

Complete Remission in a Case of Colon Cancer
Achieved by a Novel Nutritional Therapy

Peter Grandics
A-D Research Foundation
Carlsbad, CA 92008 USA
e-mail: pgrandics@earthlink.net

Key words: Colon carcinoma, remission, nutritional therapy, MSQ 15D

Abstract

Objectives: Colon carcinoma is a prevalent cancer in adults. The aim of this study was to determine the possible clinical benefit of the molasses-based MSQ 15D dietary supplement in a case of recurrent, locally advanced colon cancer.

Design: Single case study.

Settings/Location: Home.

Interventions: The regime of dietary supplement was administered as follows: MSQ 15D, 2tbsp TID for 1.5 months.

Outcome measures: Clinical improvement and regression of colon cancer.

Conclusions: Treatment with the MSQ 15D formula resulted in tumor regression and the reversal of clinical manifestations of the disease. Therefore, this approach may provide an novel therapeutic modality for colon cancer.

Introduction

Colon cancer is the fourth most prevalent cancer and the second leading cause of cancer-related death in the United States.¹ Risk factors include smoking, alcohol consumption, obesity, and a high-sugar, high-fat, low-fiber diet. The etiology of colon cancer is unclear, but both genetic and lifestyle factors are suspected. Currently, the five-year survival rate is around 60%, primarily due to screening programs aimed at detecting early stage disease.

Treatment options for recurrent disease involves surgery, radiation and various chemotherapy protocols that are highly toxic.² Despite all therapeutic advances, the overall mortality rate is still high; disease progression can be rapid, and multi-drug resistance is a growing problem. For this and other reasons, new therapeutic modalities are widely sought and anticipated.

In a previous paper, we reported a case study using a novel, diet-based method to treat a patient with acute myelogenous leukemia (AML).³ AML is a particularly deadly form of

cancer with a very low 5-year survival rate.^{4,5} The nutritional therapy was designed based on our analysis of the common dietary deficiencies present in cancer patients as well as new findings in the etiology of cancer that established a link between the emergence of cancer stem cells and infections.^{6,7} These analyses led to the hypothesis that all cancers share a common initiation pathway, and would therefore benefit from a common therapeutic approach.⁸ We report here that this new nutritional therapy has produced complete remission in a case of recurrent, locally advanced colon cancer.

Case report

A 52-year-old male observed change in his bowel function in January 2006, including constipation and difficulties with emptying. Colonoscopy exam revealed a tumor in the transverse colon, which was resected in February 2006. Histology confirmed the presence of adenocarcinoma Stage II, T2N0, Dukes B1. Adjuvant chemotherapy was not administered at that time.

In June 2006, the patient again presented with constipation and difficulties with emptying. A subsequent PET-CT scan showed focal isotope accumulation in the anastomosis. In December 2006, a colonoscopy exam detected a circular, recurrent tumor at the anastomosis, and a wide colon resection was performed. Histology again confirmed adenocarcinoma Stage II, T2N0, Dukes B1. Adjuvant DeGramont chemotherapy was subsequently administered. A postoperative infection was treated successfully with antibiotics.

The patient remained stable until August 2007, when he again presented with constipation and difficulties with emptying. A whole body PET-CT scan was performed in September 2007. In the center of the transverse colon at the anastomosis, focal FDG accumulation was observed over an area 1cm in diameter. Adjacent to that site, an 8mm lymph node also showed isotope accumulation. This indicated recurrent, locally advanced disease.

A new course of chemotherapy was suggested, but the patient declined it because of the side effects he had experienced during the previous rounds of therapy. He instead opted for the MSQ 15D dietary supplement as a sole therapeutic. The therapy commenced in the beginning of October 2007, and lasted until the middle of November. The dosage was 2 tbsp TID po taken with meals. Ample consumption of purified water with this formula is recommended.

The patient reported the normalization of his bowel function at about the midpoint of the course of dietary supplementation. His appetite and energy returned, and by the end of the therapy he felt healthy in every respect. In the middle of November 2007, he was re-admitted to the hospital for tumor resection and tissue samples were taken for histological analysis. No tumor or pathological lymph nodes were found.

Since then the patient reported back to regular check-ups that were all negative. An abdominal computed tomography scan in January 2009 found no tumor or abnormal lymph nodes. Since then, he underwent additional negative computed tomography scans. As of February 2010, the patient remains in remission.

Discussion

Colon carcinoma is a prevalent form of cancer. Genetic and environmental factors are the main suspected causes of this disease. Current therapeutic options include surgical resection, chemotherapy and radiotherapy. When used alone, surgical therapy frequently leads to disease recurrence, which has led to an increased use of adjuvant chemotherapy. But despite treatment advances in colon cancer, ample opportunities exist for new therapeutic approaches. The most widely used therapies are highly toxic, and the overall mortality rate remains high.

The patient in this case report also received the standard therapies, however, both the lack of efficacy of as well as its side effects made him choose a nutrition-based approach.

This paper describes a nontoxic, nutrition-based therapy for a case of colon carcinoma. Nutrient deficiencies of plant-derived phenolic compounds, folate, vitamin B12 as well as other B vitamins, essential lipids, iodine and several minerals have been found to correlate with a variety of cancers, and increase their incidence.⁶ This correlation has led us to reexamine the role of nutrition, unifying the perspective on cancer and recasting it as a single disease, potentially treatable by a single protocol.

Based on this perspective, we hypothesized that supplementing deficient nutrients in cancer patients might reverse the course of their disease. In a previous case study with an AML patient we demonstrated the therapeutic effects of this approach.³

Recently, we analyzed links between infections, inflammation and tumorigenesis, specifically examining how chronic infections and tissue inflammation could facilitate the formation of the cancer stem cell.⁷ Colonic inflammation due to chronic infections do play a role in the development of colon cancer.⁹⁻¹²

Phenolic polysaccharides, which are abundant in blackstrap molasses used in the MSQ 15D dietary supplement, are potent anti-inflammatory and anti-carcinogenic compounds and likely play an important role in suppressing the underlying causes of colonic tumorigenesis.⁸ As the gut is a main point of entry of pathogens into the body, the maintenance of the health of the digestive system should be of major concern for both prevention and therapy.

This study demonstrates the result of our hypothesis in a case of a recurrent, locally advanced colon cancer. Administration of the MSQ 15D dietary supplement led to a reversal of the clinical symptoms of the disease, along with regression of tumors as demonstrated by a PET-CT scan. Based on these criteria, a complete remission was obtained without the toxic side effects of chemotherapy.

Twenty-three months after the final administration of the MSQ dietary composition the patient remains in remission. Previously, he had an episode of recurrence in 6-8 months

intervals. He did not change his largely sedentary lifestyle nor his diet that is high on fat, meat products and complex carbohydrates. This type of diet and lifestyle is known to predispose for colon cancer. We continue monitoring his status.

This case study suggests that this novel nutritional therapy may be an effective tool for the therapy of colon cancer, and demonstrates to the potential for a common therapeutic approach for cancer. Further studies are warranted to investigate the utility of this therapy in a larger population of cancer patients.

References

1. Parker SL, Tong T, Bolden S, Wingo PA. Cancer statistics, 1997. *CA Cancer J Clin* 1997;47:5-27.
2. Perry MC (ed): Colorectal Cancer. In: *The Chemotherapy Source Book*. 2nd ed. Williams & Wilkins, Baltimore 1996:1190-1193.
3. Grandics P. Complete remission achieved in a case of both primary and recurrent adult acute myelogeneous leukemia by a novel nutritional therapy. *J Alternat Complementary Med* 2006;12:311-315.
4. Kakepoto GN, Burney IA, Zaki S, Adil SN, Khurshid M. Long-term outcomes of acute myeloid leukemia in adults in Pakistan. *J Pak Med Assoc* 2002;52: 482-486.
5. Menzin J, Lang K, Earle CC, Kerney D, Mallick R. The outcomes and costs of acute myeloid leukemia among the elderly. *Arch Intern Med* 2002;162:1597-1603.
6. Grandics P. Cancer: a single disease with a multitude of manifestations? *J Carcinog* 2003;2:9.
7. Grandics P. The cancer stem cell: Evidence for its origin as an injured autoreactive T cell. *Mol Cancer* 2006;5:6.
8. Grandics P, Holbrook JK. Methods for cancer therapy using herbal extracts. US Pat. No. 7,201,924.
9. Xie J, Itzkowitz SH. Cancer in inflammatory bowel disease. *World J Gastroenterol* 2008;14(3):378-89.
10. Santiago C, Pagán B, Isidro AA, Appleyard CB. Prolonged chronic inflammation

progresses to dysplasia in a novel rat model of colitis-associated colon cancer. *Cancer Res* 2007;67(22):10766-10773.

11. Fukata M, Abreu MT. TLR4 signaling in the intestine in health and disease. *Biochem Soc Trans* 2007;35(Pt 6):1473-1478.

12. Burstein E, Fearon ER. Colitis and cancer: a tale of inflammatory cells and their cytokines. *J Clin Invest* 2008;118(2):464-467.