

## Ovarian Cancer with metastases in the Liver and the Peritoneum

### Patient

70-year old lady with ovarian cancer and multiple metastases in the liver and the peritoneum. (Schwalb M, 2016)

### Treatment

Previously treated with multiple cycles of conventional chemotherapy that resulted in reduction of the size of the peritoneal metastases, but were ineffective against the hepatic metastases. The patient had developed severe neuropathy possibly as a consequence of chemotherapy and she could not walk for more than ten meters due to extreme pain and fatigue. The patient had been labelled “incurable” and she had been advised to prepare for the inevitable outcome.

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 five weeks of treatment, a PET scan did not evidence any appreciable liver metastasis. Blood analyses evidenced elevated percentage of circulating monocytes (8.1%. Normal values: 3-10%), thus supporting that the integrated approach described above stimulated the immune system with particular reference to the monocyte-macrophage arm of immunity. Also the Transketolase-Like 1 (TKTL1) and the Apo10 score both decreased to just above normal indicating a decreased aggressiveness of the cancer and normalization of cellular apoptosis.

### References

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