Integrative Medicine Meeting

Abstract Presentation
September 18, 2018 | 9:15 - 9:35

Local Application of Mistletoe - Report on Gynecological Disorders

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Introduction:

The success of using intra-tumoral mistletoe in experimental models in rats in pilot studies case reports encourages replication to other diseases. Given that it is an action mainly based on its potential to stimulate the acute inflammatory reaction, the induction of apoptosis and its cytotoxic effect without pronounced side effects, it may even replace some potentially more invasive attitudes if used rationally by informed and consented by patient

Methods:

Case reports in gynecologic experience.

Results:

Three cases are reported: 1.) A 61-year-old patient with treated breast cancer and recurrent skin cancer with ulcerated and bleeding lesions on the region of previous surgeries. In use of exclusive Trastuzumab for 6 months, without improvement of the lesions in the first evaluation. She started treatment with subcutaneous mistletoe and was referred to local radiotherapy as an additional treatment. In 5 months, nodular lesions reappeared for which regular intratumoral mistletoe applications were proposed, which returned less significant regressions. With irregular follow-up and no change in chemotherapy, there was progression of lesions to ulcer and no evidence of distant disease. Initiated Lapatinib and Capecitabine. She refers to improvement of ulcerated lesions one month after 2 years of use of subcutaneous mistletoe and 6 months of intra-tumoral applications, which would have healed with the use of clay therapy also. 2.) A 63-year-old patient with morbid obesity, giant incisional hernia, and contra-indications for surgical treatment of endometrioid adenocarcinoma GI of the endometrium. Radiotherapy was performed exclusively. In the 16-year follow-up period, she presented two local recurrences which were treated with carboplatin and paclitaxel. She then presented a new recurrence as stenosing lesion of the isthmus and endocervix that resulted in hydrocolpos, compression of myometrial walls and risk of uterine rupture. A manual dilation was performed without success. Applications of intratumoral mistletoe were proposed while she waited for chemotherapy. After 4 applications, under simple gynecological examination, there was progressive reduction of the lesion, and before the start of chemotherapy there was no risk of uterine rupture. Patient remains with no evidence of disease, using subcutaneous mistletoe. 3.) A 40-year-old HIV + patient, with a history of follow-up of a giant vegetative vulvar lesion 6 years ago, in another service. After 4 years, she presented a biopsy with squamous cell carcinoma GI, performed radical vulvectomy, which was negative for neoplasia, positive for herpes cytopathic lesions and Ofuji's disease. She arrived with irregular HIV treatment and recurrence of the vegetative vulvar lesion in the previous surgical bed, greater than 10 cm, affecting the whole vagina. Multiple biopsies were performed, all negative for neoplasia, confirming the previous result. The patient was compensated from the HIV and underwent mistletoe therapy, receiving low dose subcutaneously and peri-tumor applications over 15 weeks, with significant reduction of the lesion. She gave up the follow-up because of a city change but subsequent local home

treatment concluded regression of the lesion, although she did not continue mistletoe therapy.

Conclusion:

Notably, the success of the results with unique or combined applications of Mistletoe as well as the high tolerance and safety of the treatment encourage us to take this approach of the most diverse pathologies for both short- and long-term use.