Letter

Escharotic treatment for cervical dysplasia and carcinoma

Editors:

It is two years now since the submission of my study, "Consecutive case study research of carcinoma in situ of the cervix employing local escharotic treatment combined with nutritional therapy." (1)

I am herewith fowarding updated results of treatment of all degrees of cervical atypia and dysplasia as presented at the 1991 AANP convention by me and Dr. M. Linton.

Forty-three consecutive cases of cervical atypia, cervical dysplasia, and carcinoma in situ of the cervix were treated with a naturopathic protocol designed specifically for each category of pathology. The cases were seen by myself at the Portland Naturopathic Clinic at National College of Naturopathic Medicine and by Dr. Linton at her Seattle clinic. All patients were diagnosed and followed with pap smears and the higher grade lesions (moderate dysplasia and above) were diagnosed and followed with colposcopic directed biopsies. Diagnostic categories included atypia, mild dysplasia (CIN I), mild dysplasia with condyloma (CIN I), moderate dysplasia (CIN II), moderate dysplasia with condyloma (CIN II), severe dysplasia (CIN III), severe dysplasia with condyloma (CIN III), and carcinoma in situ (CIN III). Eight distinct naturopathic protocols were used utilizing herbal suppositories, vitamin A suppositories, botanical tinctures, vitamin C, beta carotene, and dietary changes with added therapies of lomatium, folic acid, selenium, and the escharotic treatment in the more advanced cases (2). As shown in Tables 1 and 2, the results of the study were encouraging:

N=43

Outcome:	Patients
Regression to normal	38
Partial regression	3
Persistence	2
Progression	0

TABLE 1.

	n	Regressed to normal		No response	
Atypia	7	7	(100%)		
Mild dysplasia	4	3	(75%)	1	(25%)
Mild dysplasia with condyloma	9	8	(89%)	1	(11%)
Moderate dysplasia	3	3	(100%)		
Moderate dysplasia with condyloma	3	3	(100%)		
Severe dysplasia	5	5	(100%)		
Severe dysplasia with condyloma	2	2	(100%)		
Carcinoma in situ	10	7	(70%)	3*	(30%)

*= partial response

TABLE 2.

Even with these positive results, one must not overlook the limitations of this study. There was a small sample size in each category. There was undoubtedly treatment variability between practitioners. Not all cases had colposcopy and biopsy pre- and post- treatment, and the pap smear has an inaccuracy rate of 10-20% even with adequate sampling and a skilled cytology technician. We must not forget that pathology caused by human papilloma virus requires long term follow-up and observation of recurrence rates. In addition, the study does not take into account variability in patient habits and co-existing systemic illnesses.

On the positive side, physicians who utilize these protocols should do so with confidence in light of the overwhelming rate of regression. Women patients are in need of treatment methods that are safe, affordable, holistic, and respectful of their ability to be involved and successful in the practical as well as inner aspects of the healing process.

Readers should take note that one can incorporate partial aspects of the treatment protocols to ensure cure and reduce recurrence in those patients who are treated with cryosurgery, conization, or the loop electrosurgical excision procedure (LEEP) methods of conventional medicine. A complimentary care/co-management approach in selected cases, in my preliminary observations, is yielding better long term results than exclusive conventional treatment.

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1. Hudson, T. **Consecutive case study research of carcimoma in situ of cervix employing local escharotic treatment combined with nutritional therapy.** J. Naturopath. Med. 1990; 2:6-10.
2. Hudson, T. GYNECOLOGY AND NATUROPATHIC MEDICINE, A TREATMENT MANUAL. Second Edition, TK Publications.
3. Hudson, T. **Cervical Atypia, Dysplasias and Carcinoma in situ.** Townsend Letter for Doctors. 1992. January: 32-41.