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Preliminary communication

Consecutive case study research of carcinoma *in situ* of cervix employing local escharotic treatment combined with nutritional therapy

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Seven consecutive patients were seen for the diagnosis and treatment of cervical cancer. All patients were diagnosed with carcinoma *in situ* of the cervix class IV using physical exam, pap smear, colposcopy, and cervical and endocervical biopsies. All seven patients were treated with a common naturopathic protocol and received follow-up for one year. Four of the women remained disease free after the one-year period. One woman improved to atypia and then reverted to mild dysplasia. One woman had resolution to the cells of the endocervix and not the ectocervix, and one woman had resolution to the cells of the ectocervix and not the endocervix.

INTRODUCTION

APPROXIMATELY 16,000 CASES OF INVASIVE CERVICAL CANCER and 45,000 cases of *in situ* cancer occur yearly in the U.S. and account for about 7,500 deaths per year.*(1)* With the co-factors of human papilloma virus and herpes virus, many consider cervical disease to be existing in epidemic proportions. A naturopathic protocol incorporating local, systemic, and constitutional therapies were utilized featuring a traditional therapy called the escharotic treatment. Although cervical cancer is considered a well-treated cancer with conventional medicine, there are compelling reasons to consider naturopathic treatment. Diagnosis and treatment are overwhelming conventional medical facilities. Cost, recurrence rate, risks of general anesthesia, addressing multiple health factors and attending to the mental, emotional, and physical evolution of the pathology is most often neglected. Each of these seven patients had individual reasons for refusal of conventional therapy; fear of general anesthesia (one patient's mother died due to complications from anesthesia), fear or refusal to participate in conventional medicine, cost, and desire to heal with a more integrative natural approach.

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METHODS

Note: This study was done prior to the common laboratory use of the Bethesda-Maryland classification system. Therefore, the now outdated Class I-V system was used.*(2)*

Seven premenopausal women were seen in consecutive order at the Portland Naturopathic Clinic. In-depth history, physical exam, pap smear, and colposcopy and biopsy, or a review of previous reports were done with each patient initially and then with appropriate follow-up protocols. In one case, the patient came to the clinic with a non-

FIGURES 1-4 (Page 8) and 5 (Page 9). Results of escharotic treatment and combined supportive therapy on seven female subjects with cervical carcinoma in situ.

FIGURE 1: BEFORE TREATMENT

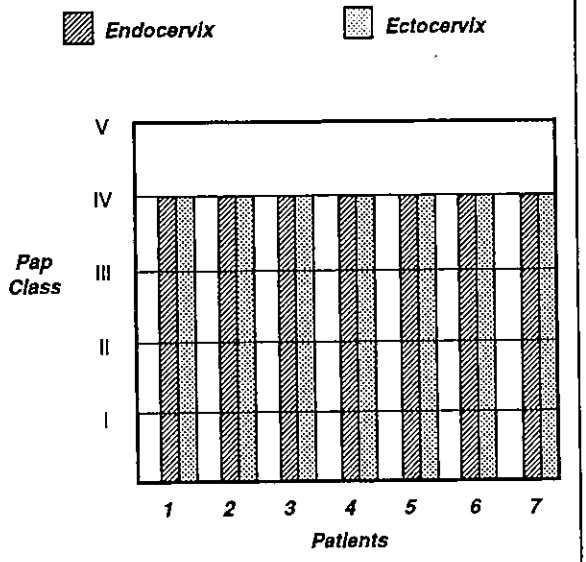


FIGURE 2: FIRST FOLLOWUP (10 WEEK)

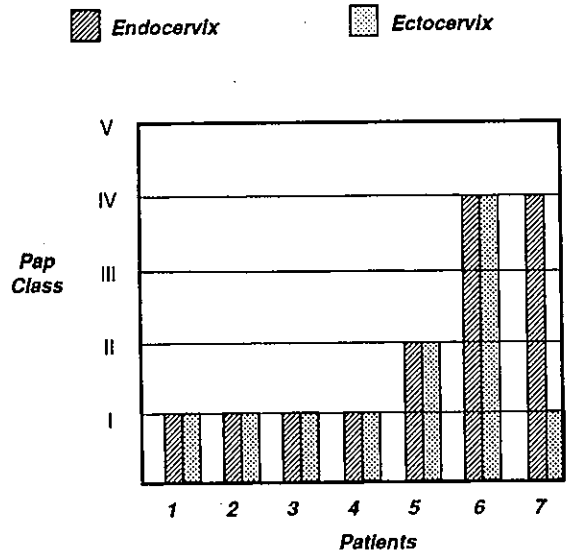


FIGURE 3: SECOND FOLLOWUP (3 MONTH)

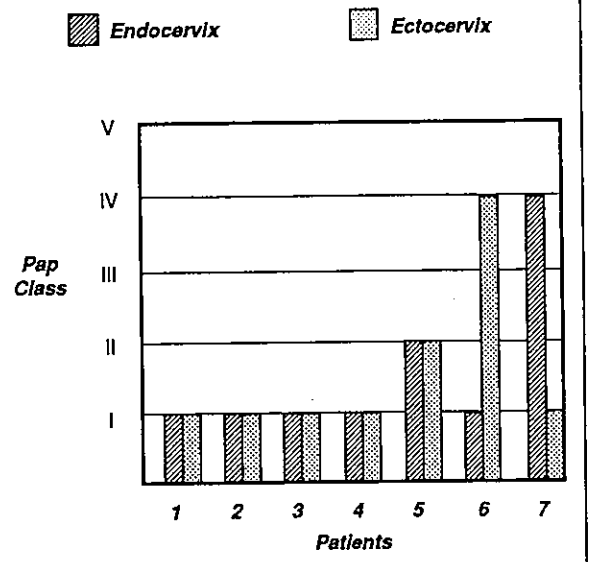


FIGURE 4: THIRD FOLLOWUP (6 MONTH)

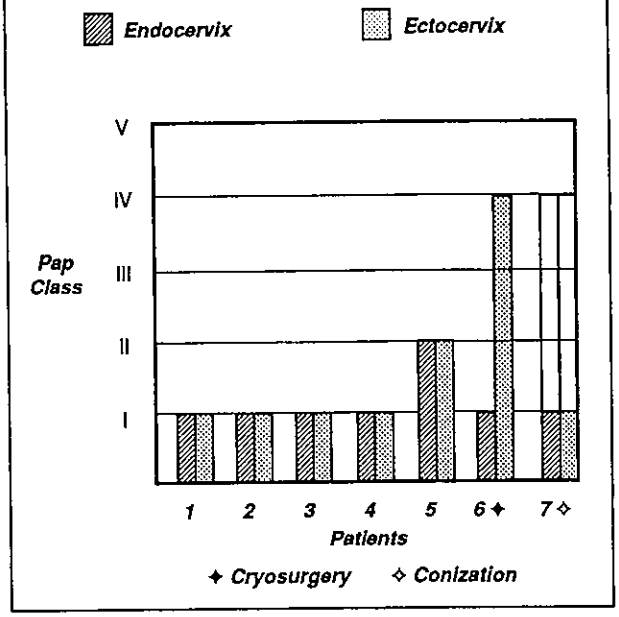
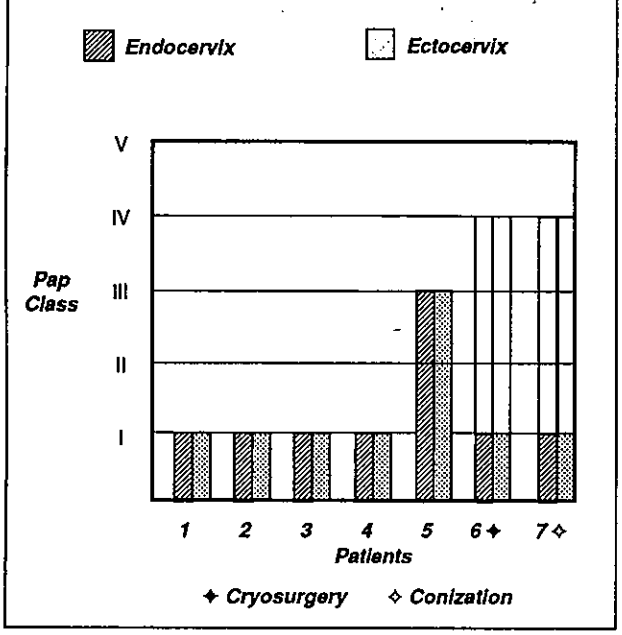


FIGURE 5: 1 YEAR FOLLOWUP



gynecological health problem and cervical cancer was diagnosed. All other patients came with the diagnosis of carcinoma *in situ* of the cervix made by prior pap and biopsy with a previous physician. Records were examined to determine and confirm the details of the diagnosis and the appropriateness for the naturopathic treatment.

Three levels of treatment were considered to be appropriate: local treatment to the cervix, systemic treatment, and constitutional treatment. All seven patients received the same local and systemic treatment. Constitutional treatment consisted of a homeopathic medicine which each patient received after the series of local treatments were completed. Systemic treatment included ascorbic acid 6-10 grams/day;*(3-4)* beta-carotene 120,000 to 180,000 units per day;*(5-8)* and selenium 400 mcg per day.*(9)* Patients were also prescribed a vegan diet to eliminate animal fats, and two botanicals with known activity on the hepatobiliary system, *Taraxacum officinalis* and *Arctium lappa* (amounts variable from two to six capsules of each per day).* Systemic treatment was continued for a minimum of three months. Local treatment included the following applications to the cervix and endocervix:

1. *Escharotic treatment* twice a week for five weeks
2. *Week six*, vitamin A emulsion on the end of a tampon nightly
3. *Week seven*, slippery elm *(Ulmus fulva)* suppositories nightly**
4. *Week eight*, vitamin A emulsion on the end of a tampon nightly
5. *Week nine*, slippery elm suppositories nightly.

Follow-up pap smear, exam, and colposcopy with biopsy were done approximately ten weeks after beginning local treatment, in addition to 3 month, 6 month and 1 year intervals.

MATERIALS AND METHODS

Preparation: A zinc chloride solution should be prepared ahead of time and a stock bottle may be kept on hand; 90 gm ZnCl/60 ml sterilized water. Four cups are prepared:

1. Powdered contents from two bromelain capsules
2. Calendula succus
3. ZnCl solution one part and *Sanguinaria* tincture three parts
4. Sterile water

Other materials needed:

1. Small cotton-tipped applicators
2. Large cotton swabs
3. Vaginal depletion pack material in lamb's wool prepared in tampon fashion
4. Vitamin A emulsion

All applications except the suppositories and tampon should be applied to the cervix and the endocervical canal.

1. Blot cervix clean with large cotton-tip applicator (or cotton ball on the end of a ring forceps).
2. Two bromelain capsules or powdered tablets slightly moistened and applied to cervix (and endocervix) with large cotton-tip applicator. With speculum in

* The systemic use of *Taraxacum* and *Arctium* deserves some explanation: *Arctium* is principally known for its alterative properties and direct influence upon the blood and mucous membranes. In addition, it has been used in the "Hoxey Formula" for several decades. *Taraxacum* root, also an alterative, contains carotenoids and acts as an antioxidant. It has been used as a traditional medicine in China both topically and internally for cancer.

** *Ulmus fulva* suppositories were used for their emollient actions and ability to heal inflamation and trauma to the mucous membranes. *Calendula*, used as a wash in the escharotic technique, hastens healing through inducing granulation, while also acting as an antibacterial and anodyne. *Calendula* tends to minimize scar tissue formation and wound contraction.

place, leave enzymes on the cervix for 15 minutes. A GYN lamp should provide gentle heat during this portion of the treatment, with heat directed towards the cervix.

3. Remove enzymes with *Calendula* succus using another large cotton-tip applicator.
4. ZnCl solution and *Sanguinaria* tincture is painted on the cervix and left on for one minute. You will note a darkening of the abnormal cells. If this or the *Calendula* application cause pain, wash the cervix with a little water, or dilute the solution slightly with water. This solution may cause an ulceration on the vaginal wall if it comes into contact with this tissue. If cramping is experienced, a hot pack over the uterus as step one begins is helpful.
5. A second application of *Calendula* succus is applied (you will note a blanching of the abnormal cells).
6. A vag pack is inserted and left in place for 24 hours. (Vaginal depletion pack materials are produced by Eclectic Institute, Portland, OR). Apply Vitamin A emulsion to the end of the vag pack that will then be placed up against the cervix.
7. Vinegar douche after removal of the vag pack.

Repeat the treatment twice weekly for five weeks, treatments two to three days apart. Cervical trauma from intercourse is best avoided during these treatments. The cervix requires up to one month to heal sufficiently after the treatments; this time period assures tissue healing for an adequate pap smear and resolution of the disease. During this one-month period:

1. Vitamin A emulsion on the end of a tampon nightly during week one.
2. Slippery elm suppositories nightly during week two.
3. Vitamin A emulsion nightly during week three.
4. Slippery elm suppositories nightly during week four.

Pap smear, colposcopy, and biopsy should be performed before and after the course of therapy with three-month repeat pap smears for six months and then every six months for two years; then annually.

RESULTS

Treatment outcomes are summarized in figures 1-5. All subjects commenced treatment with class 4 Pap smears of both the ecto and endocervix *(Figure 1)*. At first follow-up (ten weeks) four of the seven subjects had regressed to class I, one subject regressed to class II, and two subjects remained at class IV, although one of these two had regression of the dysplasia on the ectocervix to class I.

Second follow-up at 3 months showed continued remission in subjects 1 through 4 and regression of the endocervix in subject 6 to class I. Subject 5 showed no further improvement, remaining at class II. Endocervical scrapings from subject 7 continued to show class IV changes while ectocervical scrapings continued to show complete remission. Third follow-up at 6 months showed continued remission in subjects 1 through 4, maintenance of subject 5 at class II, continued ectocervical class IV in subject 6 despite cryosurgery, and complete remission to class I in subject 7 after conization. First year follow-up showed continued remission in subjects 1 through 4, partial relapse in subject 5 from class II to class III, and remission in subjects 6 and 7 after conization and cryosurgery.

DISCUSSION

Various forms of this protocol have been used for decades by naturopathic physicians for the treatment of superficial cancers, including carcinoma in situ of the cervix, and this protocol can be seen as caustic botanical therapy used to slough abnormal cells and tissues from the top few millimeters.

It is important that the clinician become familiar with the clinical situations in which the escharotic treatment is not a necessary or optimal approach. This protocol should be used in the treatment of cervical dysplasias and carcinoma *in situ* of the cervix when preceded by a proper and complete work-up and diagnosis. This technique is probably not necessary with grade I and II dysplasias, but is clearly effective with severe dysplasias and carcinoma *in situ* (ectocervical or endocervical or both). A shorter series of escharotic treatments appears sufficient in condyloma.

Although no prior studies appear to have been reported on the use of topical *Sanguinaria* extracts on cervical dysplasia, there does exist a rather extensive literature on the plant's anti-neoplastic qualities, including topical application in cases of carcinoma of the human nose and ear, both of which had positive responses.*(10)* The isoquinoline alkaloids sanguinarine, chelerythrine and homochelidonine have distinct antineoplastic effects on murine Ehrlich carcinoma, and a variety of sar comas.*(11)* The proteolytic fractions in bromelain, and the caustic nature of the zinc chloride probably act to disrupt cellular membrane integrity and the mucous overcoating, thus allowing adequate penetration of the *Sanguinaria* alkaloids into the intracellular and intranuclear compartments.

Patients 1 through 4 had a complete and stable cure of their cervical cancer from initial follow-up to the one year follow-up. The standard ten local treatments were given. Patient 5 at first follow-up remitted to class II and five more escharotic treatments were given with no change. The three month follow-up visit reported atypia and one year after beginning treatment the subject progressed to class III and was referred for conventional treatment at that time. This patient was non-compliant with requests of diet, avoidance of multiple sexual partners, and other lifestyle changes.*

Patient 6 had no change after the initial ten treatments. She refused more treatments and at three months the pap and colposcopy reported condyloma located in two spots on the ectocervix although it was suspected that she also had abnormal cells higher into the endocervical canal. At the six-month follow-up, two spots on the ectocervix remained. She was treated with cryosurgery and the cellular changes returned to normal. This patient had a history of carcinoma *in situ* for six months before beginning naturopathic treatment at the clinic.**

Patient number seven had immediate and stable normalization of the abnormal ectocervical cells. Even with ten more escharotic treatments and systemic treatment, a normalization of the endocervical cells was not accomplished. This case study was quite complex: alcoholism and intense anxiety resulting from personal problems. ***

All seven women had their cervical cancer improve to some degree with this naturopathic approach. The treatment proved to be moderately effective for the last three patients and totally effective for the first four patients.

The study data presented here supports the effectiveness of treating carcinoma *in situ* of the cervix with this naturopathic treatment protocol. Further study is warranted to evaluate this treatment on larger numbers of women, and to determine which patients are appropriate candidates for this therapy.

The influence of stress and lifestyle on the pathophysiology of cervical dysplasia is both fascinating and under-reported. Several observations are included here for discussion:

* This woman reported being unhappily married and seemed to have difficulties coping, which may have affected the course of treatment. She might have benefited from more attention to underlying affective problems, perhaps concurrent with her anti-neoplastic protocol.

** This patient was on a macrobiotic regimen. It was very difficult initially and ongoing to convince her that she actually needed treatment. She had a genuine commitment to the ability of her body to heal itself with out any treatment at all. This patient also suffered from depression and personal problems.

*** Patients 1 - 4 reported no blatant or acutely distressing personal problems, as did patients 5 - 7. Arguably, this could account for variations in their response to the treatment. However general health, compliance and past medical history are also significant factors which cannot be discounted.

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