

# Remission of Stage IV Metastatic Ocular Melanoma to the Liver

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## Introduction

Ocular melanoma is characterized by a high rate of liver metastases. The median survival time is less than five months. There is no standard allopathic therapy for this condition.<sup>1</sup>

Although therapies based on the treatments of metastatic cutaneous melanoma have been tried, the conventional treatment of intravenous and intra-arterial hepatic infusions are usually futile. Systemic chemotherapies may cause temporary shrinkage of a tumor but will not cure the disease. Although the less toxic hepatic arterial infusion increases tumor shrinkage, there is no clear difference in survival rates between the two methods.<sup>2</sup>

Surgeons can resect isolated metastases, however this is not possible in the majority of cases either due to the tumor's size, multicentricity or adjacency to major blood vessels, or inadequacy of the hepatic functional reserve.<sup>3</sup> Palliation is the standard and sole treatment for most patients.

## Case and Treatment

The following is a rare case of remission of liver cancer through an initial treatment of chemotherapy followed by orthomolecular treatment. The patient is a 76-year-old caucasian female with a history of ocular melanoma in the right eye treated with radiation implant. Three years after the radiation, a CT scan revealed multiple lesions in the liver. The largest lesion was a 4.5 cm mass in the right lobe and at least three other lesions, 1-2 cm, throughout both lobes. A fine needle aspiration of the largest lesion confirmed the diagnosis of metastatic melanoma. Two months after the CT scan she began intrahepatic doxo-rubicin once

each month for four consecutive months along with natural therapeutics. After the fourth month of treatment, chemotherapy was terminated and the patient received vitamin and botanical therapy exclusively. The CT scans indicated continuous regression of liver tumor throughout the course of orthomolecular treatment for the next two years. Twenty-two months after the diagnosis of liver cancer, the patient had no clinical evidence of recurrent liver disease, maintained body weight, appetite, and an active lifestyle. Patient 39 months later has no clinical signs of cancer. The basic natural treatment consisted of the following minerals, vitamins and botanicals:

*Vitamins\minerals:* Taken daily in two divided doses.

Vitamin C, 9 g

Niacinamide, 500 mg

Folic Acid, 15 mg

Zinc, 100 mg

Selenium, 100 mcg

N-acetyl-cysteine, 1 g

*Botanicals:* 45 ml of botanical combination tincture taken daily in two divided doses.

*Antineoplastic:* Misteltoe, Chaparral

*Lymph drainage:* Poke root, Cleavers, Burdock

*Immune Support:* Astragalus, Echinacea

*Liver Support:* Milk Thistle, Greater Cheladine.

*Adaptogens:* Polygonium, Siberian Ginseng

*Digestive Support:* Gentian

The botanical dose prescribed is eight times the conventional dose typically used in North America. In natural medicine when treating serious cases, I feel it is imperative to use high doses to treat conditions such as cancer. It is interesting to note that typically both patients and practition-

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ers are often more afraid to use natural medicines in high doses than to use drugs in chemotherapy. Fear of natural healing processes has been ingrained in our modern psyche along with comfort in taking toxic drugs. This fear prevents many people from gaining faith in taking such a protocol. Fortunately, this patient had the commitment and faith to take both allopathic and natural medicine.

To avoid habituation or side effects, different botanical combinations are chosen every three months. The above list contains the basic plants which I alternate. Usually one plant in each category is used for three months and then another one is substituted for the following three months. In addition, a daily massage of castor oil was applied topically over the liver to increase lymph drainage and to augment the white blood cell count.<sup>4</sup> Three cups of organic blueberries and raspberries were recommended daily. With high levels of bioflavonoids, particular anthocyanins, these fruits provide excellent antioxidants.<sup>5</sup>

#### Rationale for Treatment

The high dose of vitamin C at 9 g/day was used to enhance the immune system, stimulate collagen formation necessary for walling off tumors, inhibition of hyaluronadase which keeps the ground substance around the tumor intact and prevents metastases, prevention of oncogenic viruses, correction of an ascorbate deficiency, and reduction of toxicity of doxorubicin.<sup>7</sup>

The use of Chaparral for cancer has been used traditionally by natives of the desert from Death Valley, the dry lands of Texas, the desolate mountains of the Sonoran, and the Mojave desert in Mexico. It is one of my favorite plants in the treatment of many conditions, among them cancer. Most Chaparral plants live for several hundred years, but some plants in the desert have been carbon-dated to be 11,500 years old. A shrub that can live so long must

have amazing medicinal properties. The plant has been shown to have over 600 medicinally active ingredients. Among them is NDGA (nordihydro-guaiaretic acid) a potent antioxidant.<sup>8</sup> The efficacy of its antioxidant properties in preventing foods from becoming rancid was used not only by the indigenous Hispanics but also by modern Americans. Chaparral has been traditionally used for a variety of conditions ranging from melanoma to uterine fibroids. Although its anti-neoplastic activity is not understood by modern science, Chaparral has been used to treat melanoma with success. Perhaps part of its effect is its antioxidant and immune-stimulating activity. There has, however, been documented cases of liver toxicity in people who have used Chaparral in extremely high dosages (i.e. 15 capsules daily for three months). Cases of known Chaparral poisoning favorably resolved when Chaparral was withdrawn. There have been no serious side effects in most people, even with high doses used in cancer, and no deaths reported.<sup>8</sup>

Milk Thistle contains the active constituent Silymarin, a mixture of flavonolignans. Silibin, the most active flavonolignan, is largely responsible for the benefits attributed to the silymarin complex. Milk Thistle exerts a protective and restorative effect on the liver. The hepatoprotective effects include anti-oxidation, anti-lipid peroxidation, enhanced detoxification, and protection against glutathione depletion. Milk thistle inhibits the enzyme lipoxynase, thereby inhibiting the formation of the hepato-destructive leukotrienes. In damaged livers, silymarin has been shown to increase protein synthesis which might account for its hepato-restorative activity. Silymarin has been shown in animal studies to possess anti-fibrotic activity, and anti-tumor activity in a range of cancers.<sup>9</sup>

Lymph health is imperative in a strong immune response. Poke root is a very powerful lymph drainer, however a small amount of no more than 10% of it should be used in

a formula due to its potential toxicity. Fatal doses have been reported ingesting half an ounce of roots or berries in an adult.

Siberian Ginseng is an excellent adaptogen and endocrine tonic. It has been shown to reduce leukopenia induced by endotoxins, prevent stress induced thymic and lymphatic involution, protect against radiation exposure, inhibit carcinogenesis from urethane, 6 methylthiouracil, and indole.<sup>10</sup>

In all cancers absorption and digestion of nutrients is imperative. Considering that most cancer patients lose weight, any improvement in digestion is key. Gentian is a bitter herb that helps with appetite and the secretions of pancreatic digestive enzymes. This patient was able to not only maintain body weight but have a 3.5 kg increase in weight throughout her cancer treatment. She currently maintains an active lifestyle and feels well.

## Results

Liver tumor size is now half and has regressed continuously for the 33 months since chemotherapy was last administered. She currently has no hepatomegaly or elevated alkaline phosphatase which existed in the beginning of treatment.

The following is a series of computed tomography reports throughout the progression and remission of the patient's metastatic melanoma.

*CT Scan Report, Month 1:* Increased size and number of hepatic lesions consistent with progression of hepatic metastatic disease. Multiple metastatic foci, largest in posterior segment of the right lobe measuring 4.5 cm. There are several lesions measuring 1-2 cm scattered in both the right and left lobe, superimposed on previous existing liver cysts. Biopsy indicates metastatic melanoma of the liver. Therapy Prescribed: none

*Month 2:* Multiple metastatic foci, largest in posterior of right lobe measuring 4.5 cm. Increasing size and number of hepatic lesions compared to previous CT scan. Therapy prescribed: One dose of Intrahepatic Doxorubicin, 90 mg/m<sup>2</sup>. Vitamin and

botanical therapy.

*Month 3:* Improvement in the metastatic disease in the right lobe of the liver. Therapy prescribed: One dose of Intrahepatic Doxorubicin, 90 mg/m<sup>2</sup>. Vitamin and botanical therapy.

*Month 4:* Improvement in the metastatic disease in the right lobe. Therapy prescribed: as previous

*Month 6:* Large metastatic disease in the posterior of the right lobe of the liver has decreased slightly in size. Therapy prescribed: Vitamin and botanical therapy exclusively for the next 33 months.

*Month 8:* Stable liver metastases and liver cysts.

*Month 11:* No Change in liver metastases.

*Month 14:* Improvement in the metastatic disease of the liver. Regression of the liver tumor.

*Month 20:* Regression of liver tumor. Improvement in the metastatic disease of the liver.

*Month 21:* Patient has no clinical evidence of recurrent liver disease. Further regression of liver tumor.

*Month 29:* Patient has no clinical evidence of liver disease. Further regression of liver metastases.

*Month 39:* Patient has no clinical evidence of liver disease. Further regression of liver metastases. The largest liver tumor decreased .5 cm from last CT scan.

As Figure 1 (p.217) indicates, the normalization of alkaline phosphatase demonstrates the reversal of liver disease.

The continual decrease in the size of the liver tumors as evidenced by the CT scans indicated a remission of liver cancer. The largest tumor had decreased from 4 cm to 1.5 cm after 39 months of treatment. Although the oncologist thinks the patient's recovery was due to four days of chemotherapy administered three years ago, and that her naturopathic treatment has been only wasteful, I disagree. There is no evidence that chemotherapy in liver cancer has any possibility of causing remis-

sion especially years later. Currently there are no satisfactory allopathic treatment options for patients with ocular melanoma metastatic to the liver, and after liver metastases are identified, median survival time is only two to seven months.<sup>6</sup>

**References**

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Figure 1. In 12 months consisting of 1 day of IV Doxorubicin and 12 months of vitamins and botanicals, serum values of alkaline phosphatase were within reference values and were maintained throughout the remaining treatment period.

