



CLINICAL AUDIT

DOVE CLINIC FOR INTEGRATED MEDICINE

MAY 2004 – MAY 2005-08-15

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

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

Cancer	120 cases
Chronic Fatigue Syndrome	93 cases
Unclassified diseases which we Call 'Other', separate to the cases which follow	68 cases
Irritable Bowel Syndrome	24 cases
Thyroid Disorders	18 cases
Cardiovascular Disease	13 cases
Asthma	10 cases
Gynaecological Disorders	9 cases
Multiple Sclerosis	8 cases
Osteoarthritis	7 cases
Migraine	3 cases
Autism	3 cases
Rheumatoid Arthritis	2 cases
Eczema	2 cases

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

31 of our cases scored 3. 5 cases scored 1 and 57 cases scored 2.

Therefore the majority of Chronic Fatigue Syndrome cases 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. The majority of cases are due to chronic low grade stealth infections, particularly yeasts, viruses and bacteria, probably most commonly mycobacteria, but also other possibilities such as Lyme Disease.

Our treatment approaches are directed at principally 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 are often marginally helpful and only significantly useful in approximately 25% of our cases.

Other Clinical Conditions

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

Of these cases 46 achieved a score of 3, 22 achieved a score of 2.

Irritable Bowel Syndrome

17 of these cases achieved a 3 score, 6 achieved a 2 score and 1 achieved a 1 score.

Our principal approaches in Irritable Bowel Syndrome are dietary modification, advice on life style, if anxiety or stress precipitates symptoms, which often it does in these cases. Measures to reduce bacterial and fungal gut fermentation and organ-targeted medications based on a traditional Chinese medicine model.

Thyroid Disorders

We see many cases of thyroid dysfunction. The majority are hypothyroid cases. Many of them are currently being treated with Thyroxine, but find this to be ineffective. We often use Armour Thyroid which is dried porcine thyroid and contains both T3 and T4 (Thyroxine contains T4 only). The majority of these patients feel better on Armour Thyroid as compared to Thyroxine alone. Of these cases 14 scored a 3 and 4 scored 2.

Cardiovascular Disease

The majority of our patients with cardiovascular disease have angina or some degree of heart failure, or have undergone cardiac by-pass surgery and wish to reduce the risks of having to have further surgery. Of these cases 7 achieved a 3 score and 6 achieved a 2 score.

Asthma

Six of our asthma cases achieved a 3 score, 4 achieved a 2 score. The majority of cases who achieved a 6 score 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 moulds and spores and in some cases pollens. These are treated homeopathically.

We stimulate cell mediated immunity using specific medications. We look at nutritional status particularly magnesium tissue levels. We supplement these as required based on appropriate testing. We also use organ-targeted medication based on a traditional Chinese medicine model.

Gynaecological Disorders

These are mostly menstrual disturbances, particularly dysmenorhea and irregular periods and also menopausal problems. Five of these cases achieved a score of 3, 4 achieved a score of 2. We use dietary approaches combined with nutritional medicine and a traditional Chinese medicine model.

Multiple Sclerosis

We achieved a score of 3 in 4 of the cases and scored 2 in the other 4 cases. We use a combination of nutritional medicine, dietary approaches and a traditional Chinese medicine model.

Osteoarthritis

6 cases achieved a score of 3 and 1 a score of 2. We use acupuncture, sometimes osteopathic manipulation, together with nutritional medicine.

Migraine

All 3 cases achieved a score of 3. We use dietary approaches, together with a traditional Chinese medicine model.

Autism

1 case achieved a score of 3, 2 cases achieved a score of 2. We use dietary approaches, nutritional medicine, stimulation of cell mediated immunity and medications based on a traditional Chinese medicine model.

Rheumatoid Arthritis

The two cases we saw achieved a 3 score. We use a traditional Chinese medicine model, nutritional medicine and dietary approaches.

Eczema

1 of our eczema cases achieved a score of 3 and 1 achieved a score of 2.

We use avoidance of foods to which the patient is sensitive, together with a traditional Chinese medicine model.

Many of our cases who achieve 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 or 4 months. A number don't need to see us again and continue on life style and dietary changes alone.

Cancer

We assess our cancer cases by looking at median survival time. We look at 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 it is the best estimate we can make and relates to the patient's tumour, its stage of progression and the patient's clinical state.

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

TNM System

Primary tumour (T):

TX = primary tumour *cannot be assessed cannot be assessed*

T0 = *no evidence of primary tumour*

Tis = *carcinoma in situ*

T1, T2, T3 T4 *increasing size and extent of the primary tumour*

Regional lymph nodes (N):

NX = *regional lymph nodes*

N0 = *no regional lymph node*

N1, N2, N3 *increasing lymph node involvement*

Distant metastasis (M):

MX = *distant metastasis cannot be assessed*

M0 = *no distant metastasis*

M1 = *presence of distant metastasis*

Our cancer audit contains 120 cases over the time that this audit refers. We mostly see Stage IV cancers, that is the most advanced type of cancer, which is 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 IV tumours which have been in complete remission, in some cases for several years. We still however do not claim a cure and describe this situation as remission.

Summary of Treatments used in Cancer

Proteoglycans preparations to stimulate cell mediated immunity, together with Angiogenesis inhibition and organ support using a traditional Chinese medicine model are the main stays of oral treatment. Nutritional medicine is used as required, particularly the use of Omega 3 Fatty Acids. There is an evidence base to support all of these approaches. From a dietary point of view a modified oriental diet is chosen, which is essentially low protein, no milk and dairy products and low sugar.

Methods of Tumour Cell Destruction

In a few instances high dose intravenous vitamin C, which is cytotoxic at the levels given (75 grams per IV infusion), Ukrain – this contains Chelidonium Majus and

Thiotepa, the Thiotepa all being present in the bound form. There are over 200 studies on the use of Ukrain in the whole range of solid tumours. Most recently we are using an updated form of photodynamic therapy using agents that break down in the infra-red part of the spectrum, as well as in the red spectrum, which allows deeper penetration of light and therefore access to deeper seated tumours. Safe tumour cell destruction of some sort is always required in the kind of cancers we see, as they are mostly Stage IV cancers and have had previous chemotherapy and radiotherapy and often surgery, our approaches have to be inherently safer than conventional chemotherapy and radiotherapy. We found that this is the case and our approaches are well tolerated. Our patients are informed that they may hopefully expect improved median survival, but are unlikely to go into remission if their cancer has reached Stage IV.

In some patients we use autologous vaccines (dendritic cell therapy vaccines). We refer abroad for these vaccines and use the patients urine taken at the end of the cytotoxic programme, from which tumour antigen is extracted by the clinic to whom we refer for dendritic vaccines. Like all the previous approaches, we have had some encouraging results, with a combination of all three approaches in carefully chosen patients.

CANCER CASES DIVIDED INTO SITE OF PRIMARY

Cancer of Unknown Primary – 2 cases.

1 case: T3, N3, M1.

Expected median survival at time of first appointment, 6 months. Still alive 18 months later. Ukrain and the oral treatment programme, plus diet was used.

1 case: T4, N3, M1. Oral treatment alone was used. Median survival at the time of first appointment was 1 month. This patient in fact died 1 month after the first appointment.

Small Bowel Cancer

1 case: 4, N3, M1.

Median survival less than 2 months at time of first appointment. Ukrain was used. This patient lived for 4 months.

Myeloma

2 cases: Both T3 and NO M0.

Currently both these cases are within the median survival estimate made at the time of first appointment. They are both on the oral treatment programme, the diet and methylcobalamin injections, 10,000 micrograms twice weekly by intramuscular injection.

Carcinoma of the Pancreas

1 case: T4, N3, M1.

Median survival time, 3 months at time of first appointment.

This patient has had oral medication, diet and Ukrain. Patient still alive 6 months from first appointment.

Cholangio Carcinoma

1 case: T3, NX, MX.

Treatment given, oral medication, diet, Ukrain and dendritic cell vaccine.

Median survival at first appointment 6 months. This patient lived for 2 years.

Carcinoma of the Cervix

1 case: T3, N2, M1

Oral medication., diet and Ukrain. Median survival at first appointment, 6 months.

Still alive 6 months later, which corresponds to the time of this audit.

Malignant Melanoma - 4 cases

2 cases: T0, N1, M3

One case had Ukrain. Had a median survival time of 6 months at the first appointment. This patient is still alive at 6 months, which corresponds to the time of this audit.

The other patient did not have Ukrain and had the oral treatment programme and diet. Median survival at first appointment 3 months. This patient died 3 months after the first appointment.

1 case: TX, N3, M1

Median survival at time of first appointment, 6 months. On oral treatment programme and diet. This patient is still alive seven months after the first appointment, which corresponds to the time of this audit.

1 case: T3, N3, M1

Median survival at time of first appointment, 6 months. This patient has had the oral treatment, diet and Ukrain and is still alive 7 months after the first appointment, which corresponds to the time of this audit.

Lymphomas

5 cases – 2 Non Hodgkins, 2 Hodgkins and 1 Follicular Lymphoma

1 Non Hodgkins

T3, N3, M0.

Median survival, not known. Oral treatment approach, high dose intravenous vitamin C and dendritic vaccine used. This patient is still alive and well and her disease is currently stable.

2 Hodgkins Lymphomas

Both cases: T0, N0, M0

Median Survival unknown. On oral treatment and diet. This patient is still alive and well.

1 Non-Hodgkins Lymphoma

TX, N3, M1

Median survival two months at time of first appointment. This case has been lost to follow up.

Small Cell Lung Cancer – 2 cases

Both cases: T4, N3, MX

1 Median survival 9 months at time of first appointment. Treatment used, oral treatment approach and diet. This patient died 8 months after first appointment.

The second patient had a median survival of 6 months. This patient used diet and oral treatment approaches and she died 5 months after the first appointment.

Hypatocellular Carcinoma

1 case: T4, N3, M0

Diet and oral treatment approaches. Median survival 6 months at time of first appointment. This case has been lost to follow up.

Pleomorphic Parotid Tumour

1 case: T4, N3, M0

Median survival 6 months at time of first appointment. Treatment approach; oral treatment programme, diet, high dose intravenous vitamin C and Ukrain. This patient is still alive 8 months after the first appointment.

Squamous Cell Carcinoma of the Tongue – 2 cases

1 case: T4, N3, MX

Oral treatment approach; diet and Ukrain. This patient had a median survival of 3 months and died 6 months after the first appointment.

1 case: T4, N3, M1

Oral treatment approach, diet and Photodynamic Therapy. Median survival at first appointment 1 month, she died 7 months after the first appointment.

Carcinoma of the Uterus – 2 cases

1 case: T0, N2, M0

Oral treatment approach, diet and Ukrain. Median survival 2 years. This patient is now in complete remission.

1 case: T3, N1, M0

Median survival at time of first appointment, 1 year. Oral treatment approaches, diet and Ukrain. This patient is alive and well 2½ years after the first appointment.

Thymic Carcinoma

1 case: T4, N3, M1

Median survival 6 months at time of first appointment. Oral treatment approaches and diet used. This case was lost to follow up.

Carcinoid – 2 cases:

1 case: T3, NX, MX

Median survival unknown. Treatment approach; oral treatment programme and diet. So far we've been treating this patient for 11 years. It's only in the past 2 years that there has been tumour progression. Currently she is alive and relatively well.

1 case: TX, NX, M1

Median survival 2 months at time of first appointment. This patient had a carcinoma secondary in the brain. Treatment approach; oral treatment approach, diet and Ukrain. This patient lived for 4 months.

Carcinoma of the Oesophagus 3 cases:

1 case: T3, N3, MX

Median survival 3 months at the time of first appointment. Oral treatment approach; diet and Ukrain. This patient is currently alive at 4 months, which is the time of this audit.

1 case: T4, N3, M1

Median survival, 6 months at time of first appointment. Oral treatment approach, diet, high dose IV vitamin C and Ukrain. This patient had 9 months after the first appointment.

1 case: T4, N3, MX

Median survival time, 2 months at time of first of appointment. Oral treatment approach; diet and Ukrain. This patient is still alive 4 months after the first appointment.

Thrombocythaemia

1 case: T2, N0, M0

Median survival, unknown. Treatment approach; oral treatment plus diet. Patient currently alive and well.

Acute Myeloid Leukaemia

1 case: T3, N0, M0

Median survival 1 year. Currently on chemotherapy. This patient has had two relapses. The patient is still alive 2½ years later. Treatment approach; oral treatment, diet and high dose IV vitamin C.

Chronic Lymphatic Leukaemia

1 case: TX, NX, M0

Median survival 2 months at the time of the first appointment. Oral treatment approach and diet. This patient died 6 months after his first visit.

Mesothelioma – 2 cases

1 case: T4, NX, M0

Median survival 6 months at the time of the first appointment. Treatment approach; oral treatment, diet, high dose intravenous vitamin C, Ukrain and dendritic cell vaccines. This patient is still alive and symptom free 20 months after the first visit.

1 case: T4, NX, MX

Median survival 6 months at the time of the first appointment. Treatment approach; oral treatment, diet, dendritic cell vaccine and high dose intravenous Vitamin C. This patient died 6 years and 3 months following the first appointment.

Carcinoma of the Ovary – 6 cases

3 cases: T4, N3, MX

1 case: Oral treatment approach, diet and Ukrain. Median survival 3 months at first appointment. Died 3 months after first appointment.

1 case: Oral treatment approach, diet, Ukrain and dendritic cell vaccine. Patient had median survival of 3 months at time of first appointment; she lived 12 months following the first appointment and was relatively symptom free.

1 case: Median survival time of 6 months following first appointment. She had oral treatment approach, diet and Ukrain. She is still alive at the time of audit.

1 case: T0, NX, MX

Patient had oral treatment approach, diet and Ukrain. Median survival time at first appointment 2 years. This patient is still alive at the time of the audit.

1 case: T0, N0, M0

Median survival 3 years. This patient had oral treatment approach and diet. She is still alive and symptom free.

1 case: T3, N3, MX

Median survival 2 years at first appointment. This patient had oral treatment approach, diet and high dose intravenous vitamin C. Currently she's still alive and well 2½ years after the first appointment.

Prostate Cancer – 7 cases

4 cases: T2, N0, M0

All had oral treatment approach and diet. One case had high dose intravenous vitamin C. All are still alive. Median survival in all of these cases is 5 years plus.

1 case: T3, NX, MX

Median survival 4 years at time of first appointment. Oral treatment approach; diet, high dose intravenous vitamin C. Currently 4½ years following first visit. Still alive and well.

1 case: T2, N3, M1

Median survival 6 months. Oral treatment approach, diet and high dose IV vitamin C. Still alive 12 months after first appointment.

1 case: TX, NX, MX

Median survival 5 years plus. Oral treatment approach and diet. Currently 4½ years after first appointment is alive and well.

Brain Tumours – 9 cases

3 Gliomas, 1 Astrocytoma, 1 Brain stem lymphoma, 1 Brain Stem Glioma and 3 Glioblastoma Multiforme

1 case: Astrocytoma T3, NX M0

Median survival 2 years. Alive 18 months after first appointment. Oral treatment approach, diet, surgery, dendritic cell vaccine. Currently alive and well.

3 Glioblastoma Multiforme ALL T3, NX, M0

1 case: Oral treatment approach, diet and Ukrain. Median survival 3 months at time of first appointment. Died 6 months after first appointment.

1 case: Same treatment approach. Median survival of 6 months. This patient is alive and well 9 months after first appointment.

1 case: Oral treatment approach, diet and PDT. Median survival 6 months at time of first appointment. This patient died 21 months after first appointment.

1 case: Brain Stem Lymphoma

Oral Treatment approach plus diet and Ukrain. Median survival 2 months at time of first appointment. Still alive 2 months after first appointment. (This is the time of the audit).

1 case: Brain Stem Glioma

Oral treatment approach, plus diet and Ukrain. Median survival 1 year at time of first appointment. Still alive 2½ years after first appointment.

3 Gliomas

1 case: Oral treatment approach, diet and Ukrain. Median survival 1 year. Currently still alive and well 5 months after first appointment.

1 case: Median survival of 3 months. Given oral treatment approach and diet. This patient was lost to follow up.

1 case: Median survival of 2 years. Had oral treatment approach, plus diet and dendritic cell therapy vaccine. This patient was still alive and well 19 months after first appointment.

Colorectal Carcinoma – 21 cases

19 cases: ALL T0, N3, M1 or in one or two cases T4, N3, M1
They all had standard approach to start.

1 case:: Median survival of 1 month and died one month after first treatment approach.

Did not have any Ukrain or high dose IV vitamin C.

2 cases: Both median survival of 6 months. Both had oral treatment approach, diet, Ukrain and both had dendritic cell vaccines. Both of these cases are in full remission 4 years after the time of first appointment, which corresponds with the time of this audit.

10 cases: Oral treatment approach, plus diet and Ukrain. All had a median survival of 6 months. Currently 5 are within six months of their first appointment. 1 alive at 10 months. 2 alive at 8 months. 1 alive at 14 months. 1 died at 3 months.

5 cases: All median survival of 6 months. Oral treatment approach, plus diet, but no Ukrain or other cytotoxic treatment. One case is lost follow up. 2 alive 6 months after first appointment, which corresponds with the time of this audit.. One is alive 2 months after first appointment, and 1 died at 6 months following first appointment.

2 cases: Both had median survival of 3 months. Oral treatment approach, plus diet and Photodynamic Therapy (PDT) both lived for 12 months.

Carcinoma of Larynx

1 case: T3, N3, M0

Median survival 1 month at first appointment. Had oral treatment approach, plus diet and Ukrain. Currently this patient is alive 4 months after first appointment.

Non Small Cell Lung Cancer – 10 cases

9 cases: T4, NX, MX

8 had had previous chemotherapy – 4 had also had radiotherapy.

1 case: Median survival of 1 year. Oral treatment approach, plus diet, plus high dose IV vitamin C, plus dendritic cell vaccines. This patient is now alive and well 4 years later and is in complete remission.

1 case: Had IV vitamin C, plus oral treatment approach and diet. Median survival 6 months. Died at 6 months following first appointment.

1 case: Oral treatment approach, plus diet but no other approach. Median survival 6 months at the time of first appointment.. This patient died at 9 months.

1 case: Standard treatment approach plus diet. Median survival 1 year at time of first appointment. This patient is still alive and relatively symptom free apart from some shortage of breathe at the time of this audit..

1 case: Lost to follow up.

2 cases: Oral treatment approach, diet and Ukrain. Both had median survival time of 3 months. Both died 8 months following the first appointment.

1 case: Oral treatment, plus diet, plus high dose vitamin C and Ukrain. Median survival 6 months. Still alive and relatively well 3 years after the first appointment.

1 case: Oral treatment approach, plus diet, plus Ukrain. Median survival 3 months. Alive 8 months after first appointment.

1 case: Oral treatment approach, diet and Ukrain. Median survival 3 months. Currently alive 3 months after first appointment (at the time of this audit).

Carcinoma of the Breast – 26 cases

Group 1 – ALL TX, N1, M0

1 case: 6 months median survival. Oral treatment approach, plus diet, plus Ukrain. Still alive 7 months after first appointment.

1 case: Oral treatment approach, plus diet, plus Ukrain. Six months median survival at first appointment. Still alive 7 months later.

1 case: 3 months median survival. Oral treatment approach, plus diet. This patient died 2 months after first appointment.

1 case: 6 months median survival. Oral treatment approach, plus diet. This patient died 7 months after first appointment.

1 case: 9 months median survival. Oral treatment approach, diet, Ukrain, plus dendritic cell vaccine. This patient is still alive 18 months later.

1 case: 3 months median survival. Oral treatment approach, plus diet, plus Ukrain. This patient is still alive 8 months after first appointment.

1 case: 3 months median survival. Oral treatment approach, plus diet, plus intravenous vitamin C. This patient died 8 months from first appointment.

1 case: 3 months median survival. Oral treatment approach, plus diet. This patient died 4 months after first appointment.

1 case: 12 months median survival. Oral treatment approach, plus diet, plus Ukrain. This patient is still alive 18 months later.

1 case: 6 months median survival. Oral treatment approach, plus diet, plus Ukrain. This patient is still alive 9 months later.

1 case: 3 months median survival. Oral treatment approach, plus diet, plus Ukrain. This patient is alive 2 months after her first appointment, which is the time of this audit.

**Group 2 – 6 cases – ALL T0, N0, M0
Median survival times unknown.**

All have had oral treatment approach, plus diet. 2 have had Ukrain instead of chemotherapy, following operation. All still alive and well following their first appointment.

Group 3 – 8 cases – 6 cases T3, N2, M0: 2 cases: T3, N3, M0

1 case: Unknown median survival. Had standard treatment approach, plus diet and then was persuaded to have surgery. Still alive and well 7 months after first appointment.

1 case: Unknown median survival. Oral treatment approach, plus diet. Alive and well 2½ years after first appointment.

1 case: Unknown median survival. Oral treatment approach, plus diet. Alive and well 2½ years after first appointment.

1 case: 2 years median survival. Oral treatment approach, plus diet, plus Ukrain. Alive and well 6 months after first appointment which is the time of this audit.

1 case: 2 years median survival. Oral treatment approach, plus diet, plus Ukrain, plus dendritic cell vaccine. Alive and well 4 months after first appointment which is the time of this audit, which is the time of this audit.

1 case: 1 year median survival. Oral treatment approach, plus diet,. Alive and well 4 months after first appointment which is the time of this audit.

1 case: Unknown median survival. Oral treatment approach, plus diet, plus Ukrain. This patient has now been persuaded to have surgery. Alive and well 2 months after first appointment.

Sarcomas – 6 Cases

Rhabdomyosarcoma – 2 cases

1 case: T4, N3, M0

Median survival time 6 months. Oral treatment approach, diet and Ukrain. Patient alive 1 month after first appointment, which is the time of this audit.

1 case: T0, NX, M1

Median survival time 6 months. Oral treatment approach, plus diet, plus surgery. Patient alive 1 month after first appointment, which is the time of this audit.

Ewing's Sarcoma

1 case: T3, N3, M0

Median survival time 6 months. Oral approach and diet. This patient has been lost to follow up.

Chondrosarcoma

1 case: TX, N3, M1

Median survival time 3 months. Surgery, oral treatment approach and diet. This patient lived for 6 months.

Lieomyosarcoma

1 case: T0, N4, M1

Median survival time 6 months. Oral treatment approach and diet, surgery and Ukrain. This patient is still alive 9 months after first appointment.

Fibrosarcoma

1 case: T4, N2, M1

Median survival time 6 months. Surgery, oral treatment approach, diet, high dose intravenous vitamin C. This patient is still alive 8 months later.

In summary, the median survival time of the majority of our cancer patients is significantly improved. Ukrain offers significant treatment advantages over no cytotoxic approach. Dendritic vaccines have shown most encouraging results, with certain increased survival time and a number of cases of complete remission.

Dr Julian Kenyon
Dove Clinic for Integrated Medicine
Winchester & London

August 2005