

Clinical Audit

The Dove Clinic for Integrated Medicine

September 2006 – December 2007

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 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	224 cases
Chronic Fatigue Syndrome	73 cases
Unclassified diseases which we call "other", separate to the cases which follow	112 cases
Irritable Bowel Syndrome	19 cases
Thyroid disorders	11 cases
Cardiovascular disease	14 cases
Asthma	2 cases
Gynaecological disorders	6 cases
Multiple Sclerosis	5 cases
Osteoarthritis	15 cases
Migraine	2 cases
Autism	8 cases
Rheumatoid Arthritis	4 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 73 cases.

40 of our cases scored 3, 33 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.

We can now do ATP/ADP studies. ATP is Adenosine Triphosphate, ADP is Adenosine Diphosphate. Adenosine Triphosphate is the main energy molecule in the body and the efficiency of ADP to ATP conversion is fundamentally important in order to have normal energy, which is generally deficient in Chronic Fatigue Syndrome. All these processes happen in the mitochondria, which are sausage like structures, of which there are many in every cell and these are the 'engines' of the body. Through this test we are able to determine if the ATP/ADP conversion is blocked in any way and sometimes we can find specific chemicals which block this, such as pesticides, weed killers, wood preservatives etc. We can then devise more specific treatment programmes in order to help our Chronic Fatigue Syndrome cases and therefore our clinical audit results in Chronic Fatigue Syndrome this year have improved significantly on those obtained last year – see Clinical Audit, Dove Clinic for Integrated Medicine May 2005 – August 2006.

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.

Other Clinical Conditions

112 cases.

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

Of these cases, 79 achieved score 3, 32 achieved score 2 and 1 achieved score 1.

Irritable Bowel Syndrome

19 cases.

14 scored 3, 4 scored 2 and 1 scored 1.

Our principle approaches to Irritable Bowel Syndrome are dietary modifications and 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

11 cases.

11 scored 3.

We see many cases of thyroid dysfunction. The majority are Hypothyroidism, but many are currently treated with Thyroxin and 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, but 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

14 cases.

10 scored 3, 4 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.

We are about to introduce External Enhanced Counter Pulsation (EECP), which is FDA approved, Medicare approved and has in some cases been funded by Primary Care Trusts in the UK. This is a completely non-invasive treatment which is safe and in some cases has produced remarkable clinical effects. More information to follow; this will be put onto the Dove Clinic website in 2008.

Asthma

2 cases.

2 scored 3.

The majority of these cases 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

6 cases.

5 scored 3, 1 scored 2.

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.

1 scored 3, 3 scored 2 and 1 scored 1.

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

In some of our Multiple Sclerosis cases we are using modified cobra toxin, which in some cases produces improvement in limb movement, in those patients for whom walking is difficult due to poor nerve conduction in the legs.

Osteoarthritis

15 cases.

8 scored 3, 7 scored 2.

We use acupuncture, sometimes osteopathic manipulation, together with nutritional medicine. Recently we have added musculoskeletal medicine via resident expert, Dr Mark Westaway. He is able to obtain positive results in patients with a variety of chronic pain due to musculoskeletal abnormalities, most commonly neck and back pain; these have been conventional medicine failures, osteopathic and chiropractic failures.

Migraine

2 cases.

2 scored 2.

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

Autism

8 cases.

3 scored 3, 4 scored 2 and 1 scored 1.

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

Rheumatoid Arthritis

4 cases.

2 scored 3 and 2 scored 2.

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 achieve a score of 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

227 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 offer.

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 the 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 (PDT). We use a chlorin E6 agent which is sensitive to red light and to ultrasound. This allows more deeply seated tumours to be destroyed using this type of treatment. We have written a separate audit of all our photodynamic treated patients together with appropriate biochemistry taken before and after this treatment, as compared to controls. This document is on our website under Photodynamic Therapy.

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 recommend 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.

We have started using a specific enzyme preparation. We have managed to get this made at pharmaceutical grade.

Cancer Cases Divided into Site of Primary

The following groups of cases are in alphabetical order depending on the site of primary. However, we are starting a new classification and this consists of the cancer patients who have been to see us only once and have not returned.

Cancer patients who have been to see us only once

58 cases.

They consist of a variety of all the common, solid tumours, with occasional rare tumours. We have followed them up and in 52 of these cases the patient died between 2 and 6 weeks after having first seen us. The remaining 6 cases decided that our approach wasn't for them. Therefore, returning to see us was clearly not possible. The reason for this is that all of these patients were in advanced stages of metastatic cancer. There is little that anybody could have done for those patients. What is intriguing is, that our integrated approaches to cancer are considered by many patients as a last option. There is some evidence from our figures that patients are coming to see us at earlier stages in their disease process and we are more commonly supporting patients going through a conventional treatment programme. Our audits indicate that this results in better treatment outcomes.

Bladder Cancer

3 cases.

1, median survival of 6 months and he survived 12 months. He had Photodynamic Therapy and had an encouraging result.

1, median survival of 2 years. We have only been seeing him for 11 months.

1, T0NXM1 A choreocarcinoma of the bladder..

Median survival is 1 year and she is alive and well 18 months after her first appointment. She has had Photodynamic Therapy and responded well to this and is currently on pancreatic proenzymes (ENZYME THERAPY), which she is also responding to.

Breast Cancer

48 cases.

18, TONOMO.

Median survival not known. These are all presumed cured, they are seeing us to reduce the risk of recurrence.

Two of these cases, who are node positive, were clearly recommended chemotherapy and radiotherapy post-surgery, but turned it down flatly. They asked us if we would carry out PDT on them. We did this, pointing out that PDT is not an accepted primary method of treatment, as a neo-adjuvant treatment following surgery for breast cancer, but it would be better to do this than nothing. So these treatments were done on an 'Informed Consent' basis.

2, TON3M0,

1, TON2M0.

1, median survival time of 1 year and who is alive and well 18 months later.

1, median survival time of 1 year. She is alive and well 2 years later.

1, median survival time of 9 months and at the time of this audit it is 3 months since her first appointment.

1, TON2MO

Median survival time 2 years. We saw her in June 2003 and she is still alive and well 4½ years later.

1, TOTXNX

Median survival time 2 years. Patient died 3½ years after her first appointment. We gave her two courses of Ukrain.

3, T4N3NX

1, median survival time of 1 year. She is alive and well 22 months after her first appointment.

1, median survival time of 6 months. At the time of writing it is 6 months following her first appointment. She has had 2 courses of PDT and has responded well.

1, median survival time of 6 months. Patient died 14 months after her first appointment.

1, T3N4MX

Median survival time 1 year. It is 9 months since her first appointment.

1, T3N3M1

Median survival time 6 months. She is 1 month into that time, alive and well.

1, T4NXMX

Median survival time 1 year. Patient is alive and well 15 months later. Has had PDT and responded well.

1, T4N3MX

Median survival time 6 months. Patient is alive, but currently ill, 14 months following her first appointment. She had PDT and this halved the size of her tumour.

1, T3N3MX

Median survival time 2 years. Patient is alive and well 2½ years following her first appointment.

1, T4NXMX

Median survival time 9 months. Patient is alive 13 months following her first appointment.

1, T4N3M1

Median survival time 3 months. Patient died 3 months following her first appointment.

1, T3NXMX

Median survival time 1 year. It is 3 months into that time. She had PDT.

2, TON3M1

1, Median survival time 1 year. This patient is alive and well 13 months following her first appointment. She has had 3 courses of PDT and has responded well to each course.

1, Median survival time 3 months. We are 2 months into that time following her first appointment.

11, TONOM1

1, median survival time of 6 months. She had PDT and is alive and well 23 months following her first appointment.

1, TONOM1

Median survival time 1 year. She is alive and well 2½ years following her first appointment. She has had two courses of PDT.

5, TONOM1 – lost to follow up.

1, TONOM1

Median survival time 1 year. She is 3 months into that period.

1, TONOM1

Median survival time 2 years. She is 10 months into that time.

1, TONOM1

Median survival time 6 months. She is alive 10 months following her first appointment. She had PDT.

1, TONOM1

Median survival time 1 year. She is alive 12 months following her first appointment.

Carcinoma of the Cervix

3 cases.

2, TNOMO

Median survival time not known. Both doing well.

1, T2N3MX

Median survival time 3 months. We carried out PDT on her and she is alive 10 months following her first appointment.

Cholangio Carcinoma

1 case

T4N2MO

Median survival time 3 months. Patient is 1 month into this time following his first appointment.

Colorectal Cancer

13 cases.

3, lost to follow up.

1, TONXM1

Median survival time 6 months. This patient is alive and well 3½ years following her first appointment.

1, TONXM1

Median survival time 6 months. This patient is alive and well 3 years following the first appointment. Both this case and the previous case had an autologous dendritic vaccine.

1, TON2M1

Median survival time 1 year. This patient died 2½ years following his first appointment.

1, TON3M1

Median survival time 6 months. This patient died 2½ years following her first appointment. She had several courses of Ukrain.

1, TON3M1

Median survival time 1 year. This patient died 18 months following her first appointment.

1, T3NXMO

Median survival time not known. This patient is alive and well 13 months following the first appointment and has had two courses of PDT.

1, T4N3M1

Median survival time 2 months. This patient died 2 months following his first appointment.

1, T4N3M1

Median survival time 9 months. This patient is alive 11 months following the first appointment.

1, T4N3M1

Median survival time 6 months. This patient is now 15 months past her first appointment and is managing particularly successfully on pancreatic proenzymes (ENZYME THERAPY).

1, TON2MO

Median survival time not known. This patient is 1 month into that time after his first appointment.

1, TON3MX

Median survival time 3 months. This patient had a course of Ukrain. He died 7 months following his first appointment.

Gliomas

4 cases.

Glioblastoma Multiforme

1, T3NOMO

Median survival time 3 months. This patient is 6 weeks into that period of time at the time of writing this audit.

Glioma

1, T4NOMO

Median survival time 3 months. This patient has been lost to follow up.

Astrocytoma

2 cases.

1, T3NOMO

Median survival time 1 year. This patient is still alive 3½ years following her first appointment.

1, T3NXMO

Median survival time 2 years. This patient had surgery in 2003. Recurrence was expected. We recommended an autologous dendritic vaccine and this patient is alive and well 4½ years following his first appointment.

Hodgkins & Non-Hodgkins Lymphoma (inc. various different types of lymphomas)

10 cases.

1, TONOMO Hodgkins

Median survival time not known. Alive and well 3 years following first appointment.

1, T3N3M1 mantel Cell Lymphoma

Median survival time 3 months. This patient died 6 months following his first appointment.

1, TONOMO Follicular Lymphoma

Median survival time not known. This patient is alive and well 3 years following his first appointment.

1, TONOMO marginal B-Zone Lymphoma (currently in remission).

Median survival time not known. This patient is currently alive and well 11 months following her first appointment.

1, an unspecified Lymphoma;

Median survival time 1 year. It is unclear whether it is Non-Hodgkins or Hodgkins. This patient is 6 months into that time.

1, T4N3MX

Median survival time 3 months. This patient is alive 7 months following her first appointment and is having a response to pancreatic proenzymes (ENZYME

THEASPM). Non-Hodgkins Lymphoma

Median survival 1 year. This patient is alive and well 18 months following her first appointment. She had PDT and responded very well.

1, TONOMO Non-Hodgkins Lymphoma (in remission)

Median survival time not known. This patient is alive and well 3 years following her first appointment.

1 T3N3MO Non-Hodgkins Lymphoma

Median survival time not known. This patient currently has stable disease and is alive and well 3 years following her first appointment.

1, T4N3MX Non-Hodgkins Lymphoma (recurrent)

Median survival time 6 months. This patient is alive and well 2½ years following her first appointment. She had PDT and responded particularly well to this.

Kidney Cancer

3 cases.

1, T0N2M1

Median survival time 1 year. We are now 9 months into that time period.

1, T3N2M1 – this case has been lost to follow up.

1, T4N3MO – this case has been lost to follow up.

Non-Small Cell Lung Cancer

13 cases.

1, TONOM1

Median survival time 6 months. This patient is now at 6 months following her first appointment. She had PDT and responded well.

1, T3N2MO

Median survival time 6 months. This patient is 2 months into that time period following his first appointment.

1, T4NXMX

Median survival time 9 months. This patient is alive and well 18 months following her first appointment. She had PDT and did particularly well.

1, T4NXMX

Median survival time 1 year. This patient had a dendritic cell vaccine as well as high dose intravenous vitamin C. She is currently alive and well and has been so for 3 years following her first appointment, but has recently had a recurrence and is considering further treatment.

1, T4N3MX

Median survival time 6 months. This patient is alive and well 3 years following his first appointment.

1, T3N2M1

Median survival time 6 months. This patient is alive 26 months following his first appointment.

1, T4N2MX

Median survival time 6 months. This patient died 16 months after her first appointment. She had PDT and responded well.

1, T4N2M1

Median survival time 3 months. We are currently 1 month into that period of time from having first seen the patient.

1, T4N2M2

Median survival time 6 months. This patient died 9 months after his first appointment. The patient had PDT and did respond well to it.

1, T4N2M1

Median survival time 3 months. This patient is 9 months on from the first appointment and is alive and reasonably well. She had PDT and did particularly well.

1, T4N2M1

Median survival time 3 months. This patient is alive 8 months from her first appointment. She had PDT.

1, T4N2M1

Median survival time 6 months. This patient is now 6 months following her first appointment and she has had PDT and responded particularly well to it.

1, T4N2M1

Median survival time 3 months. This patient is 5 months on from the first appointment and is alive and well and has responded particularly well to PDT.

Melanoma

1 case.

1, T0N0MX

Median survival time not known.

Mesothelioma

4 cases.

1 case lost to follow up.

1, T4N3MX

Median survival time 2 months. This patient died 2 months following his first appointment.

1, T4N3MX

Median survival time 3 months. This patient died 4 months following his first appointment.

1, T4NXMO

Median survival time 6 months. This patient is alive and reasonably well 3 years from his first appointment. He has had Ukrain and an autologous dendritic vaccine and is currently on pancreatic proenzymes and is responding well.

Myeloma

1 case, T2N0N0

Median survival time 18 months. This patient is alive and well 18 months following the first appointment.

Neuro-Endocrine Tumours

2 cases.

1, T3NXMX

Median survival time not known, currently alive and well.

1, T4N3M1

Median survival time 6 months. This patient is alive and in reasonably good shape 13 months following the first appointment. She has had PDT to which she responded well and is currently on Pancreatic Pro-Enzymes (ENZYME THERAPY).

Oesophageal Cancer

8 cases.

1, T3N2M1

Median survival time 3 months. This patient died 5 months following his first appointment.

3, lost to follow up.

1, T3N2N0

Median survival time 1 year. This patient is 5 months into that period of time.

1, T0N3M1

Median survival time 3 months. This patient is 2 months into that period of time.

1, T3N2M0

Median survival time 6 months. This patient is 2 months into that period of time.

1, T4N1M0

Median survival time 6 months. This patient is 2 weeks into that period of time.

Ovarian Cancer

12 cases.

3, T0N0M0

Median survival time not known. One case is alive and well 5 years following the first appointment. A second case is alive and well 3 years from the first appointment. The third case is alive and well 3 years from the first appointment.

1, T0N0M1

Median survival time 6 months. This patient is alive and well 18 months following the first appointment.

1, T3N2MX

Median survival time 6 months. This patient is alive and well 9 months following the first appointment.

1, T4N2M1

Median survival time 6 months. This patient is alive 6 months after her first appointment.

1, T0N3M1

Median survival time 6 months. Alive 2 years 3 months after her first appointment.

1, T0N3M1

Lost to follow up.

1, T4N3M1

Median survival time 18 months at the time of her first appointment which was in March 2003. This patient lived for 1 ½ years following her first appointment. She had PDT and Ukrain.

1, T4N3M1

Median survival time 3 months. This patient had PDT and she is 1 month into the time since we first saw her.

1, T4N3M1

Median survival time 3 months. This patient died 3 months following her first appointment.

1, T4N3M1

Median survival time 3 months. This patient died 5 months following her first appointment. She had PDT to which she responded well.

Pancreatic Cancer

3 cases.

1, T3N2M1

Median survival time 3 months. This patient is alive 1 year following the first appointment. He had 2 courses of PDT and is now responding well to Pancreatic Pro-Enzymes.

1, T3N3M0

Lost to follow up.

1, T4N3MX

Median survival time 6 months. This patient is 3 months into that time since his first appointment.

Prostate Cancer

13 cases.

6 cases lost to follow up.

1, T0N3MX

Median survival time 9 months. This patient is alive 15 months after his first appointment.

1, T3NXMX

Median survival time 2 years. This patient is alive 3 years following his first appointment.

1, T3NXMX

Median survival time not known. Currently this patient is alive and well.

1, T0N2MX

Median survival time 2 years. This patient is alive 2 years following his first appointment and has had PDT.

1, T2N0M0

This patient is alive 7 years following his first appointment.

1, T3N1M0

Median survival time 5 years. This patient is alive 7 years following his first appointment.

1, T2N0M0

Median survival time not known. This patient is alive 6 years following his first appointment.

Sarcomas

4 cases.

1, T4N3M0 angiosarcoma

Median survival time 6 months. This patient is 1 month into that period of time.

1, T4N3M1 leiomyosarcoma

Median survival time 2 months. This patient is 4 months on from the first appointment.

1, T4N3M1 leiomyosarcoma

This case was lost to follow up.

1, T0N3M1 leiomyosarcoma

This case was lost to follow up.

Small Cell Lung Cancer

1 case.

T4N2M0

Median survival time 6 months. This patient is 1 month into that period of time since his last appointment.

Stomach Cancer

2 cases.

1, T4N2M1

Median survival time 6 months. This patient is alive 10 months following his first appointment and is doing particularly well on Pancreatic Pro-Enzymes (ENZYME THERAPY).
Lost to follow up.

Tongue Cancer

3 cases.

1, T0N2M1

Median survival time 1 year. This patient is 6 months into that period of time.

1, T0N3M1

Median survival time 3 months. This patient was lost to follow up.

1, T0N0M0

Median survival time not known. This patient is currently alive and well.

Uterine Cancer

2 cases.

1, T0N2M0

Median survival time 2 years. This patient is alive and well 3 years following the first appointment.

1, T3N1MX

Median survival time 1 year. This patient is alive but with a recurrence 3 years from the first appointment.

Carcinoma of Unknown Primary

4 cases.

1 case lost to follow up.

1, TXN3M1

Median survival time 2 months. This patient survived 4 months.

1, TXN3M0

Median survival time 1 month. This patient died 1 month from first appointment.

1, T4N3M1

Median survival time 3 months. This patient is 2 months into that period of time.

Miscellaneous Cancer

10 cases.

1, T2N0M0 malignant peripheral nerve sheath tumour

Median survival time 1 year. This patient is 1 month into that time.

1, T3NXMX laryngeal carcinoma

Median survival time 18 months. This patient is 13 months into that period.

1, T1N2M0 thyroid cancer

Median survival time not known.

1, T4NXM0 chronic lymphatic leukaemia

Median survival time 2 years. This patient is alive 16 months after first appointment.

1, T4N3M0 adenocystic carcinoma

Median survival time unknown. This patient responded really well to radiotherapy.

1, T4N3M0 palatal adenoid cystic carcinoma

Median survival time 2 years. This patient has had PDT and is alive 18 months following the first appointment.

1, T4N0M0 chronic lymphatic leukaemia

Median survival time not known.

1, T4N0M0 chronic lymphatic leukaemia

Median survival time 1 year. This patient is 2 months into that period of time.

1, TXN2M1 squameous cell carcinoma of the anus

This patient has had PDT and she's 2 months from her first appointment.

1, T4N0M0 CLL

Median survival time 1 year. This patient is alive 18 months since we first saw her.

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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 recommend 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 intravenous vitamin C were almost equally effective in increasing Median survival.

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