Abstract Keynote Presentation
September 17, 2018 | 17:45 - 18:30

Intratumoral, Intrapleural, Intraperitoneal Infusions of Viscum album Extracts. A Combination Therapy in Personalized Integrative Oncology Management of Metastatic Cancer Diseases

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Introduction:

Whenever a tumor is detected, it has grown beyond 1 gram of tissue and hosts more than 30 billion cells and 30 types of heterogenic cells. Researchers have long observed the widespread phenomenon of epithelial mesenchymal transitions in a rare population of cancer stem cells, stealthily hiding in the bloodstream (also called CTC/circulating tumor cells). These embryonic cancer stem cells (CSCs) carry embryonic stemness such as NANOG, OCT4, SOX2, CD133, CD44, c-MET etc., which enable the CSCs to be identified, isolated, expanded, and tested for chemo- and plant-extract sensitivity. Detailed reporting on CSCs is exceedingly helpful for the development of a personalized, precision-based therapy and recovery plan for patients aiming for induction of remission and consolidation, thus not missing out on precious opportunities for the correct therapeutic moment for the patient.

Many times, Viscum album extracts (VAE) such as Helixor, Helleborus niger, and Helleborus foetidus, tested positive for a class 1 direct-kill apoptotic effect on cancer stem cells. Hence, precision and evidence-based medicine tailored to the use of mistletoe-based VA extracts is very much possible for safety and documentation purposes.

The majority of cancer patients succumb to death due to metastasis-related complications. Managing these complications therefore becomes an important chapter, and life extension measure, in the treatment of any metastatic cancer patient. Forms of management can include procedures to preserve bodily functions and remove life-threatening complications such as pleural effusions and peritoneal ascites. Loco-regional interventional VAEs used for these purposes can be safely combined with the subcutaneous or intravenous use of VAEs in malignant tumor cases.

Methods:

The proposed approach targets cases of metastatic cancer disease. Precision data on patient tumor conditions, both from solid and liquid biopsy results, are obtained (CTC/CSC/TIC reports with various chemosensitivity results) and reviewed. Holistic integrative personalized and tailor-made anticancer protocols and therapeutic programs are set up for the patient, while considering and accounting for weakened host immunity, correcting glycolytic metabolism to achieve a more ketogenic state, and detoxifying the tumor-burdened body.

Helixor VAE is administered in escalating doses subcutaneously, intratumorally (in breast tissue), through an intrapleural instillation via small chest tube insertions for drainage and an intraperitoneal instillation via abdominal drainage tubes In order to allow the VAEs to reach as much as the tumor surface as possible. These methods will be shown and discussed.

Results:

Detailed CTC/CSC reports with various patient health reports could effectively lead to guided clinical therapeutic programs which include various precision health and targeted therapies. Both macroscopically and microscopically, tumor loads are effectively reduced via induction and consolidation protocols combining various integrative methods to correct tumor-host signaling and interactions. The assurance of a reduction in microscopic CTC/CSC counts often led to remission.

Conclusion:

Tumour reduction and apoptosis achieved via a combination of escalating doses of subcutaneous injections, intravenous infusions and intratumoral injections of mistletoe-based VAEs from Helixor is often effective in healing and halting further progression of the disease.

The use of Helixor VAEs is effective and safe, ensuring the healing and seize of effusions and loco-regional tumor manifestations. Together with an escalating subcutaneous dose for immunomodulatory efficacy, it has the advantages of opening up the possibility of remission when combined with integrative approaches that adopt conventional low-dose chemotherapy, SOT genetic antisense therapy, tumor vaccines prepared from fragmented cancer antigens, hyperthermia (FRWBH) and various oxidative therapy protocols.