Tumor Regression in a Recurrent, Metastatic Squamous Cell Carcinoma of the Cervix: Case Report

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Abstract

Background: Stage-specific survival rates of patients with locally advanced cervical cancer have not improved. The aim of this study was to determine the possible clinical benefit of Soma, and the MSQ nutritional formulas in the case of a recurrent, metastatic squamous cell carcinoma (SCC) of the cervix.
Method: The regime of nutritional products was administered as follows: Soma extract 1 ml QD, MSQ-11 1tbsp TID, MSQ-11A and MSQ-13 2tbsp TID for a total duration of 7 mo.
Results: Clinical improvement and regression of recurrent SCC of the cervix.
Conclusion: Treatment with Soma, and the MSQ formulas resulted in tumor regression and no evidence of disease. Therefore, they may become an effective therapeutic modality for the management of recurrent cervical carcinoma unresponsive to conventional treatments.

Introduction

Cervical carcinoma is a common gynecological neoplasia that caused 4,100 deaths in 2002 in the United States (1). Radical pelvic surgery and radiation therapy is the mainstay in treatment (2). Chemotherapy is generally reserved for treatment of locally recurrent disease (3,4). Despite advances in surgical techniques, radiation, and chemotherapy, stage-specific survival rates of patients with locally advanced cervical cancer have not improved (2,5). Therefore, it is important to develop new treatment modalities in order to improve current prospects for long-term survival.

In this report, we present a patient's case with a recurrent, metastatic squamous cell carcinoma of the cervix. We have demonstrated that a novel, nutritional combination therapy produced tumor regression and no evidence of disease.

Methods

In June 1998, 43 years–old patient was diagnosed with squamous cell carcinoma of the cervix (grade II/A) and metastasis to the colon. She underwent Wertheim's radical hysterectomy and pre- and post-operative radiation therapy for a total dose of 50Gy.

In June 2000, she was diagnosed with right-sided hydronephrosis, rectovaginal fistula, and recurrent malignant disease in the pelvis. Rectovaginal exam confirmed a 6cm tumor that was partially attached to the pelvic wall and infiltrated the base of the bladder as well as the colon. In July 2000, 6 cycles of the Cysplatin-Vepesid-Epirubicin combination chemotherapy was initiated. She received 2 cycles of chemotherapy (one each in July and August). Because of the serious side effects of the treatment (myelosuppression, nausea, vomiting and severe pain in the flanks and extremities) no further chemotherapy was administered and the patient received only red blood cell transfusions and pain medication from that on. Her prognosis was poor.

Starting in the beginning of November 2000, the patient has taken a one month long course of MSQ-11. This combination nutritional supplement and its variations were initially formulated by the late Robert R. Nixon MD (6) and were used with the intention of enhancing natural immunity against tumors. The active ingredients are blackstrap molasses, apple cider vinegar, quinine and sulfur. The dosage was 1 tbsp TID po taken with meals until 1 quart (946ml) of the mixture was consumed, then 1tbsp QD for another 5 months. Ample consumption of whole milk or purified water with the formula is recommended.

Besides MSQ-11, Soma a healing herb described in the sacred scriptures of the Hindis, the Rig Veda (7) was also administered. Soma is credited with healing powers in a variety of diseases. Soma extract was prepared following the directions in the 9^{th} Book of Rig Veda.

The dosage for Soma was 1 ml of extract QD po, taken in a cup of water and administered for 4 weeks. Subsequently, it was taken every other day. Shortly after starting on these nutritional supplements, the patient reported an improvement in her appetite and general well being. She started gaining weight. The clinical manifestations of neuropathy have subsided and the myelosuppression, as evidenced by normal CBC, disappeared. Her other blood test results normalized and rectovaginal exams demonstrated the regression of the tumor. The patient was monitored periodically by clinical examinations and by May 2001 no tumor could be detected clinically or otherwise. In September 2001, the patient underwent an ileus surgery and the preparation of a temporary preternatural anus.

The patient remained stable until January 2002, when she presented with high fever and right flank pain. This was attributed to a urinary infection caused by the yet unresolved rectovaginal fistula. Abdominal ultrasound exam has shown a right-sided renal abscess, the resolution of which required right-sided nephrectomy. In March 2002, an abdominal CT exam has shown an irregularly shaped growth in the right side of the pelvis that has accumulated contrast material and was in contact with the base of the bladder as well as the adjacent intestines.

A gynecological exam in April 2002 has found a mass around the vaginal cuff that filled the entire pelvis area and was suspected to be a recurrent tumor. Pathological exam has shown the recurrence of SCC of the cervix (grade III-IV). The tumor was evaluated to be inoperable. In the same month, the surgical repair of the rectovaginal fistula was carried out. At this point, she has resumed taking MSQ-11 and Soma. Soma was administered in the same dosage as in 2001 while the dosage of MSQ-11 was 2tbsp TID. The tumor regression was monitored by pelvic ultrasound, and clinical examinations. Subsequently, the nutritional supplement regime was adapted according to the clinical status and ultrasound results.

In May 2002, an ultrasound exam has shown a highly vascularized, 41x53x60mm size tumor in the right side of the pelvis that has infiltrated the wall of the bladder. Thus, a

more active formula, MSQ-11A that also contained vitamin B12 and rose oil was administered instead of MSQ-11 at 2 tbsp TID.

In June 2002, an ultrasound exam has shown a 40x27x25x28mm size tumor in the right side of the pelvis that was attached to the bladder over an area of 2cm diameter and to the colon over an area of 1.7cm diameter. A subsequent CT exam has shown the adhesion of intestinal loops to the base and the right side of the bladder. Inside the conglomerate, a 3cm diameter solid formation was found that was thought to be the tumor.

An ultrasound exam in July 2002, has demonstrated a 30x33x60 mm size irregular-shaped formation in the right side of the pelvis. To potentially accelerate tumor regression, MSQ-11A was replaced with the more active MSQ-13 formula. MSQ-13 contains folic acid and a small amount of iodine as additional components. After completing the basic course of MSQ-13 therapy (2 quarts), a pelvic hemorrhagic episode occurred. Large blood clots were spontaneously discharged rectally and vaginally. The surgical team interpreted this as possible healing process. The anemia caused by the hemorrhage resolved without a need for intervention. The patient continued with the nutritional supplementation. Subsequent ultrasound exam has found an 8x5cm formation in the right side of the pelvis. The enlargement was probably caused by the hemorrhage.

A CT exam in late September 2000, has found an irregular-shaped soft tissue conglomerate in the right side of the pelvis that was attached to the right side of the bladder. Above the vaginal fornix, a 4-5cm-size solid formation was found. The oral contrast material accumulated inside the vagina (vaginal tampon) indicating the presence of a still existing fistula. No accumulation of contrast material was observed elsewhere. Abnormal lymph nodes were absent in the retroperitoneum. An MRI exam was prescribed to differentiate the tumor from the surrounding scar tissue.

Subsequent to the hemorrhage, the patient noticed a gradually intensifying inflammation in her pelvis by early October 2002. On multiple occasions, spontaneous putrid smelling vaginal and rectal discharges occurred that were accompanied with episodes of fever (37-

38^0C). After a gynecological exam and a CT scan in November 2002, she was referred to emergency surgery during which an about 12 cm size abscess was drained in the lower abdomen. The examination of the surrounding area indicated a potential continuation of the abscess. A lower pelvic laparotomy was performed that opened another, larger abscess that stretched from behind the symphysis towards the vaginal cuff. Following the lysis of small bowel adhesions, an encapsulated 3.5x5cm size tumor, extensively attached to the sacrum, was observed. No metastases were found inside the abdominal cavity.

The small bowel fistula could not be repaired at this time and the patient was scheduled for another surgery in February 2003. Her oncological prognosis is better now. We continue to monitor the status of the patient.

Discussion

Survival for woman with cervical cancer has improved over the years primarily because of early diagnosis. For advanced disease, the 5-year survival rates remain unchanged (2,5). The 31% survival for stage III and 8% for stage IVA disease indicates that radiotherapy is not an effective therapeutic modality. Chemotherapy has been used for the management of locally recurrent disease but objective and subjective responses are of short duration (4,5). The prognosis for recurrent, locally advanced cervical carcinoma is poor.

This case study demonstrates that a combination of nutritional supplements may offer an effective tool for the management of recurrent SCC of the cervix. This patient's critical condition and her poor prognosis qualified her for this alternative approach.

During the first recurrence of the disease, a combination of Soma and MSQ-11 was administered at a low dosage over a time period of several months. This cautious dosage regimen was warranted by the fact that she had come out of chemotherapy with right-sided renal failure, myelosuppressed and neuropathic. Her general condition was very weak in the beginning of nutritional supplementation. Shortly after the initiation of

supplementation, her appetite returned and over a time period of 2 months, she has regained all her lost weight. Myelosuppression and neuropathy have resolved. Her general condition improved such that she has resumed her daily routines. Clinical data confirmed tumor regression and subsequently has shown no evidence of disease. She has experienced no side effects during Soma and MSQ-11 administration.

The unresolved rectovaginal fistula, a frequent combined side effect of disease and intensive pelvic radiation therapy, led to serious complications. A renal abscess developed, the resolution of which required right-sided nephrectomy. A satisfactory recovery allowed the subsequent repair of the rectovaginal fistula. Pathological exam confirmed a recurrence of SCC of the cervix, which this time has infiltrated the colon and the bladder.

The patient has resumed taking Soma and MSQ-11 that later on was replaced with the more active MSQ-11A and MSQ-13. Tumor regression of greater than 50% and the elimination of metastases were observed during the course of her second alternative treatment. Her general condition was fair. The patient has undergone three surgeries in 2002 and an additional rectovaginal fistula repair is scheduled. Based on the latest oncological evaluation, the residual tumor is encapsulated and her prognosis is better now.

Further studies are warranted to investigate the utility of this nutritional approach in a larger population of cervical cancer patients.

Competing interests

None.

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