EM-X Therapy in Breast Cancer

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Introduction

In most developed countries and many developing countries, breast cancer is the most frequent cancer among women. Among Pakistani women also, it tops the list and is the leading cause of cancer death. It takes the highest toll and is almost 35% of all cancer. Despite the enormity of the problem, however, no practical methods of primary prevention are available at present.

The prognosis depends upon the stage of the disease at the time of presentation and diagnosis, and the type of cancer. It occurs in young premenopausal, multiparous women and spread at an alarming speed. Unfortunately, women are mostly ignorant about the problem while it spreads painlessly and silently. Social taboos, ignorance, poverty, Lack of education and an innate fear of hospitalization, and operation are some other factors. At the time of presentation, the CA breast will have spread to the regional lymph nodes or beyond through vascular spread. Screening or secondary prevention, breast self examination or a regular check up, in spite of awareness programs through mass media, is an unknown strategy in the Pakistani society.

70% of the population resides in the rural areas where illiteracy, unhygienic conditions, lacks of potable water and malnutrition are rife in multiparous women. Indiscriminate use of pesticides, insecticides and chemical fertilizers are some of the major factors causing carcinogenesis.

We see an increasing number of breast cancer patients coming daily to the Cancer Research Foundation of Pakistan (F.R.C.S.). These patients have undergone, the multi-modality treatment for breast cancer which includes surgery, chemotherapy, radiotherapy and hormone therapy and EM-X Therapy since 1997. The First phase of this study was presented and published under the title “EM-X Therapy in Breast Cancer”.

For the second group of patients in our present study, we started EM-X from day one after diagnosis of cancer. These women pass through a lot of physical, psychological, as well as social problems. After surgery, they find it increasingly difficult to carry on which their routine daily life and work. They are also at a very low ebb emotionally. They had lost their vitality so we started them on EM-X.

We noticed a well-marked difference in this group of patients who were given ME-X from day one. They were up and about and stated that they felt perfectly normal within the first week after major surgery. They did not have any infections, pyogenic, viral or fungal. EM-X works as an exogenous antioxidant and helps their defense mechanism as an immunomodulator.

Subject & Methods

First Phase of Study:

Group I: There were 116 patients who received EM-X after the standard treatment.
Group II: 49 patients had metastatic disease.
Group III: 8 patients had locally advanced carcinoma and were inoperable.
Group IV: 64 patients received standard treatment but no EM-X.

Second Phase of Study:

There were 138 patients in Group I who received EM-X fro mday one after diagnosis and surgery. The Control group had 52 patients who did not receive ME-X. Group II had 49 patients who developed secondaries after standard treatment. The Control of this group had 38 patients.

The total number of patients in the first phase was 238 including controls. The total number of patients in the second phase was 277 including controls. (The First phase of the study has already been presented and published.)

In Group I, the age range was 28 to 65 years. The patients were in stage 1, 2 or 3 of their cancer.

Group II comprised of patients who developed meatastases after conventional treatment. There were 49 patients and the control group had 38 patients. Their age range was 24-70 years. Both groups of patients, including controls, were multiparous, having an average of 5 children and have lactated their babies for about 18 months. The effect of EM-X was studied in these patients. (Fig. 1)

The dose in Group I was 5-10 mls and in Group-II, 10-20 mls per day. In both groups, the control did not receive EM-X. The effect of EM-X was studied on work status, emotional well being, appetitie, pain, breathlessness and vitality in general. These patients had TLC &DLC done after 4 weeks. Every patient was examined for any signs of recurrence or any fungal infections, pyogenic and viral infections.

Results

The patients included in this study received EM-X from day one after diagnosis and surgery.

Among those receiving EM-X, 138 patients in Group I, 91.2% showed a marked improvement in work status as compared to 23% in the control group of 52 patients. The difference in improvement was statistically highly significantly ($P<0.001$). (Fig. 2)

More than two thirds of those receiving EM-X showed improvement in emotional well being as compared to 21% of the control ($P<0.001$) (Fig. 3)

Pain and breathlessness improved in about 75.5% of EM-X group as compared t o50.7% of the controls. (Fig. 4)

Increase in TLC was noted among 81% of those receiving EM-X, whereas none of the controls showed any increase in TLC ($P<0.001$) (Fig. 5)

Fungal infections developed among 12% of the control group while there was no case of fungal infection in those receiving EM-X.

Out of 87 cases in Group II with metastasis/recurrences, 49 were given EM-X while 38 patients acted as controls.

Among this group, work status has improved in 67.9% of those on EM-X and 63% showed emotional well-being. Symptoms improved in 60.7%. 71% showed an increase in TLC.

The work status, emotional well being and symptoms in general did not improve more than 30-35% among those who did not receive EM-X. Some of them even felt worse because they received other conventional therapies. (Fig. 6)

Mortality

In Group-I, there were no deaths among the 138 patients without secondaries and receiving EM-X, while there were 6 deaths among 52 controls of this group (11.5%). The difference in mortality rates of those receiving ME-X and controls was highly significant ($P<0.001$).

Among 49 patients in Group-II, there were 3 deaths (6.12%) as compared to 10 deaths among the control (26.3%). The control group showed a significantly higher rate of mortality ($P<0.001$). Some of the case studies are being given below. (Fig. 7)

Conclusion

It is glaringly obvious that EM-X played a very important role not only in relieving symptomatology, improving work status and emotional well being, but it has also improved the quality of life of the ailing patients tremendously. Most important is the symptom-free longer survival time in all groups.

EM-X improved the immune status of the patients, whereby cancer did not recur. This immune modulation is more significant in a certain number of patients.

In some patients where secondaries were present, at the time of presentation and while EM-X was being given, the disease became static, which is a highly significant finding and can be seen from the case studies.

Case Studies

1. Patient Shehnaz, age 52 had an operation done at some private cline, follwed radiotherapy in the year 1999. Within one year, she developed let-sided plural effusion, which was aspirated.

There were secondaries in the 6^{th} and 7^{th} ribs and internal mammary 1.n mass in Mediastinum Shown in Scan 8x6 cm. She came to at C.R.F.P. at this stage in September 2000 and was started on EM-X. Now in October. 2001, she hass no recurrence of effusion. Her disease is static. There is no pain in secondaries. The mediastinal mass has shrunk to 4 cm. She is leading a normal life, having social outings in the evening and doing normal households jobs.

2. Zareen, age 59, had a T4N2M tumor. She had a palliative total mastectomy with axillary clearance and was started on EM-X. She had one metastasis in the liver. She was started on EM-X from day one. After one year, the disease is static. She is teaching in a school and doing well.

3. Abida Latif, age 52, had the T3N1 operated on at some hospital outside Lahore, and was presented at C.R.F.P., nine months ago. She had metastasis in dorsal the spine, compression of the D-9 vertebra, was confined to wheelchair, and could not walk. She also had metastasis in the lower ribs on the left side. Started on EM-X 9 months ago, along with Aminomux tables (for remineralization of bones), in October, she came to us, walking. There is hardly any pain and her disease is static. It was feared that she might develop paraplegia but she is feeling perfectly well and able to work.

4. Qamar Ara, age 70 years, had the T2N1M0, operated on five years ago, and developed axillary recurrence (right side) in April 2001. Started on EM-X, she is doing well, is very cheerful and does the household work herself, even helping the daughter-in-law in washing up and cleaning.

5. Misbah, age 43 had a mastectomy. She had T3N1M1. now after 6 months with multiple bone metastases, shown on her bone scan, she is free of pain and leading a fairly normal life.

6. Bano Ashraf, age 36, 3 children, had a T4N2 tumor and was given conventional treatment in 1992. She is an Assistant Professor of history at a college. She has been given EM-X since 1997. She is doing well and teaching, doing research and is on 5 committees at the college besides doing housework for her family. She si driving herself and feels on top of the world.

7. Seema, age 41, 5 children, had a T4N2M0 Tumor. She had surgery and chemo in 1995. She was bedridden in 1997 when she started on EM-X. Now, she is leading a very full social life, holding parties every week for her family and friends.

8. Amna, 39 years, 3 children. She was pregnant with her third child in 1994 when she had a T3N1M0 Tumor. She had a caesarian operation for her deliver and then a mastectomy. She was at very low ebb emotionally and physically when she started on ME-X in 1997, but is now leading a normal life. She says she has put on weight but other wise feels well.

9. Mrs. Kazmi, age 60. She had T3N2M0, is a writer and was bedridden. She was operated in a clinic. She was breathless when talking. She started EM-X and now after 3 years is perfectly hale and hearty, and writing articles in newspapers.

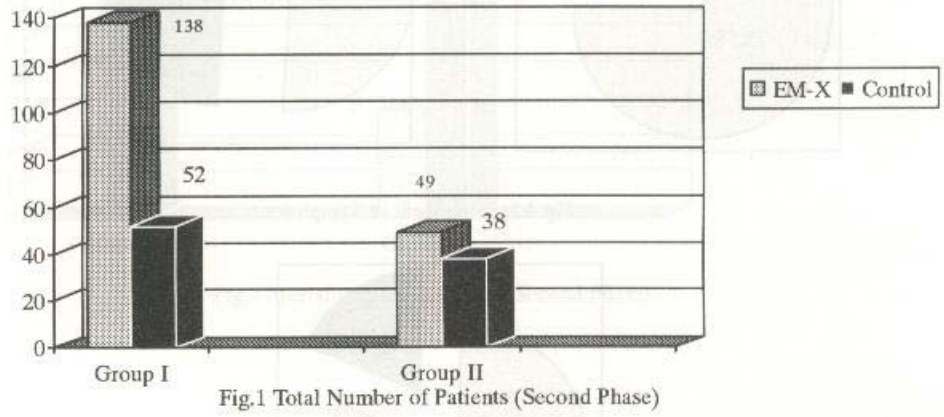


Fig.1 Total Number of Patients (Second Phase)

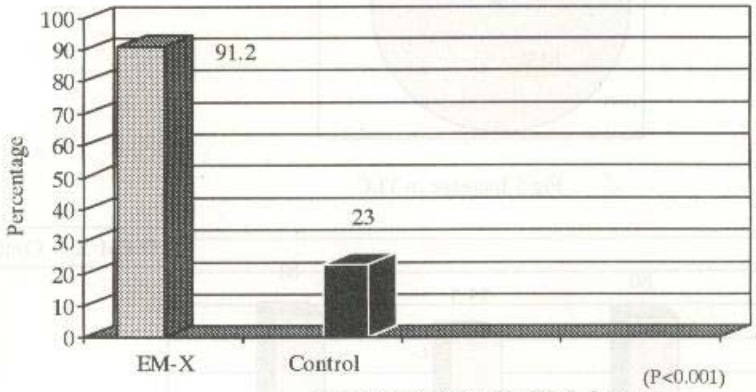


Fig.2 Improvement in Work Status

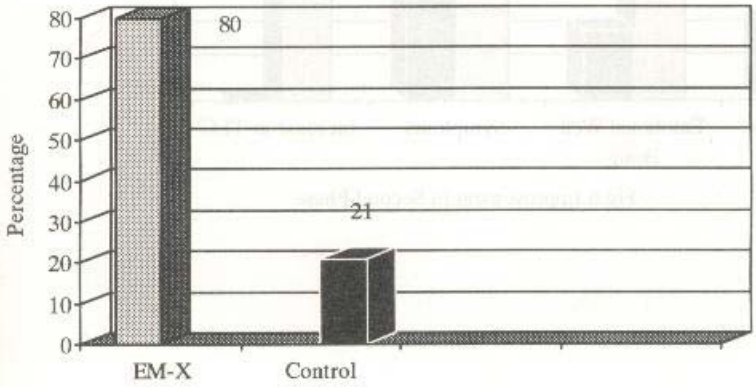
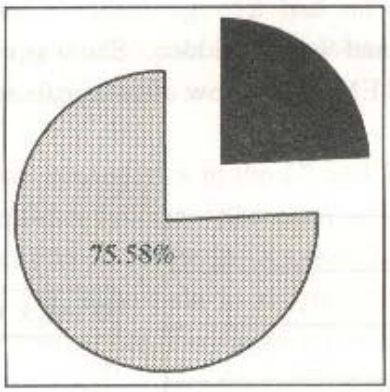


Fig.3 Improvement in Emotional Well Being



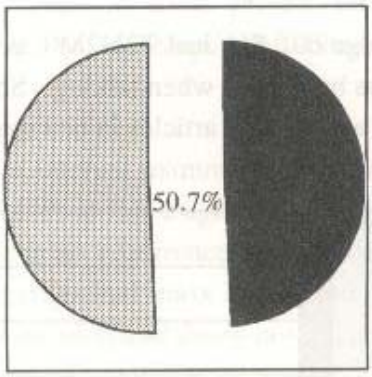


Fig.4 Improvement in Symptoms

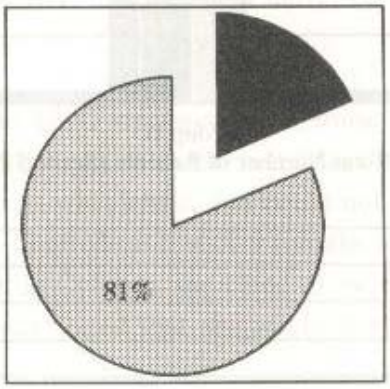


Fig.5 Increase in TLC

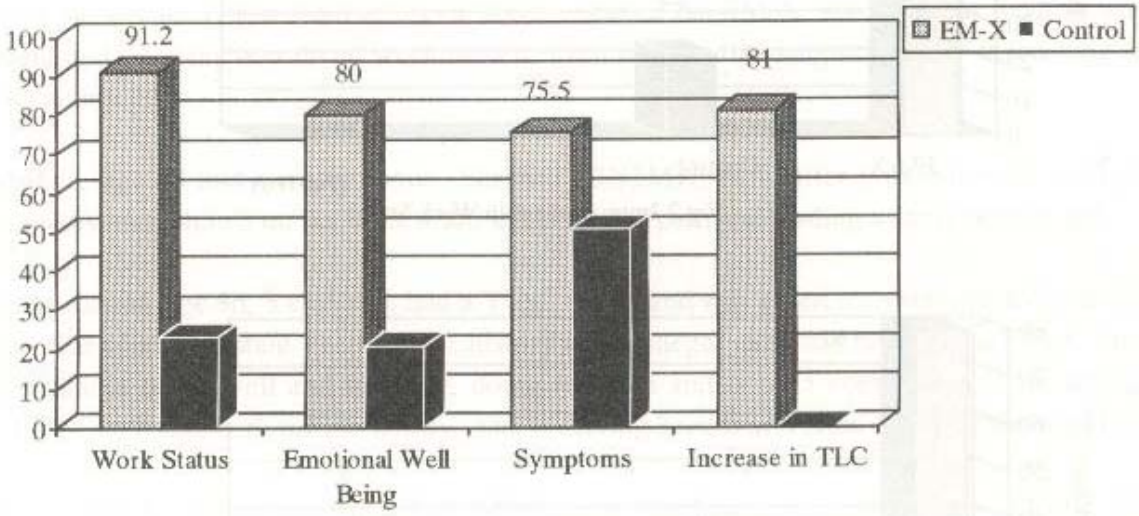


Fig.6 Improvement in Second Phase

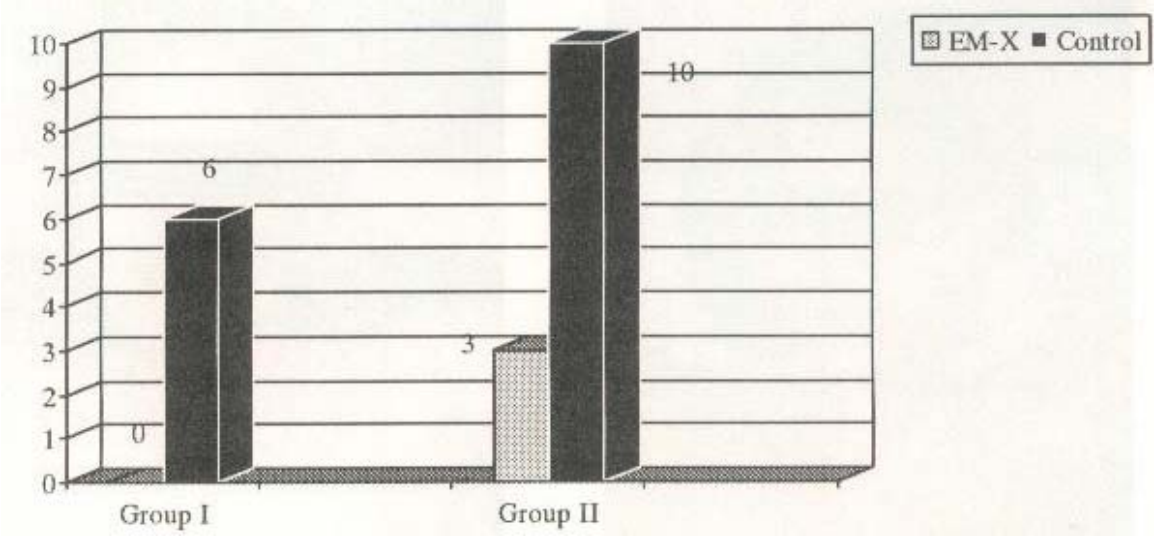


Fig. 7 Mortality in Both Group (Second Phase)