

Clinical Audit

The Dove Clinic for Integrated Medicine

May 2005-August 2006

We see many different diseases and disorders in our clinic. They are mostly chronic conditions for which conventional medicine is either unable to help, or the conventional treatments are unacceptable due to side effects, or conventional medicine has only helped to some extent.

We audit all our cancer patients, whether they attend for one appointment or continue to see us for some time. All our other patients are audited every four months, this therefore means that the audit always excludes patients who have only seen us once, or who have been treated and then got better within a four month time period. This numbers approximately 100 patients.

Our case load in terms of number of cases in descending order, starting with the most common cases we see, are as follows:

Cancer	268 cases
Chronic Fatigue Syndrome	66 cases
Unclassified diseases which we call "other", separate to the cases which follow	91 cases
Irritable Bowel Syndrome	14 cases
Thyroid disorders	6 cases
Cardiovascular disease	12 cases
Asthma	5 cases
Gynaecological disorders	4 cases
Multiple Scleroses	5 cases
Osteoarthritis	5 cases
Migraine	4 cases
Autism	6 cases
Rheumatoid Arthritis	3 cases
Eczema	1 case

We score our treatment outcomes as follows:

1. This score indicates the same, ie: No improvement.
2. Better, but still with symptoms.
3. Completely better.
4. Worse.

There now follows a more detailed description of the cases of each class of illness that we see.

Chronic Fatigue Syndrome

Total 66 cases.

29 of our cases scored 3, 37 scored 2.

This means the majority of our cases of Chronic Fatigue Syndrome were improved, but not better. This is a typical finding with the majority of Chronic Fatigue Syndrome cases, whatever the treatment used.

Our treatment approaches are based on several clinical and laboratory findings, and follow the guidelines of the most up to date consensus on Chronic Fatigue Syndrome/ME; "The Canadian Consensus on ME/CFS, 2003".

The majority of these cases are due to chronic low grade stealth infections, particularly yeasts, viruses and bacteria, probably most commonly mycobacteria and chlamydia, but also other possibilities such as Lyme Disease. We now have a sophisticated stealth organism screen measuring IgGs and IgMs to a range of chronic low grade infections.

Our treatment approach is directed principally at stimulating cell mediated immune function, supporting organ function using a Traditional Chinese Medicine model, nutritional medicine approaches and dietary modification. We also give lifestyle advice in terms of graded exercise and advice akin to cognitive behavioural therapy. Both these latter approaches we find only marginally helpful and only significantly useful in approximately 15% of our cases.

We use other treatments to try and reduce chronic low grade infections, such as high dose intravenous Vitamin C and Ozone Autohaemotherapy.

Recently we have treated one case using photodynamic therapy and we have written this up as a case study, which follows:

This case concerns a twenty year old male sufferer of severe Chronic Fatigue Syndrome which started after a bout of influenza which occurred before Christmas 1999. Since that time, this patient has been mentally and physically fatigued, having to spend a significant amount of time bed bound. He has also been markedly insomniac, to the extent where several nights in the week he does not sleep at all.

We have been treating him using medications, mostly glycoproteins to stimulate his cell mediated immune response, organ targeted medicines and nutritional medicine, with diet and lifestyle advice, such as pacing and graded exercise. In response to this he only improved minimally over the intervening years. However, somehow he managed to get to university and now is completing a degree course with considerable difficulty.

One of the methods we often use in our patients is to do a live blood analysis. This is a rough and ready approach, which gives us some idea of immune system activity, the presence of oxidative stress and a presence of low grade infections, yeast,

mycobacteria etc. In this particular case damaged red cells were seen, which correlate with chronic low grade infections, of a range of organisms such as mycoplasmas, chlamydia, borellia (Lyme) etc. We have recently completed an observational study where we find that ninety per cent of cases showing these abnormalities in the live blood analysis correlate with high IgG and IgM levels (immunoglobulin levels) to a range of chronic low grade infecting organisms such as mycoplasmas, chlamydia etc, which we call 'stealth organisms'. We find that these infections commonly 'drive' Chronic Fatigue Syndrome.

In this particular case, I was considering new treatment options, which might produce some lasting clinical improvement. This particular patient is needle phobic, therefore the use of high dose intravenous vitamin C and Ozone Autohaemotherapy, both of which have an evidence base for reducing levels of chronic low grade infections, is not something he would be able to tolerate.

I decided to use a form of photodynamic therapy which we use on our cancer patients. We use a particular extract of chlorophyll known as a chlorin 6E. This breaks down to release reactive oxygen species in damaged cells and also kills a range of infecting organisms as a result of oxidation by activating the photodynamic agent with red light at a specific frequency using a specially constructive bed and also our agent is sensitive to ultrasound, which allows deeper penetration to the body, so we also use ultrasound. The agent is given by mouth. There is an accumulating body of literature showing that PDT is effective for chronic low grade infecting organisms.

We carried out photodynamic therapy in this way on this patient at Christmas 2005.

Within one week his insomnia had cleared up. Within two weeks his mood improved significantly as in the past he had been significantly depressed because of his Chronic Fatigue Syndrome. His energy improved significantly also. Nearly six months later he still remains significantly improved and has not relapsed and has been able to cope with his university final exams.

This to my knowledge is the first case of Chronic Fatigue Syndrome/ME that has been treated with PDT, and the results in this particular difficult case are most encouraging. I thought that as this is such an unusual case, I would like to share it with the broader CFS/ME community.

Other Clinical Conditions

91 cases.

We see a whole range of non-specific conditions which are difficult to define using conventional disease labels.

Of these cases, 55 achieved score 3, 36 achieved score 2.

Irritable Bowel Syndrome

14 cases.

7 scored 3, 2 scored 1 and 5 scored 2.

Our principle approaches to Irritable Bowel Syndrome are dietary modification, advice on lifestyle, if anxiety or stress precipitates symptoms, which it often does in these conditions. Measures to reduce bacterial and fungal gut fermentation and organ targeted medications based on a Traditional Chinese Medicine model are also used.

Thyroid disorders

16 cases.

13 scored 3, 3 scored 2.

We see many cases of thyroid dysfunction. The majority are hypothyroidism, but many are currently treated with Thyroxin but find this to be ineffective. We often use Armour Thyroid which is dried porcine thyroid which contains both T3 and T4 (Thyroxin contains T4 only). Many of these patients feel better on Armour Thyroid as compared to Thyroxin alone. Having said that, the vast majority of patients with hypothyroidism do perfectly well on Thyroxin, these are the cases we do not see.

Some of our Thyroid cases have also got Chronic Fatigue Syndrome. This makes them particularly complex and provides many treatment challenges.

Cardiovascular Disease

12 cases.

7 scored 3, 5 scored 2.

The majority of our patients with cardiovascular disease have angina or some degree of heart failure, or have undergone cardiac bypass surgery and want to reduce the risk of having to have further surgery.

Asthma

5 cases.

5 scored 3.

The majority of these cases we were able to reduce, and some were able to stop, all conventional inhalers apart from the occasional use of Ventolin as needed.

Our approaches are based on defining airborne sensitivities, particularly dust mite sensitivity, moulds and spores and in some cases pollens. These are treated homeopathically, and with lifestyle advice in terms of avoiding contact with these substances.

We stimulate cell mediated immunity in these patients using specific medications. We look at the nutritional status, particularly magnesium levels. We supplement these as required on the basis of appropriate testing. We also use organ targeted medication based on a Traditional Chinese Medicine model.

Gynaecological Disorders

4 cases.

3 scored 3, 1 scored 1.

These are mostly menstrual disturbances, particularly dysmenorrhea and irregular periods and also menopausal problems. We use dietary approaches combined with nutritional medicine and treatment based on a Traditional Chinese Medicine model.

Multiple Sclerosis

5 cases.

We achieved a score of 3 on 3 cases (these are long term cases) and 2 achieved a score of 2.

The 3 cases with a score 3, we have managed to keep in a stable state for nearly 15 years. The other 2 cases have been more challenging.

We use a combination of immune modulation, dietary approaches and treatment based on a Traditional Chinese Medicine model.

Osteoarthritis

5 cases.

5 scored 2.

We use acupuncture, sometimes osteopathic manipulation, together with nutritional medicine.

Migraine

4 cases.

3 scored 3, 1 scored 2.

We use dietary approaches together with treatment based on a Traditional Chinese Medicine model.

Autism

6 cases.

6 scored 2.

We use dietary approaches, nutritional medicine, stimulation of cell mediated immunity and medications based on a Traditional Chinese Medicine model.

Rheumatoid Arthritis

3 cases.

We use a Traditional Chinese Medicine model, nutritional medicine and dietary approaches, and we also look at the presence of chronic low grade infections, which in our view are what largely drive Rheumatoid Arthritis. In many of the more severe cases we use high dose intravenous Vitamin C and Ozone Autohaemotherapy to try and reduce the levels of these infections.

Eczema

1 case.

This one case achieved a score of 3.

We use avoidance of foods to which the patient is sensitive, together with oral treatment based on a Traditional Chinese Medicine model.

Many of our cases who achieved a score 3 are continuing to take regular nutritional and organ targeted medications as well as immune stimulatory preparations. Some of our cases eventually only need to see us every 3-4 months. A number don't need to see us again and continue on lifestyle and dietary changes alone.

Cancer

268 cases.

To assess our cancer cases we look at median survival time. So far as possible we use the median survival time as predicted by the patient's oncologist, or make an estimate at the time of their first appointment. This is not necessarily an accurate measurement but is the best estimate we can make and relates to the patient's tumour, its stage of progression and the patient's clinical state.

Quality of life issues are much more difficult to assess, but in over 90% of our cancer patients we have consistent feedback that their quality of life is significantly better as a result of using the treatment approaches we use.

We classify each tumour using the TNM system, as detailed here:

TNM System

Primary Tumour (T):

TX = primary tumour cannot be assessed.

TO = no evidence of primary tumour.

Tis = carcinoma in situ.

T1, T2, T3, T4 show increasing size of the extent of the primary tumour.

Regional lymph nodes (N):

NX = regional lymph nodes cannot be assessed.

NO = no regional lymph node involvement.

N1, N2, N3 show increasing lymph node involvement.

Distant metastases (M):

MX = distant metastases cannot be assessed.

MO = no distant metastases.

M1 = presence of distant metastases.

We mostly see Stage 4 cancers, that is the most advanced type of cancer which is mostly post-chemotherapy/radiotherapy and surgery. The majority of these cases have no further treatment options open to them from a conventional point of view. We do not claim to be able to cure these cases, however we do have some Stage 4 tumours which have been in complete remission, in some cases for several years. We still claim that this is not a cure and describe this situation as remission. The majority of our patients show increased median survival.

Summary of Treatments Using Cancer

We use a range of oral medications, and in majority of the patients we use proteoglycans preparations to stimulate cell mediated immunity together with an

angiogenesis inhibitor, also organ support using a traditional Chinese medicine model. Nutritional medications are sometimes used, but vitamin and mineral replacement is not a mainstay of cancer treatment. Various anti inflammatory medications are used such as particular types of omega 3 fatty acids. Treatment varies significantly from patient to patient, so in summary the approach could be described as complex. There is an evidence base to support these approaches.

Diet is particularly important in our view and we use a modified oriental diet, devised by Professor Jane Plant (The Plant Programme) which is essentially low protein, no milk and dairy products and low in sugar. This produces a movement in pH towards an alkaline direction (measured by urinary pH strips) and minimises growth factors in the diet, such as insulin growth factor number 1 and epidermal growth factor found in large quantities in milk and dairy products.

Methods of Tumour Cell Destruction

Our main methods of tumour cell destruction are:

High dose intravenous vitamin C, which is cytotoxic at the levels we give and this is achieved at these concentrations using vitamin C as a pro-oxidant (75 g per IV infusion).

Ukrain. This contains Chelidonium Majus and Thiotepa, all being present in the bound form. There are over 200 studies on the use of Ukrain in a range of solid tumours.

Photodynamic Therapy. We use a chlorin 6E agent which is sensitive to red and to ultrasound. This allows more deeply seated tumours to be destroyed using this type of treatment. We will be producing a separate audit of all our photodynamic treated patients together with appropriate biochemistry taken before and after this treatment, as compared to controls. This will appear as a separate document.

Safe tumour cell destruction of some sort is required in the kind of cancers we see, as they are mostly stage 4 cancers and have had previous chemotherapy, radiotherapy and often surgery. Our approaches have to be inherently safer than conventional chemotherapy and radiotherapy. They do not, however, have as solid a scientific base as conventional treatment approaches.

In some patients we use autologous vaccines (dendritic cell therapy vaccines). We are not legally allowed to prescribe or import these so we refer these patients to other clinics abroad in order for these vaccines to be prescribed. These vaccines are self administered. The majority of our patients in long term remission have had a dendritic cell therapy vaccine.

Cancer Cases Divided into Site of Primary

The following cases are in alphabetical order depending on the site of primary.

Bladder Cancer

3 cases.

1, T4 N3MX lost to follow up

1, T3 N2MX, median survival two years

Alive and well one year after the first appointment (at the time of this audit)

1, T0NXM1, median survival two years

Alive and well four months after first appointment (at the time of this audit)

Brain Tumours

12 cases.

Glioma

3 cases.

1, T4N0N0, median survival three months

This patient alive one month after first appointment (at the time of this audit)

1, T3MXNO, median survival one year

Died eight months after the first appointment

1, T3N0N0, lost to follow up

Glioblastoma Multiforme

5 cases.

1, T4N0N0, median survival three months

Died seven months after the first appointment

1, T4N0N0, median survival three months

Alive and well two months after first appointment (at the time of this audit)

1, T3NXMX, median survival three months

Died six months after the first appointment

1, T3NXMO, median survival six months

Died nine months after the first appointment

1, T3N1M0, median survival six months

Died nine months after the first appointment

Astrocytoma

2 cases.

1, T3NXM0, median survival one year

Alive and well two years after the first appointment

1, T3N0N0, survival 6 months. Alive and well 3 years after first appointment.

Metastatic Cerebellar Medulloblastoma

MXN3M1, median survival six months

Lost to follow up

Brian Stem Lymphoma

TXNXM0, median survival two months
Died five months after first appointment

Carcinoma of the Breast

66 cases.

8 cases T0N0M0 – previous breast cancer, seeking to reduce risk of recurrence
5 lost to follow up, 3 cases alive and well at the time of audit

1, T0N0M0, median survival two years
Alive and well two years after the first appointment (at the time of audit)

1, T0TXM0, median survival not known
Alive and well at the time of audit

3 T3N2M0:

1 lost to follow up

1 median survival unknown

Alive and well three and a half years after first appointment

1, median survival unknown

Alive and well four years after first appointment

3 T2NXM0:

2 lost to follow up

1, median survival unknown

Alive and well eighteen months after first appointment

2 cases T3N3M1:

1, median survival six months

Died twenty months after first appointment

1 case lost to follow up

5 T3N3MX:

3 lost to follow up

1, median survival not known

Alive and well eighteen months after first appointment

1, median survival two years

Alive and well two and half years after first appointment

1T1 XN3M0, median survival three years

Alive and well at the time of audit (which is one month after her first appointment at the time of audit)

7 T4N3MX:

5 lost to follow up

1, median survival one year

Alive and well nineteen months after first appointment

1, median survival six months

Alive and well nine months after the first appointment

13 cases T0N0M1:

4 lost to follow up

1, median survival one year

Alive and well eleven months after the first appointment

1, median survival one year

Died twenty months after the first appointment

1, median survival six months

Alive fifteen months after the first appointment

1, median survival one year

Alive and well thirteen months after the first appointment (at the time of audit)

1, median survival one year

Alive six months after the first appointment (at the time of audit)

1, median survival nine months

Alive four months after first appointment (at the time of audit)

1, median survival three months

Alive four months after first appointment (at the time of audit)

1, median survival six months

Alive three months after first appointment (at the time of audit)

22 cases T0N3M1 -

10 lost to follow up

1, median survival one year

Alive fifteen months after first appointment

1, median survival nine months

Died two months after first appointment

1, median survival three months

Died one month after first appointment

1, median survival one year

Alive fifteen months after the first appointment

1, median survival eighteen months

Alive nine months after first appointment (at the time of audit)

1, median survival six months

Alive eight months after first appointment

1, median survival three months

Died two and a half months after the first appointment

1, median survival one year

Alive four months after first appointment (at the time of audit)

1, median survival three months

Died two months after first appointment

1, median survival one month

Died eight weeks after first appointment
1, median survival three months
Alive three months after first appointment (at the time of audit)
1, median survival one year
Alive three months after first appointment (at the time of audit)
1, median survival one year
Alive two months after first appointment (at the time of audit)

Carcinoma of Cervix

3 cases.
1, T4N3M0, median survival one year
Alive fourteen months after first appointment
1, T3N2M1, lost to follow up
1, T3N2M0, median survival two years
Alive and well four months (at the time of audit)

Cholangio Carcinoma

2 cases.
1, T4N3M1, median survival two months
Died three months after first appointment
1, T4N3M1, median survival four months, lost to follow up

Colorectal Carcinoma

36 cases.
7, T0NXM1:
1, median survival six months
Alive and well five and half years after first appointment
1, median survival eighteen months
Alive and well at the time of audit (one month after first appointment)
1, median survival one year
Alive and well one month after the first appointment (at the time of audit)
1, median survival six months
Alive and well five and a half years after the first appointment
1, median survival one year
Alive and well eighteen months after first appointment
1 lost to follow up
1, median survival six months
Died three months after first appointment
1, T0N0M1, median survival eighteen months
Alive and well one month after the first appointment (at the time of audit)
2, T0N3MX
1 lost to follow up
1, median survival three years
Alive and well two months after first appointment (at the time of audit)
2, T3NXM1
Both lost to follow up

3, T3N3M1

1, median survival one month

Died one month after first appointment

1, median survival three months

Died two months after first appointment

1 lost to follow up

16 T0N3M1

7 lost to follow up

1, median survival six months

Died three months after the first appointment

1, median survival six months

Died fourteen months after first appointment

1, median survival one month

Died one month after first appointment

1, median survival six months

Died sixteen months after first appointment

1, median survival six months

Died thirteen months after first appointment

1, median survival six months

Alive eighteen months after first appointment

1, median survival one year

Alive twelve months after first appointment

1, median survival six months

Alive seven months after first appointment

1, median survival eighteen months

Alive one month after first appointment (at the time of audit)

5, T4N3M1

3 lost to follow up

1, median survival three months

Died six months after first appointment

1, median survival six months

Died twelve months after first appointment

Hodgkin's and Non-Hodgkin' Lymphoma

12 cases.

1, T3N3M0 median survival unknown

Alive and well three years after the first appointment

1, TXN3M1 lost to follow up

1, T4N2M1 median survival six months

Lost to follow up

1, T0N3M1 median survival, six months

Lost to follow up

4, T0N0N0

3 Hodgkin's lymphoma

1 non-Hodgkin's lymphoma

All in remission, 1 for six years, 1 for three years, 2 for two years

4, T4N3MX

1, median survival six months

Alive and well at the time of audit (six months after first appointment)

1, median survival one year

Alive and well after first appointment

1, median survival three months

Died two months after first appointment

1, median survival one year

Alive and well two months after first appointment (at the time of audit)

Kidney Cancer

4 cases.

1, T3N2M1 median survival six months

Alive two months after first appointment (at the time of audit)

1, T0N3M1 median survival one year

Alive three months after first appointment (at the time of audit)

1, T0N3M1 median survival six months lost to follow up

1, T4N3M0 median survival three months

Alive four months after first appointment

Malignant Melanoma

9 cases.

5 cases T0N3M1

4 lost to follow up

1, median survival three months

Died three and a half months after first appointment

1, T0N0MX, median survival not known

Alive and well one year after first appointment

3, T4N3M1

1, median survival six months

Lost contact at eighteen months, presume still alive and well

1, median survival three months

Died four months after first appointment

1, median survival one month

Died two months after first appointment

Mesothelioma

4 cases.

4 T4NXM0

1, median survival six months

Died eight months after first appointment

1, median survival six months

Alive and well two years and nine months after first appointment

1, median survival six months

Died seven years after first appointment

1, median survival six months

Lost to follow up

Miscellaneous Cancer

16 cases.

1 testicular cancer, T0N3M,1 lost to follow up

1 thrombocythaemia, T2N0M0, lost to follow up

1 acute myeloid leukaemia, T3N0M0, lost to follow up

1 chronic lymphatic leukaemia, T3N0M0, lost to follow up

1 thymic carcinoma, T4N3M1, lost to follow up

1 pleomorphic parotid tumour, T4N3M0, median survival six months

This lady died fifteen months after first appointment

1 hepato cellular carcinoma, T4N3M0, lost to follow up

1 carcinoma larynx, T3N3M0, lost to follow up

1 stomach cancer, TXN3M1, median survival three months

Died four months after first appointment

1 peritoneal cancer, T4N3M1, median survival one month

Died two months after first appointment

1 adrenal cortical carcinoma, T3N3M0, seen two weeks before this audit

Alive at that time

1 omental carcinoma, T4N3MX, lost to follow up

Myeloma

4 cases.

1 T3N0M0, median survival eighteen months

Alive and well five months after first appointment (at the time of audit)

1, T3N0M0, median survival eighteen months

Alive and well five months after the first appointment (at the time of audit)

1, T3N0M0, median survival eighteen months

Alive and well four years after the first appointment

1, T3N0M0, median survival eighteen months lost to follow up

Neuro-Endocrine Tumours

2 cases.

1, T3N3M1, median survival six months

Died five months after first appointment

1, N3MXMX, median survival not known

This patient has been alive fifteen years since first appointment

Non-Small Cell Lung Cancer

16 cases.

3 TXN3M1:

1 lost to follow up

1, median survival three months

Alive and well one month after first appointment (at the time of audit)

1, median survival four months

Alive and well two months after first appointment (at the time of audit)

9 T4N3MX:

1, median survival six months

Alive and well and in full remission four years after first appointment

1, median survival three months

Died five months after first appointment

1, median survival six months

Alive and well thirteen months after first appointment

1, median survival three months lost to follow up

1, median survival three months lost to follow up

1, median survival one month

Died one month after first appointment

1, median survival six months

Alive and well seven months after first appointment

1, median survival six months

Died nine months after first appointment

1, median survival four months

Alive one month after first appointment (at the time of audit)

3 T4NXMX:

1, median survival nine months

Alive and well two months after first appointment (at the time of audit)

1, median survival three months

Died twelve months after first appointment

1, median survival one year

Still in full remission five years after first appointment

1, T3N3M0, median survival three months

Alive and well one months after first appointment (at the time of audit)

Carcinoma of Oesophagus

14 cases.

1, T0N2MX lost to follow up

1, T0N0M1, median survival two months

Died three months after first appointment

2, T4N3M0:

1 lost to follow up

1, median survival one year

Alive and well four months after first appointment (at the time of audit)

6, T4N3MX

1 lost to follow up

1, median survival two months

Died two months after first appointment

1, median survival three months

Died two months after first appointment

1, median survival one month

Died one month after first appointment

1, median survival two months

Died three and a half months after first appointment

1, median survival two months
Died nine months after first appointment
1 T4N3M1
1, median survival six months
Died eighteen months after first appointment
1 T3N2M1
1, median survival four months
Alive and well six months after first appointment (at the time of audit)

Carcinoma of the Ovary

16 cases.

5, T0N0M0 (previous carcinoma of the ovary treated with conventional approaches – all these cases are trying to avoid relapse, relapse in these cases is common and usually occurs within two years after first diagnosis):

2 cases are two years post diagnosis, 3 cases are eighteen months after initial diagnosis. The median survival of all of these cases are unknown.

1, T0N3M1 median survival six months
Alive twelve months after first appointment

2, T0N3M1:

1, median survival four months
Died three months after first appointment

1, median survival one year
Alive seven months after first appointment (at the time of audit)

8, T4N3M1:

5 cases lost to follow up

1, median survival one month
Died six weeks after first appointment

1, median survival three months
Died thirteen months after first appointment

1, median survival eighteen months
Alive three years and five months after first appointment (at the time of audit)

Carcinoma of the Pancreas

7 cases.

3, T4N3M1:

1, median survival six months
Died nine months after first appointment

1, median survival six months
Died ten months after first appointment

1, median survival two months
Died one month after first appointment

1, TXN3M1, median survival two months
Died two months after first appointment

2, T3NXM1:

1 lost to follow up

1, median survival three months

Alive and well three months after first appointment (at the time of audit)

Carcinoma of the Prostate

20 cases.

1, T0N2MX, median survival unknown

Alive and well (at the time of audit)

5, T2NXMX:

median survival of all these cases unknown;

2 lost to follow up

3 Alive and well (at the time of audit)

5, T3NXMX:

3 lost to follow up

2, both median survival two years

Both Alive and well

1, T3N2M0, median survival two years

Alive and well (at the time of audit)

4, T3N2M1:

3 lost to follow up

1, median survival two years

Alive and well (at the time of audit)

3, T4N3M1:

1, median survival three months

Died seven months after first appointment

1, median survival one year

Alive and well nine months after first appointment (at the time of audit)

1 lost to follow up

2, T0N3M1:

1 lost to follow up

1, median survival one year

Alive and well one year after first appointment

Sarcomas

7 cases.

2 leiomyosarcoma:

1, T0N3M1, median survival six months

Alive and well one year after first appointment

1 lost to follow up

2 rhabdomyosarcoma:

Both lost to follow up

1 Ewing's sarcoma lost to follow up

1 chondrosarcoma, TXN3M1, median survival three months

Died six months after first appointment

1 fibrosarcoma, T4N2M1, lost to follow up

Small Cell Lung Cancer

3 cases.

1, median survival six months
Alive and well two months after first appointment (at the time of audit)
1, median survival six months
Died eight months after first appointment
1, median survival six months
Alive and well twelve months after first appointment

Carcinoma of the Tongue

4 cases.
2, T0N3M1:
1, median survival six months
Alive and well six months after first appointment
1, median survival three months
Died three months after first appointment
2, T4N3MX:
1 case median survival three months
Died six months after first appointment
1 case median survival three months
Died four months after first appointment

Carcinoma with Unknown Primary

8 cases.
4 lost to follow up
3, TXN3M1:
1, median survival two months
Alive and well two months after first appointment (at the time of audit)
1, median survival three months
Died six months after first appointment
1, median survival six months
Died sixteen months after first appointment
1, TXN3M0
1, median survival one year
Alive and well four months after first appointment (at the time of audit)

Carcinoma of the Uterus

2 cases.
1, T3N1M0 median survival one year
Alive and well two years after first appointment
1, T0N2M0 median survival two years
Alive and well sixteen months after first appointment (at the time of audit)

In summary the median survival time of the majority of cancer patients has been significantly improved. We have several methods of killing tumour mass principally Photodynamic Therapy, Ukrain and high dose intravenous vitamin C. We also use dendritic vaccines. We are not allowed to import or prescribe these vaccines but we

can refer to other clinics who can prepare the vaccines for our patients as appropriately referred by us.

Patients who had Photodynamic Therapy had the best results in terms of increased median survival. (See separate study on our PDT cases).

Ukrain and vitamin C were almost equally effective in increasing median survival.

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