

Some Case Studies Of a Number of Our Patients With Life Threatening Illness

INTRAVENOUS B17 TREATMENT AND DENTRITIC CELL THERAPY TREATMENTS ARE NO LONGER PRESCRIBED AT THE DOVE CLINIC. WE DO HOWEVER REFER PATIENTS TO OTHER CLINICS ABROAD WHO CAN PRESCRIBE THE DENDRITIC VACCINE.

At our clinic we see a range of all the common cancers, and a number of rare ones. Generally speaking we see stage 3 or 4 cancers, often radiotherapy, chemotherapy and surgical failures. It would be nice to see cancer patients at an earlier stage of their disease process, but from a randomised control trial perspective the approaches we are using are not as well researched as conventional approaches. It could therefore be argued that the evidence base is on the side of conventional approaches to cancer. This does not mean that our treatments do not work, and we can certainly say that they are all safer than conventional approaches. We often run our approaches alongside conventional treatments for a whole range of cancers. The observation that we do get encouraging results with a number of late stage cancer patients, has led us to employ a research nurse. We are setting up an observational study on the patients we see, looking at quality of life and median survival times, and comparing these survival times to those expected if these same cases had followed conventional approaches. We expect this study to last three years and we hope at that stage to get it published as an observational outcome study.

An increasing number of patients are approaching us at a much earlier stage of their disease process, and these patients are turning down conventional approaches. We discuss each individual case with the patient, we very much encourage surgical approaches, but we often enter into a process of risk assessment and quality of life issues on the type of treatment path which any particular patient may choose at an earlier stage of their disease. We always try and do this in cooperation with the patient's oncologist and their GP. Because of the poor evidence base behind complementary approaches to cancer, all our treatments are offered on an informed consent basis.

The following is a collection of cases, some are remarkable, to give some idea of the kind of results we have been obtaining. We have our failures like everybody else, so it is unrealistic to suppose that we can help everybody.

Case 1: Mrs ER age 48

Cancer of the left breast with bony secondaries in both hips and the lower back. Considered to be beyond conventional treatment other than the use of Tamoxifen and surgical removal of the ovaries.

She has been treated with dietary approaches, a range of immuno stimulatory, nutritional and complex homeopathic medications together with a course of high dose intravenous vitamin C. The breast lump has completely disappeared. The pain from the bony secondaries has also gone. We are moving on to make a specific dendritic cell therapy vaccine for this patient.

**Case 2:
Mr DR age 73**

Mesothelioma of the pleura on the left side. This patient came to us nearly five years ago with a prognosis of six months. The cause of his illness was exposure to asbestos on pipe lagging in naval ships as he was in the navy just after the war.

We treated him with a cancer vaccine, dietary approaches and a range of immuno stimulatory medications. He has been in remission for four and a half years and is clinically completely healthy.

**Case 3:
Mrs JMI age 74**

Carcinoma of the breast with widespread bony secondaries with a great deal of pain. She has been treated with immuno stimulatory mushroom preparations from China, high dose intravenous vitamin C, diet and some acupuncture. Her pain has disappeared. She is clinically well and healthy. She is currently in remission.

**Case 4:
Mrs EO age 62**

This was a lady who had been smoking all her life. She came to see us with a prognosis of three months. She had a large carcinoma at the base of the tongue which was invading the right side of the neck. She was a radiotherapy failure, and was inoperable. We treated her with high dose intravenous vitamin C, intravenous B17, a range of dietary approaches and a dendritic cell therapy vaccine. She lived with good quality of life for eighteen months at which time she died.

**Case 5:
Mr BG age 56**

Carcinoma of the right lung with brain secondaries. This man came to see us with a prognosis of two months. His tumour was inoperable and he had had multiple courses of chemotherapy with no clinical effect whatsoever. When he came to see us he walked on two sticks. We treated him with intravenous B17, intravenous vitamin C, dietary approaches, nutritional medicine and immune stimulants. Within six weeks he was able to walk without sticks. In three months he was able to go on a cruise with his wife. He lived for a year following treatment and then died.

**Case 6:
Mr BT age 63**

Diagnosis of renal cell carcinoma in 2001 with lung and bone secondaries. No chemotherapy or radiotherapy was offered. He was started on an anti-cancer diet with immune boosting treatments, angiogenesis inhibitor, a three week course of intravenous vitamin C. Several weeks later a chest x-ray showed disappearance of his lung secondaries. Also the kidney primary tumour had shrunk to the stage where surgical removal of the kidney was possible and this was successfully performed. Radiotherapy was then used for the remaining bony deposits. Since that time he has been fit and well with no signs of a recurrence.

**Case 7:
Male age 50**

Diagnosed with mesothelioma in 2001. No conventional treatments offered except pleurodesis. He started an anti-cancer diet, an intensive regime of multinutrients, B17 and C-statin (angiogenesis inhibitor). He also had a two week course of high dose intravenous vitamin C and a further two week course of intravenous B17 with a repeated course of high dose vitamin C. He has had substantial improvements in his blood tests to measure his immune status since that time, and is clinically doing well sixteen months on. This patient is in remission.

We do not claim to cure anybody, we simply put them into remission. If a patient has been in remission for more than ten years then we might claim a cure, but not until that has happened.

**Dr Julian Kenyon
3 May 2002**