

Esophageal Adenocarcinoma & Adenosarcoma with Lung Metastases

Patient

55-year old man diagnosed with recurrences of adenocarcinoma and adenosarcoma of the esophagus with lung metastases; such recurrences had occurred after a previous surgical intervention targeting these lesions. Also in this case, the patient had been labelled “incurable”. (Schwalb M, 2016)

Treatment

Patient was now treated with the following nutritional-immunotherapeutic approach.

1. An emulsion of Chondroitin Sulfate, Vitamin D3 and Oleic Acid (Rerum®) was given daily by subcutaneous injection. (Schwalb M, 2016) Usual dose 0.5ml a day for 5 days and then 2 days off.
2. 120mls daily of Bravo Probiotic GcMAF Yogurt. (Pacini S, 2011) (Artym J, 2013 Aug 6) (Schwalb M, 2016)
3. Bravo Probiotic Yogurt administered as an enema. (Schwalb M, 2016)
4. A ketogenic diet very low in carbohydrates and rich in fats endowed with anti-inflammatory properties such as extra-virgin olive oil and coconut oil. (Fine EJ, 2012 Oct 28) (Schwalb M, 2016)
5. Diet supplemented with a specific amino acid formula that produces less than 1% glucose (MyAMINO®).
6. Vitamin D3 at 10,000 to 20,000 IU per day. (Thyer L, 2013 Jul 8) (den Hollander P, 2013 Sep 23) (Schwalb M, 2016)
7. Curcumin, omega-3, ubiquinol, arginine, multivitamins and a low-molecular weight pectin. (Schwalb M, 2016)

Results

After about eight months of implementation of the nutritional-immunotherapeutic treatment described above, the local lesions appear stable and encapsulated with no signs of progression. A Computed Tomography (CT) scan of the thorax performed after about eight months, did not show lesions as if the metastases were no longer detectable. The general conditions of the patients were significantly improved up to the point that the Percutaneous Endoscopic Gastrostomy (PEG) tube was removed as no longer necessary. The patient reported that the Specialists at the University of Dusseldorf, Germany, where these latter procedures were performed, were utterly puzzled by the unexpected positive outcome. Thus, it is well known that the prognosis for esophagus cancer is quite poor with most patients dying within the first year of diagnosis.

References

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