Partial Tumor Regression and Resolution of Pleuritis Carcinomatosa and Atelectasis in an Inoperable Malignant Lung Carcinoma: Case Report

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Abstract

Background: Squamous cell carcinoma of the lung has poor prognosis and survival statistics. The aim of this study was to determine the possible clinical benefit of Soma and MSQ-11 nutritional supplements in a case of an inoperable squamous cell lung carcinoma.

Method: The regime of nutritional products was administered as follows: Soma extract 1 ml BID for six weeks, MSQ-11 1 tbsp TID for one month followed by a maintenance dose of 1 tbsp QD for an additional month. The oral oxygenation agent Aerobic 07 ten drops BID for 4 months and 5 drops QD for another 2 months.

Results: Clinical improvement and reduction of tumor mass, resolution of carcinomatous pleuritis, improved quality of life.

Conclusion: Treatment with Soma, and MSQ-11 combination effectively resolved pleuritis carcinomatosa and led to partial tumor regression. Therefore, they may become an effective therapeutic modality for the management of non-small cell lung carcinoma (NSCLC) unresponsive to conventional treatments. Oral oxygenation was effective in relieving the patient's dyspnea and improved oxygenation may have contributed to the overall effects of Soma and MSQ-11.

Background

Lung cancer in the majority of cases can be linked to tobacco smoking (1,2). Despite the great expansion of understanding cancer biology, lung cancer remains one of the deadliest human neoplasias. About 90% of the patients die of lung cancer due to the worst cure rates among common solid tumors (3). The survival rate for NSCLC is particularly poor, because most of the times the disease becomes apparent at an advanced stage. New therapeutic strategies are therefore needed that could improve current prospects for long-term survival.

In this report, we present a patient's case with rapidly progressing, large, partially undifferentiated squamous cell carcinoma of the lung (4). We demonstrate that a novel, nutritional combination therapy favorably altered the course of his illness.

Methods

A 55 years–old male patient was admitted to the hospital on 10-27-1999 with right-sided chest pain, hemoptysis, worsening shortness of breath, and dyspnea on exertion.

He had a history of smoking for 40 years, 1.5-2 packs a day. He claimed that he consumed 1 glass of wine and 2 bottles of beer a day. He suffered myocardial infarction in May 1999. On physical exam he was an obese man who appeared older than his chronological age. Chest and throat exam revealed emphysema and severe chronic laryngitis. Cardiac enlargement and hepatomegaly were found. Extremities were free of edema and clubbing.

His blood gases on room air were pO_2 61.9, pCO_2 52.6, pH 7.39 and Sat 91%. A CT of the chest revealed a large mass in the 3rd segment of the right lung that propagated onto the pleura. Around the mass, distelectasis and infiltration was observed. Pleural fluid or abnormal lymph nodes were absent at that time.

A pathological exam had found partially undifferentiated squamous cell carcinoma of the lung. Due to the patient's cardio-respiratory status and the extent of the infiltration, the tumor was evaluated inoperable. The exact size of the tumor could not be determined.

He was placed on a Carboplatin and Vepesid combination chemotherapy and radiation therapy. He received 2 cycles of chemotherapy and 30Gy of irradiation. A chest CT taken on 03-03-2000 had shown a 5 cm diameter tumor in the upper right lobe that contained an irregular internal cavity, and showed propagation onto the pleura. In April 2000, the patient decided to discontinue the therapies due to their severe side effects.

Starting in June 2000, the patient has taken a one month long course of the combination nutritional supplement, MSQ-11 that was initially formulated by the late Robert R. Nixon MD (5) and was 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. Ample consumption of whole milk or purified water with the formula is recommended.

Two weeks after the initiation of MSQ-11 supplementation, hemoptysis resolved. Shortly after completing the course, pneumonia developed specifically affecting the tumor site. Antibotics were prescribed and the pneumonia subsequently resolved. After the resolution of the pneumonia, the patient enjoyed a relatively uneventful three months. On 10-13-2000, he was again admitted to the hospital with right-sided anterior chest pain, shortness of breath, dyspnea on exertion and peripheral edema.

His blood gases were pO_2 5.59kPa, pCO_2 7.60kPa, pH 7.383 and Sat 79.8%. A chest X-ray revealed the progression of the tumor in the upper right lobe as well as the accumulation of pleural fluid. Complete atelectasis of the right lung had developed. During pleurocentesis, 650 ml of fluid was removed which contained blood, large numbers of lymphocytes, macrophages and mesothelial cells. Subsequently, he was released and instructed to return in the event if his dyspnea was worsening. The patient was not receiving any other therapy this time.

Five weeks later on 11-20-2000, the patient was readmitted to the hospital with fever (37.7-38.8^{0}C), shortness of breath, and dyspnea on rest. His blood gases on admission were pO_2 43, pCO_2 52, pH 7.43 and Sat 79%. Chest x-ray showed the progression of the upper right lobe tumor with an expansion into the central lobe. Hydrothorax and complete atelectasis of the right lung had developed. During another pleurocentesis, 800 ml of fluid was removed. The pleural fluid contained large numbers of white blood cells. The general condition of the patient did not allow chemotherapy. His prognosis was very poor.

At this time, a combination of Soma extract and MSQ-11 was given. Soma is a healing herb described in the sacred scriptures of the Hindis, the Rig Veda (6). It is credited with healing powers in a variety of diseases. Soma extract was prepared following the directions in the 9th Book of Rig Veda.

One week after his second pleural drainage, the patient started taking 1 ml of Soma BID po, dispersed in a cup of water (starting on 11-29-2000). Soma was administered for six weeks. At three weeks into the Soma therapy, MSQ-11 was added to the regimen at 1 tbsp TID for one month. A maintenance dose of 1 tbsp QD of MSQ-11 was used for an additional month after completing this standard treatment course.

The patient's also started taking a nutritional supplement, called Aerobic 07 (Aerobic Life Industries, Phoenix, AZ, USA) and his hypoxia was relieved. Aerobic 07 delivers oxygen directly into the circulation via the stomach. The dosage was 10 drops BID po, dispersed in a cup of water, following the general recommendations of the manufacturer. The patient reported an immediate relief from his dyspnea upon taking the first dose of Aerobic 07. Four days later upon his discharge, his blood oxygen saturation was 88%.

He continued using Aerobic 07 at the same dose for 4 months and for another 2 months at a half dose. The patient reported Aerobic 07 to be important in improving his general well being. Repeated determination of oxygen saturation had shown a continuous improvement.

On 01-03-2001, the patient was readmitted to the hospital, and 350 ml of yellow pleural fluid was removed. Cytology found a few lymphocytes and macrophages with no blood or tumor cells present. This time, it appeared that his pleuritis carcinomatosa was subsiding. Blood gases on admission were pO_2 7.06kPa, pCO_2 6.40kPa, pH 7.462 and Sat 89.1%.

One week later, because of a newly developed headache a head CT was performed along with a routine chest CT. No abnormalities were found inside the cranium. Abnormal

lymph nodes were absent in the mediastinum. A circular constriction of the upper right lobar bronchus was observed. In the upper right lobe, tumorous infiltration was apparent. The size of the upper right lobe tumor could not be determined. The image suggested necrosis. Pleural fluid accumulation was noted in small amounts, but it was insufficient for tapping. The patient was released from the hospital.

From January the patient lived at home and reported a relatively good quality of life. On 03-26-2001, he was admitted to the hospital with chest pain. His blood gas values have shown further improvement compared to previous assessments (pO_2 8.73kPa, pCO_2 5.89kPa, pH 7.421 and Sat 93.1%). Chest x-ray at this time did not show tumor progression, and pleural fluid was undetectable. At the treating hospital, the patient was not further evaluated for his chest pain. The episode was diagnosed as viral infection.

Four months later, he was admitted to the hospital again with right-sided chest pain. Chest x-ray has shown no change compared to his previous admission. Results of any cardiac evaluation could not be found, the chest pain was attributed to scar tissue formation in the upper right lobe. He was given pain medication and released.

A month later, the patient was admitted to the hospital, this time with worsening signs of congestive heart failure. At the same time, chest x-ray showed progression of the upper right lobe tumor. Pleural fluid was undetectable. MSQ-11 administration was initiated. His cardiac functions continued to deteriorate and were not responding to therapy. Three weeks later he deceased. At the family's request, no autopsy was performed.

Discussion

This case study demonstrates the resolution of pleuritis carcinomatosa and atelectasis developed during the progression of an inoperable, partially undifferentiated squamous cell carcinoma of the lung. The patient had a history of emphysema and acute myocardial infarction. His critical condition and the poor prognosis of his disease qualified him for the above described alternative approach.

Over a period of 2 months while using a combination of Soma and MSQ-11 the progression of the tumor got reversed and the pleuritis carcinomatosa resolved. Subsequently, the patient reported a gradual improvement in his well being and an overall improvement in the quality of his life that lasted for nearly 8 months. He experienced no side effects during Soma and MSQ-11 administration. Additional oral oxygenation was effective in relieving the patient's dyspnea and improved oxygenation may have contributed to the overall effects of Soma and MSQ-11. It is clear now that the administration of nutritional supplements was too conservative and optimal results require a higher dosing as well as a longer duration of the nutritional therapy. Because of his terminal cardiac insufficiency, the patient could not be saved.

This study describes that the administration of a combination of nutritional supplements coincided with the partial regression of an originally inoperable NSCLC. Further studies are warranted to investigate the utility of this approach in a larger population of lung cancer patients.

Competing interests

None.

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