

Prostate Adenocarcinoma

Patient

63-year old man was diagnosed with prostate adenocarcinoma, osteoporosis and esophagitis. (Schwalb M, 2016)

Treatment

Previously treated with radiation therapy. Magnetic Resonance Imaging (MRI) showed residual tumor lesion.

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 four weeks of treatment, Prostate Specific Antigen (PSA) was significantly decreased from 95 to 0.8 ng mL⁻¹, i.e., the tumor marker had returned to normal values. It is worth noticing that while this patient was undergoing the approach described above, he also received for three times subcutaneous anti-androgen treatment from the Department of Urology of the University of Bochum, Germany. Interestingly, the dramatic drop of PSA from 95 to 0.8 ng mL⁻¹ occurred after the first administration of anti-androgens; the patient refers that such an abrupt decrease puzzled the Oncologists who were treating him since, according to the patient's story, this was the first time that they had observed such an occurrence. Imaging studies showed significant reduction of the tumor mass that appeared encapsulated with no metabolic activity. The percentage of circulating monocytes was close to the highest normal values (9.2%. Normal value: 3-10%) and activation of macrophages following subcutaneous administration of the emulsion described above was confirmed by color-doppler ultrasonography. Cumulative TKTL1 and Apo10 scores were decreased and, at the end of the treatment, both scores were within the normal values (TKTL1: 115. Apo10: 112).

References

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