

Herbal therapy for advanced breast cancer. Personal experience with 100 patients.

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Key words: Herbs, therapy, breast and cancer.

Background: The majority of rural patients have no access to radiotherapy or chemotherapy for advanced cancer due to the high cost. Herbal therapy may be an alternative form of treatment.

Methods: Between 1995 and 2001, 100 patients with advanced breast carcinoma were treated herbal therapy following palliative mastectomy. The patients were regularly followed up and response to herbal therapy noted.

Results: Herbal therapy given in advanced breast cancer was found to produce remarkable properties in controlling local recurrence and development of distant metastases and was devoid of serious side effects such as immunosuppression, liver and kidney damage, sterility and hair loss which are associated with radiotherapy or chemotherapy.

Conclusion: The quality of life with herbal therapy is far superior with herbal therapy than with radiotherapy or chemotherapy.

Introduction

Breast cancer is the second commonest malignancy in females in Rift valley region of Kenya next to carcinoma of the oesophagus. The majority of the patients with this malignancy report to hospital late when the disease has advanced to Stage III or IV. Often by the time they report the tumours are fungated, foul smelling and bleeding.

The objective of this study was to analyze the efficacy of herbal therapy in management of advanced breast carcinoma.

Patients and methods

The study was undertaken on 100 patients with Stage III or IV breast cancer patients admitted at Eldoret Referral and Teaching Hospital in Kenya between January 1995 and 2001 and were given herbal therapy. Forty-nine of the patients were pre-menopausal and 51 were post-menopausal. The patients' ages ranged between 30 and 75 years. Based on the Manchester classification, 55 patients had stage III disease and 45 had stage IV breast cancer on admission.

Investigations done prior to treatment included haemoglobin estimation, fine needle aspiration cytology and open biopsy when diagnosis was in doubt. All patients had palliative mastectomy. Blood transfusion was given when required. In majority of patients, one-gram (1 Gm) of herbal therapy three times a day was started two weeks prior to surgery. Herbal treatment was given continuously for three month followed by one-gram maintenance dose indefinitely.

Results

Table 1 summarizes the findings after herbal therapy. The first notable action of herbal therapy was the control of nausea and vomiting, which resulted in improved appetite and a remarkable improvement in general health. The patients started gaining weight as the malignancies started regressing in size. Mastectomy done two weeks after starting herbal therapy was associated with excellent results in terms of wound healing. The wounds healed well primary intention even when the skin margins had been

infiltrated with malignant cells. In cases where skin closure was not possible and the wound had been left open and had evidence of incomplete excision of the tumour, the wound still healed completely with oral herbal treatment and local application of herbs.

It was observed that although microscopic metastases in bone, liver and lungs were destroyed by herbal therapy, the gross metastases in these organs failed to respond to herbal therapy.

Safety

It was observed that the safety was not compromised with potency. There were no side effects suffered by the patients such as immunosuppression, liver or kidney damage, sterility and hair loss. The life span of the patients almost doubled while the quality of life was far better than that experienced by patients on cytotoxic drugs or radiotherapy.

Table 1. Summary of outcome of herbal therapy in 100 patients with advanced breast cancer.

Year	Stage III	Stage IV	Pts in good health at last follow up in May 2002.
1995	10	8	11
1996	8	7	10
1997	11	5	12
1998	6	6	12
1999	9	4	13
2000	8	6	14
2001	3	9	12

Discussion

Though therapeutic herbs are readily available in Africa and Asia, they are vanishing rapidly due to destruction of tropical forests. They have almost disappeared in India. Fortunately they can be cultivated in good soil with irrigation. The therapy used in the cases under review consisted of a combination of many herbs since a single herb was found ineffective.

Potency

Although these herbal medicines were highly potent, their mode of action is unknown. They however selectively kill only the malignant cells. Their effect was more specific on the primary tumour. After debulking the tumour mass, the remaining seedlings, skin infiltration, lymphatic blockage and left out muscle infiltration resolve rapidly. The axillary lymph nodes become small and oedema of the upper limb subsides.

Herbal therapy does not only result in tumour regression in size but also prevents dissemination of the malignant cells. In addition, herbal therapy increases body resistance and creates the ideal situation for surgery.

Affordability

A three months course of herbal therapy costs US \$ 150 and a maintenance dose costs US \$ 0.5 only. By contrast, a single course of chemotherapy in Kenya costs about US \$ 113 to the patient and after taking six courses the patient waits for the outcome. The five-weeks course of radiotherapy costs about US \$ 750 to the patient.

The hormonal treatment with tamoxifen, though not very expensive, demands special conditions for its efficiency such oestrogen receptor ER positive status and it becomes refractory to the disease after some time.

On the other hand, herbal therapy is very effective in both pre- and post-menopausal situations regardless of whether one is ER-positive or negative. It is safer, cheaper and more effective than tamoxifen. The herbs were also found to be effective when applied locally. Multiple bleeding cutaneous malignant ulcers were also found to heal very fast with herbal therapy. When the skin becomes hard, inelastic and thick due to radiotherapy, herbal therapy reverses this condition and brings the skin back to its normal condition.

Conclusion

A seven-years personal experience with herbal therapy in 100 patients showed that herbal therapy is worthwhile being considered as an alternative form of therapy in African patients with advanced breast cancer. It is effective, potent, safe and affordable.

The longevity of survival is almost doubled and the quality of life is far superior with herbal therapy in comparison with that found in patients who have had the conventional palliative treatment for advanced breast cancer.