# Three case reports on the holistic approach to patients with neoplasm including the use of medical ozone.

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**Abstract**

One of the perceived difficulties conventional medicine has in the acceptance of an holistic approach to illness is the lack of objective control in the establishment, progression, or regression of an illness. There is also reluctance on the part of those in the holistic professions to place their therapies “on the line” in the belief that the holistic approach can not be established and monitored through conventional methods. This paper demonstrates that the second concept is ill founded, and that the reluctance of main stream medicine to give credence and acceptance to an holistic approach could be overcome, if those practices were to employ conventional methods and diagnostic procedures coupled to their own traditional methods.

The reports on three patients whose health is established in a neoplastic environment are treated not specifically for neoplasm but as whole individual entities. The treatment programme comprising not of one modality but of a complimentary “mix”, it being the author’s experience that the strength of a balanced approach has more chance of success.

The simple yet all important use of ozone as an oxygen therapy is considered to be central to the treatment programme in all three cases, as is the use of tumour markers to establish the speed and course of the illness recovery.

## INTRODUCTION

In the last three decades therapy with Ozone has increasingly been used in Medicine in a number of disorders, in particular chronic viral diseases and neoplasm's, with satisfactory results and negligible side effects.

The effect of Ozone on oxygen metabolism is relatively well known. This principle has been applied with success in peripheral arterial circulatory disturbances as well as in cases of malignant tumours.

At therapeutic dosage, Ozone activates the enzymes involved in oxygen radical scavenging.[1] It has become increasingly clear that oxygen radicals are involved in a large number of diseases. In the case of malignant processes, in particular, oxygen radicals have been shown to be responsible for some cases of mutation of cancer-related genes and of activation of circuits of gene expression related to tumour promotion and progression.[2]

Furthermore, different studies have confirmed the effect of Ozone in the host's immune system through the production of cytokines. In an *in vitro* study on human blood and on Ficoll-purified blood mononuclear cells, production of Interferon (IFN)-gamma was demonstrated with maximal concentrations occurring 72-96 hours after Ozone exposure.[3] Later, in the same experimental model, certain concentrations of Ozone were shown to induce cell mitogenesis and the production of Tumour Necrosis Factor (TNF)-alfa.[4]

Ozone therapy through rectal insufflation has been proved beneficial in cases of AIDS patients with otherwise intractable diarrhea.[5] Likewise, ozone has been used in the treatment of chronic ulcers of the lower extremities[6] with satisfactory results and has been applied with success as a preventative measure against postoperative complications in plastic surgery.[7]

However, therapy with Ozone is far from being a generally acceptable procedure and it is only through a collective effort of clinicians in reporting its benefits and of biologists in getting further insights into the mechanisms of action that this kind of therapy may be globally extended.

It is worth noting that the use of Ozone in Medicine is part of a holistic approach in which it is the patient as a whole entity who is treated and not the neoplastic condition itself. By boosting the patient's immune system and inducing antioxidant reactions, he/she will then become stronger to properly fight against disease.

In this report, we describe three different patients with documented tumour processes successfully treated with Ozone among other therapeutic measures.

The use of tumour markers as a minimally invasive diagnostic and monitoring aid in the management of cancer patients has been largely extended over the last decade. The detection of tumour associated antigens in serum from these patients can provide information about the origin of a primary tumour, allows the discrimination of benign from malignant disease, permits the monitoring of therapy response and detects recurrent disease.

P.S.A., Prostrate Serum Antigen, has proved to be the most sensitive, the earliest and the most prognostically reliable marker for diagnosis and follow-up of prostrate cancer patients.[8] In a study of 227 patients, acute urinary retention and large prostrate glands were found to be associated with high P.S.A. levels, but levels greater than 10 ng/ml were found in cases with a significant risk of carcinoma according to subsequent histological examination.[9]

Ca 12.5 is an antigen especially elevated in malignancies of the ovary, epithelial components of fallopian tube, endometrium and endocervix and in some cases of breast carcinoma, malignant melanoma and endometriosis. This test is useful for monitoring response to treatment rather than for diagnostic purposes. It has proved to be the best tumour marker for ovarian carcinoma and to detect recurrence of the latter early and more reliable than other methods.[10]

B5 is a tumour marker which reflects a change in the surface of autologous erythrocytes and is associated with the development of cancer regardless of tumour type.

The natural incidence of B5 positively in healthy controls is approximately 18%. Monitoring of control subjects has shown the each individual's B5 status remains constant and the only known cause of a positive shift in B5 status is the development of cancer. So, for the individual, monitoring of B5 status is more informative than single measurements.[11]

Serial monitoring of 113 patients with malignant lymphoma showed that B5 status often changed as tumour status changed, becoming more negative with remission and more positive in relapse.[12]

**Case 1.**

A 63-year-old man who presented with urinary discomfort and signs of urinary retention suggestive of prostatic enlargement. His acid phosphatase was normal at the time of the
initial diagnosis but his P.S.A. was abnormally high (12.1 ng/ml; Normal range: 0.1-4.0).
He was initially treated with homoeopathic, snake enzyme preparations, herbs and three months later the following was added to his treatment scheme: Ozone, weekly local i.m. applications of 7.05 mg and rectal insufflations of 42.3 mg for a period of 3 months plus a dietary supplementation programme consisting of Vit.C: 4.5 gm, sustained release; Vit E: 800 IU/day; Vit A: 50.000 IU/day and Selenium: 200 mcg, 3 times a day for 3 months also.

The patient experienced a total remission of his symptoms two weeks after initiation of this treatment and a new P.S.A. test performed four months later revealed a return of the tumour market to its normal levels.

18 months later the patient returned to our clinic with the same initial complaints and signs of urinary retention. A new P.S.A. test was abnormal (10.3 ng/ml). The same full treatment programme was soon initiated and the patient experienced a remission of his symptoms a few weeks later. His P.S.A. levels decreased to 2.7 ng/ml in five weeks time. The treatment was administered for 3 months. New P.S.A. tests performed five months and nearly two years after the patient's second visit were within the normal range. No more prostatic symptoms have been reported so far.

**Case 2.**

A 50-year-old woman who had been recently practised hysterectomy following diagnosis of ovarian cancer. She presented with fatigue and tiredness. Her liver enzymes, in particular alkaline phosphatase, were abnormally high (730 IU/L) and a CA 12.5 test was clearly abnormal (>500 KU/L) suggesting a residual tumour. The following combined treatment was then initiated: Ozone, rectal insufflations of 42.3 mg and local i.m. applications of 7.05 mg twice a week; Vit B complex (weekly injections); Superoxide Dismutase (S.O.D), 4 mg twice a week and a dietary supplementation programme (same as in case 1).

The patient reported alleviation of her symptoms a few weeks after the initiation of treatment. New lab tests performed four weeks later showed decreased abnormal levels of alkaline phosphatase (342 IU/L) and normal levels of CA 12.5 (18 KU/L). At this point, Thymex-L, 150 mg. im, twice a week, was added to her treatment programme and she continued to have Thymex-L and Ozone via rectal insufflation for the next three months. She was being monitored through serial hepatic enzyme tests which became normal about four months after initiating treatment.

**Case 3.**

A 43 year-old woman who presented with a breast lump. A recent biopsy revealed “in-situ and infiltrating ductal carcinoma of the breast with invasion of lymphatics” which prompted us to initiate a combined treatment of homoeopathic snake/enzyme preparations and herbs and a dietary supplementation programme (same as in case 1). By her own initiative, she changed to a vegetarian diet which she would follow for about one year. She was also programmed for a radical mastectomy of her right breast and was operated three weeks after the report of her biopsy. Examination of the specimen showed “one localised carcinogenic focus of lobules with no evidence of infiltrating carcinoma” and axillary lymph nodes showed “reactive changes only”. Ozone twice a week, was then added to her treatment programme in rectal insufflations of 42.3 mg, axillar inoculation of 7.05 mg and autohaemotherapy (25 mcg/ml), twice a week. She received the full treatment for about 12 weeks. No other therapy was given.

Monitoring of this case was serially done through B5 tests. Four months after the surgical procedure, one test was borderline positive, with 15 clumps and % 50 free cells (Normal range: 1-9 and 70-100%). Full treatment was restarted and was continued for 12 weeks. 4 weeks after initiating therapy another test showed a similar pattern but a few weeks after that latter a B5 test was negative.

The patient continued to be serially monitored with this tumour antigen. Three years after the second treatment was given a B5 was reported as positive(++) with clumps and 15/20% free cells. This test was repeatedly positive and coincided with the emergency of a new lump in the opposite breast. At this point, a new resection was recommended by conventional medicine but the patient preferred to undergo the same alternative therapeutic scheme as before. The same full treatment was then initiated and the lump disappeared in about 10 weeks. This was confirmed by independent examination.

Serial Monitoring of B5 has shown no more abnormal results over the last eight years.

## DISCUSSION

In this report we present the successful treatment of three patients with malignant carcinoma with a combined alternative therapy including Ozone, diet, Homoeopathy, herbs and immunotherapy.

Although treatment with Ozone is not a very aggressive procedure as compared to a large number of conventional measures, usually other traditional alternative therapies such as Homoeopathy and herbs are first given to our patients. Then, the patient's response is evaluated and Ozone is added in many cases to the initial treatment scheme.

Although positive tests for acid phosphatase were never found in our male patient, P.S.A. levels were highly suggestive of prostate adenocarcinoma which clearly responded to therapy on two occasions.

There is a lot of controversy now on whether the benefits of aggressive treatment in prostate cancer outweigh the associated risks and side effects. Conventional aggressive treatment include radiation and surgery. A fair percentage of patients who undergo this kind of treatment suffer from complications such as impotency (30-50%), mild to severe incontinence and even death.[13]

In the case of a residual ovarian tumour, the recovery of the patient and the return of her lab tests, in particular CA 12.5, to normal values, were clearly associated to the administration of a combined treatment including Ozone as a major component.

In our patient with breast cancer, there was a dramatic change in the regional histopathology including the unusual reversion of a metastatic tumour process to a localised disease. This event could only be explained by the intensive therapeutic measures applied soon after the initial pathologic report. It is also remarkable the way the patient responded to a new treatment programme when a new lump had emerged. These events clearly challenge usual protocols adopted for the conventional treatment of cancer.

It is not unusual to obtain similar satisfactory results with this alternative treatment programme in other cases of cancer patients in our clinic. However, an appropriate documentation of these cases implies a big economic effort from our patients which unfortunately limits the frequency of clinical reporting.

Likewise, it is really difficult to determine the efficiency of Ozone as a single therapeutic measure in cancer patients. It would obviously be unethical to deprive these patients of empirically and even scientifically tested alternative measures such as dietary supplementation in order to establish the real potential of this gas in Oncology.

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