Functional Oncology
at Angeles Hospital

Case Study
Lung CA Stg 4
Patient R.D.
Primary Stage 4 Lung CA
May 2017

Canadian 60 y/o Male diagnosed with metastatic lung cancer, antecedente de trombocitopenia idiopatica, PET CT present data of mediastinal adenopathy, and metastasis to the adrenal gland. Diagnosed in May of 2017 with no response to conventional treatment, no further treatment options given in home country. History of opioid consuming (Hydromorphone, morphine) for pain in right thorax as main symptoms.

Studies taken in June 2017

Posteroanterior radiography of the thorax: it shows in the right region a lung tumor of approximately 14 cm in size.

PET-CT: with evidence of metastasis in the mediastinum and adrenal gland.

Initial lab work with mild elevation of leukocytes, Anemia and slight increase of monocytes (precursor cells of dendritic cells) with thrombocytopenia (low platelets previously reported in the patient’s clinical history and unrelated to tumor activity).
Bloodwork: persistent anemia, significant elevation of leukocytes, which, considered in conjunction with the elevation of monocytes and lymphocytes, a start of the immune response after the 1st treatment of 18 days.

Due to the persistence of anemia, drugs are intensified for treatment with iron and oral B complex.

November 2017 PET scan

PET-CT was requested at 20 weeks after starting treatment at the Functional Oncology center. The initial tumor lesion with only a viable tumor remnant of around 30% is shown in the study. No evidence of lymph node metastatic activity and no metastatic lesions in the suprarenal gland region.
May 2017 - April 2018 comparison

Chest x-ray control is performed (April 2018) where a scar is shown in the area of the tumor lesion with restructuring of the injured lung in May 2017.

April 2018

Bloodwork: April 2018; With thrombocytopenia evidence, associated with the patient’s previous condition, with the rest of the parameters recovered.

Patient currently in full remission.

Follow-up PET CT recommended in August 2018

Quality of life at 100 %
Treatment Summary

Anti-immunosuppression therapy.
1) Medical-grade supplementation therapy
2) Personalized nutritional regimen
3) Anti-immunosuppression monoclonal antibodies.

Systemic perfusion hyperthermia
with regimen adapted to the needs of the patient.

Directed Electro-Capacitive localized Hyperthermia
To sites of tumor activity and with administration of adjuvant therapies.

Autologous Cellular Therapy
1. Dendritic cells.
2. Activated T lymphocytes
3. Activated NK cells

Metabolic therapy and anti-cancer chelation
1. Vitamin C in high doses.
2. Amygdalin IV
3. Transdermal and systemic ozone therapy.

Intravenous Nutritional Support
1. Immune activators
2. Essential amino acids
3. Replacement of nutritional components.

Home treatment program
1. Natural supplements and complements
3. Sublingual T-cell modulating therapy.