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Cancer Recurrence Prevention Program: Scientifically Carried Out by Utilizing Dynamic Tumor Marker Combination Assay

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Abstract

Background: Standard therapies are saying that cancer recurrence prevention is difficult. Shelton L.N. reported that cancer cell is grown up in the presence of both glucose and glutamine. So, dietary energy restriction (DER) is useful tool of recurrence prevention. As the second item, I have exploited herbal medicine (Sun Advance) which inhibits the hallmarks of carcinogenesis. Now I have employed detoxifying therapy. As the 4th method, high dose of vitamin C therapy which promotes the increasing of hydro-peroxide in cancer cell, I applied these 4 combinations of intervention method on the high risk of postoperative cancer patients.

Method: Among 500 post-operative patients, I have selected 131 candidates who were classified into tumor stage IV and tumor stage V. Among them, 104 members are intervened and 27 patients are classified into control group.

Results: In control group, 55% have tendency to aggravating change. Among intervened 104 members, 7.7% are not prevented.

Keywords: Dietary energy restriction (DER), Herbal medicine (Sun Advance), High dose of vitamin C, Detoxifying therapy, Recurrence prevention program.

Introduction

They said that there is no correct barometer for cancer prevention and recurrence prevention. So as to solve this problem, we have reported tumor marker combination assay (TMCA) in Cancer (1994) [1]. By utilizing TMCA, I have classified cancer risk assessment into 5 tumor stages among 500 postoperative cancer patients and I have selected 131 high risk group, who are classified into TSIV and TSV. I have intervened by 4 methods against high risk groups. Shelton LN et al. [2-4] reported that VM-M3 cancer cell is grown up in the presence of both glucose and glutamine. So, wise dietary energy restriction (DER) has induced from this knowledge as the nutritional counter measure for cancer prevention [5-9]. Youngman LD reported that the combination of carcinogen and high protein diet highly promote the carcinogenesis. As the second item, I have exploited herbal medicine (Sun Advance) [10-11] which inhibit selectively mitochondrial oxygen respiration on cancer cell and which inhibit its hallmarks of carcinogenesis of culture cell. Now I have employed detoxifying therapy which is utilized in old type of Japanese therapy as CAM, which is mainly composed of Nishi Type (Orthopedic Traction Apparatus: WA: 57B (686) Yamato (KK, Ehime prefecture, Japan) of exercise and sweeping of intestinal canal which

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eliminate immunosuppressive substances from bloods and elevate immune activity utilizing detoxifying medicine. As the fourth method, high dose of vitamin C therapy will inhibit angiogenesis of cancer tissue and promote increasing of hydro-peroxide in cancer cell [12-13].

Materials

Post-operative cancer patients are as follows. Gastric cancer: 20, colon cancer 28 liver cancer: 3, breast cancer: 27, lung cancer: 17, prostate: 11, sarcoma: 2, kidney cancer: 2, ovarium cancer: 3, esophageal cancer: 3, uterine cancer 14, skin cancer: 1, and among them, 104 candidates were contributed to as an intervened group. Others: 27 patients are served to be as a control group. Detoxifying and immune-therapy is composed of intestinal sweeping by detoxifying medicine and Nishi type exercise utilizing Nishi Type apparatus (Orthopedic Traction Apparatus: WA: 57B (686) Yamato (KK, Ehime prefecture, Japan).

Methods

As for cancer recurrence prevention, 4 type of intervened method are prepared and applied to 104 candidates: DER, high dose of vitamin C (20g), Herbal medicine (Sun Advance, Chiba city, Japan) and detoxification therapy are applied step by step. As to herbal medicine, SA 1.6g was prescribed daily. As for control group (herbal medicine 5g as Kudzu Decoction) prescription was applied as placebo. TMCA examination was carried out in every one month and checked their risk assessment.

Detoxifying therapy is composed of Nishi type (Orthopedic Traction Apparatus : WA: 57B (686) Yamato (KK, Ehime prefecture, Japan) of exercise for 20 minutes and detoxifying therapy medicine for 6 hours which is sweeping of intestinal canal which eliminate detoxifying medicine (intake of the mixture of citric acid (12g), lactulose (Kowa, Tokyo) (24g), magnesium hydroxide (30g) and 50 ml of water), total body massage, hot and cold water dipping each time for 1 minute alternatively, 7 time repeating) stimulation for autonomic nervous system and sauna bathing at 39°C for 20 minutes.

At first, I must survey the effectiveness of detoxifying therapy. The following data show that each 3 time of detoxifying therapy decrease the value of CEA, ferritin and alpha (α)-globulin as alpha (α)-immuno-regulatory protein in the serum and increase immune activity as the results. T cell number is increasing from 1252 to 2184.

Results

At first, I must survey the effectiveness of detoxifying therapy. The following data show that each 3 time of detoxifying therapy decrease the value of CEA, ferritin and alpha (α)-globulin in the serum and increase immune activity. T cell number is increasing from 1252 to 2184.

Secondly, intervened treatment group were examined by TMCA in every one month. When effectiveness is weak, another intervened method are added step by step (Figure 1).

The results for 3 years are as follows.

As to control group, aggravation: 55.5%, no change: 33.3%

As to the intervened group; aggravation group: 7.7%, no change: 13.5%

The effectiveness of detoxifying therapy was showed on 57 years female. (Table 1) that the correlation between immune-suppressive substances and immune activity.

Thirdly, among them, I have randomly selected one post-operative colon cancer patient (72 yrs) and followed for 12 years. In this patient, I have intervened by 2 methods: herbal medicine (Sun Advance) and detoxifying treatment therapy. When risk assessment by TMCA become higher risk, detoxifying therapy (in another name is Refreshment therapy) or mix-intervention of herbal medicine (Sun Advance) and detoxifying therapy were applied (Figure 2).

This patient could be prevented his cancer recurrence by these intervened methods for 12 years.

Final results: Among the postoperative cancer patients (131), we have carried out intervention treatment by 4 methods which promote natural healing power against higher risk group. We have succeeded in cancer recurrence prevention program in 93%.

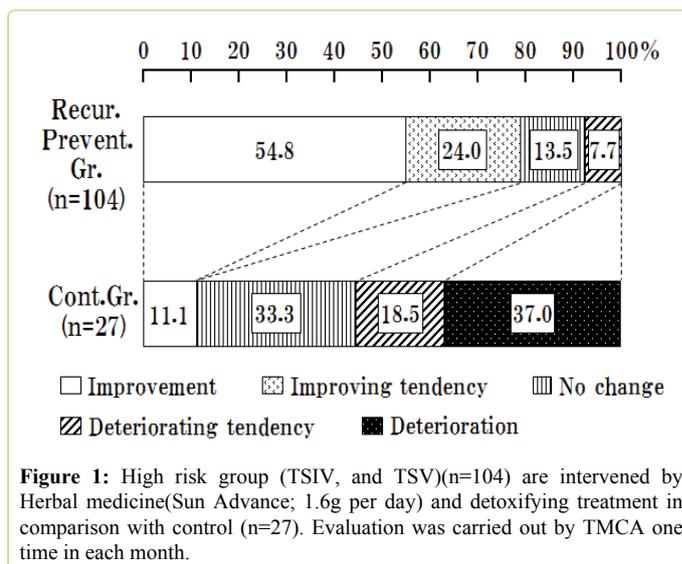


Figure 1: High risk group (TSIV, and TSV)(n=104) are intervened by Herbal medicine(Sun Advance; 1.6g per day) and detoxifying treatment in comparison with control (n=27). Evaluation was carried out by TMCA one time in each month.

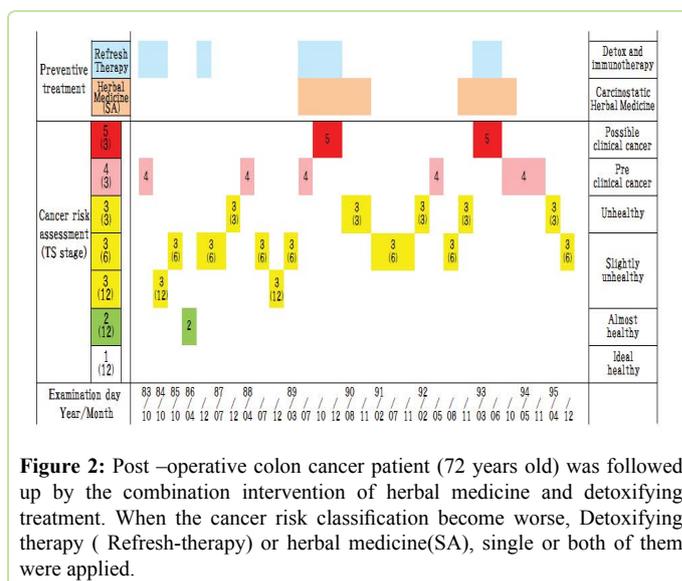


Figure 2: Post –operative colon cancer patient (72 years old) was followed up by the combination intervention of herbal medicine and detoxifying treatment. When the cancer risk classification become worse, Detoxifying therapy (Refresh-therapy) or herbal medicine(SA), single or both of them were applied.

Detoxifying Therapy		3 times	3 times
Date	1983,5/9	6/2	11/4
CEA (ng/ml)	3.1	2.1	1.4
Ferritin (ng/ml)	203	85	60
α 1-globulin (%)	5.7	3.0	2.8
α 2-globulin (%)	11.9	8.3	8.1
T (%)	73	78	78
T cell number	1252	1460	2184
Stimulation index	165	202	152

Table 1: The effectiveness of detoxifying therapy was confirmed with utilizing tumor marker combination assay, immune-suppressive substances(CEA, ferritin, α 1-globulin, α 2-globulin) and immune activity (T cell number, stimulation index by PHA).

Discussion

As cancer tissue will develop just look like fetus development, we should carry out suitable cancer recurrence prevention program by means which solve cancer nutritional control, solve lowering immune activity, inhibit cancer angiogenesis and solve mitochondria respiratory dysfunction because neoplasm is appeared by immunological decreasing disease. Before clinical neoplasm will be appeared, complementary and alternatively medicine or holistic medicine would be effective for cancer recurrence prevention. In this paper I have failed cancer recurrence prevention in 7.7%. But as to this 7.7%, I have applied immune-thermo-chemotherapy (ITC) [14] on those who have not succeeded in cancer recurrence prevention program after consent. Utilizing ITC, I have succeeded in cancer recurrence prevention in 99% (not published).

In ordinal standard western medicine, 60~70% of cancer patients would be recurred up to now. So my reported recurrence prevention programs are good interventions which are depended upon the activation of natural healing power different from chemotherapy and radiotherapy. We should change the treatment not cancer attacking invasive treatment, but contributed to promote natural healing power. Most of cancer sacrifices are derived from cancer recurrence in 60~70%. If our cancer recurrence prevention programs are applied to the postoperative patients with high risk, cancer patients will be secured.

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