)

Relapsed in early 2002, diagnosis squamous cell carcinoma of the bladder.

Chemotherapy -- Cysplatin, & Gemzar, 1 cycle
Gemzar, 1 cycle

After these treatments control CT showed slight progression. Due to the side effects and the lack of effectiveness patient quit chemotherapy.

Prognosis: Poor, this type of epithelial tumor responds poorly to chemotherapy.

Lymph node involvement, 1,5x1 cm lymph node at the duodenum became 2,5x1cm size at the end of chemotherapy.

Treatment started: June 2002

Treatment ended: ongoing

MSQ treatments & dosage: 3x2 tbsp

Total of 3 quarts, 1 qt MSQ-11 and 2 qt MSQ-13

Formula type used: MSQ -11 Yes MSQ -13 Yes Soma - Yes

Noted improvements in condition:

Overall Health Patient was very ill at the onset of therapy, had no energy to leave bed. In about a week time she got out of bed rest and resumed daily chores in her home. Commented that her general state of well being improved

Tumor Regression Unclear

Patient status: A previous brain hemorrhage impedes patient's compliance with protocol. She has used only about 30% of the specified dosage. She attends a small country hospital for therapy and checkups and the test data are frequently incomplete. Some quantitative improvements are:

Westergreen on 03-21-2002 348mm/h
92mm/h
55mm/h

The last ultrasound test on 09-30-2002 has not mentioned any enlarged lymph node.

Was remission achieved? No

Approximate period between treatment and remission N/A

Case Comments: The patient is not in compliance with protocol. Despite this some improvements are noted both qualitative and quantitative. She has promised a better compliance with protocol and family member will help with that.

Patient Comments: The patient reported a relatively rapid improvement in her energy and general well being at the onset of therapy. She is now maintaining her household activities.

Case Summary #7 – Breast Cancer

GE is a 51yrs old female who was diagnosed with medullar carcinoma (grade III) of the left breast on 01/21/1998. A quadrant resection and lymphadenectomy was subsequently performed. She received post-operative “sandwich therapy” (chemo+radiation+chemo).

On 07/18/2000 a partial resection of the right lower lobe of the lung was performed due to recurrent metastatic disease that was followed up with chemotherapy. On 05/17/2001, new metastases were detected in both lungs. After receiving three courses of chemotherapy, a CT exam on 08/10/2001 has shown an increase in both the numbers and the diameters of metastases in both lungs. The chemotherapy was discontinued due to the lack of efficacy as well as bone marrow toxicity.

The patient started a course of the MSQ-11 dietary composition on 08/15/2001. The dose was 1tbsp TID. Within two weeks, the patient reported a resolution of her dyspnea. She experienced no side effects while taking MSQ. The patient resumed full time work in September 2001.

CT exams on 09/16/2001 and 11/03/2001 have shown no change relative to the 08/10/2001 results. The disease progression was halted. The patient was stable until March 2002 when progression of the pulmonary metastases was detected on a CT exam. On 04/16/2002, an MRI exam has shown brain metastases that were rapidly progressing. The patient deceased in the beginning of July 2002.

Evaluation: The MSQ-11 dietary composition produced an almost 8 months long stable disease with a progressing, refractory Stage IV breast carcinoma that is very significant. Subsequently, the MSQ was reformulated and new ingredients were added. The dosing was increased to 2tbsp TID. The result of these changes is shown with the second patient.

Case Summary #8 – Breast Cancer

GZ is a 33yrs old female who was diagnosed with ductal carcinoma of the right breast (grade II) on 06/15/2001. A quadrant resection and lymphadenectomy was subsequently performed. She received post-operative irradiation and hormonal therapy. She was stable until 02/13/2004 when an elevated CEA test result (6.33ng/ml) suggested the recurrence of the disease.

Whole body bone scintigraphy on 03/19/2004 has shown multiplex metastases in several of the vertebrae, in both the left side and right side ribs and the sacrum. A thoracic CT exam on 04/07/2004 confirmed osteolytic bone metastases. Besides the hormonal therapy, she has also received a bisphosphonate (Zometa). The patient experienced severe bone pain that medication could not relieve. After presenting with dyspnea, a chest CT on 05/28/2004 and chest ultrasonography on 08/10/2004 have shown pleural fluid accumulation over the left lung suggesting metastatic pleural involvement. The patient reported that her condition was deteriorating, a part of which she attributed to the incessant bone pain. Test results have shown the progression of the disease.

On 08/10/2004 the patient started taking the new MSQ-14 dietary composition at 2 tbsp TID. She has consumed 2 quarts. Just in two weeks into the administration of MSQ-14, the patient reported the resolution of both of her dyspnea and bone pain. On 09/14/2004 a chest CT exam has found that all osteolytic bone metastases have sclerotised. The left side pleural fluid has almost completely regressed. Shortly afterwards the patient has returned to full time work and is asymptomatic since. She experienced no side effects while taking MSQ.

Evaluation: The MSQ-14 dietary composition produced a complete remission of a progressing, refractory Stage IV breast carcinoma.

Case Summary #9 – Breast Cancer

SL is a 67yrs old male who presented with an enlarged prostate (87x67x72mm) on 07/14/2003. On 08/18/2003 he was admitted to the hospital with bloody urine and difficulty with urination. Subsequently, an extremely high PSA was measured (280ng/ml). Transrectal biopsy was performed that opened up an abscess. An MRI exam on 08/28/2003 demonstrated a 6x7.5cm cystic tumor attached to the vesicle seminalis and the prostate.

On 09/12/03 a transurethral prostatectomy was performed along with the draining of the cyst. Subsequently, the patient received antibiotic and hormonal therapy. By January 2004, the cyst has completely resolved. A PSA determination on 03/23/04 found a value of 0.42ng/ml. An elevated PSA (23ng/ml) was measured on 07/22/04 suggesting the recurrence of the disease. The patient decided to try the nutritional therapy this time around.

On 08/05/2004, a course with the MSQ-15 dietary composition was started. Three quarts were taken at 2tbsp TID. A PSA determination on 09/15/04 found a value of 0.076ng/ml. The decline in the PSA level was very rapid. Control ultrasound exam was negative. The patient presently is asymptomatic. He experienced no side effects during the administration of MSQ-15.

Evaluation: The MSQ-15 dietary composition produced a rapid reversal of elevated PSA in a recurrent prostate carcinoma.

Case Summary #10 – Prostate

KE is a 70yrs old male who presented with urinary obstruction due to an enlarged prostate (45x40mm) on 06/05/2002. An elevated PSA was measured at 9.5ng/ml. Transrectal biopsy was performed and the diagnosis was moderately differentiated adenocarcinoma of the prostate. Whole body bone scintigraphy demonstrated multiplex bone metastases to the skull, the vertebrae and the scapulae.

On 09/12/2002 the patient started a course with the MSQ-15 dietary composition. Two quarts were taken at 2tbsp TID. The patient subsequently reported an improvement in his condition. He experienced no side effects during the administration of MSQ-15. A PSA determination on 10/12/2002 exhibited a value of 0.41ng/ml. Other blood test results were normal. The patient is asymptomatic ever since.

Evaluation: The MSQ-15 dietary composition produced a remission of a metastatic prostate carcinoma.

Case Summary #10 - Carcinoma of the Left Breast

CsMA is a 39yrs old female who was diagnosed with carcinoma of the left breast in 2001. A quadrant resection and lymphadenectomy was subsequently performed. She received post-operative irradiation and hormonal therapy. In 2002 she underwent hysterectomy and two-sided adnexectomy. In 2003, she received radiation therapy for an abnormal growth on the corpus sterni distalis. In June 2004, whole body bone scintigraphy showed metastases in the area of processus xyphoideus and around the right side sacroiliacal and sternoclavical joints.

A thoracic CT exam indicated subpleural metastasis in the left VI segment as well as an abdominal hemangioma. In August 2004, she received irradiation of the sacral spine. The patient continued to experience severe bone pain that medication could not relieve. The patient reported that her condition was deteriorating, much of it she attributed to the bone pain. On 09/09/04, a spine MRI exam showed metastases in the processus xiphoideus and manubrium sterni. Metastases were also observed in the S1, L1 and L3 vertebrae.

In January 2005, she was hospitalized because of hemorrhagic cystitis. She started taking MSQ 14 at 2 tbsp TID from 03/01/05 and consumed 3 quarts. Shortly after starting on the MSQ, she reported a significant lessening of bone pain. Her appetite returned and she regained 3kg weight. CBC on 04/18/05 has shown improved blood test results with a decreasing alkaline phosphatase (from 530 to 377 U/L).

In the beginning of May 2005, she reported a resumption of bone pain and a rebound of alkaline phosphatase (545 U/L) was coincidentally observed. A whole body bone scintigraphy on 06/10/05 showed metastases in the entire spine. On 06/01/05 she started taking the MSQ 14A composition at 2tbsp TID. She has again reported a lessening of bone pain and a return of her appetite. She experienced no side effects while taking MSQ.

Evaluation: The lack of data on the status of bone metastases since 09/04 obscured the extent of disease spread at the time of commencing MSQ therapy on 03/01/05. This led to an early termination of MSQ-14 administration. However, both subjective and objective criteria demonstrated (even if temporary) improvement in a Stage IV breast carcinoma. There is no spread of the disease to other organs. The MSQ therapy has now resumed.

Case Summary #12 - Chronic Lymphocytic Leukemia

DS is a 72 yrs old female who was diagnosed in 1992 with chronic lymphocytic leukemia that required no intervention initially. She's received Leukeran since 1999. In June 2004, she had a leukemic crisis with low RBC ($2.4 \times 10^{12}/L$) and very high WBC counts (608.80 G/L). Plasmapheresis and COP therapy was initiated. In July 2004 she was placed on Fludara and in August received transfusions. Despite high doses of Medrol and repeated Fludara administrations her condition failed to improve.

At the end of October 2004, she started taking MSQ 15 at 2tbsp TID. She has consumed 2 quarts. A CBC test on 11/26/04 found improved RBC ($3.5 \times 10^{12}/L$) and greatly reduced WBC counts (43.50 G/L). Her overall status has also greatly improved. She has taken two additional courses of 2qts of MSQ 15 since and her condition is stable. It was not possible to administer a long term MSQ 15 therapy because she had a history of inflammatory bowel disease that prompted diarrhea during MSQ administration.

Evaluation: The MSQ 15 therapy led to the rapid reversal of leukemic crisis and the stabilization of the patient presenting with a drug resistant disease. Her irritable bowel prevented a long-term administration of MSQ that might have led to a complete remission. Her status was stabilized and she continues to remain stable as of to-date.