

**Case reports from Oncothermia Clinic. Early experiences.
Karachi, Pakistan**

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Patient 1

78 y old female, Pakistani

Background – Patient felt a lump on her right breast 7 year ago. It was firm to hard measuring around 6x5cm and there was no significant change in size for next 4 years. Patient did not visit any hospital, after 4 years lump started increasing in size along with some pain in that region. Patient was not willing for any treatment but around 6 months back when patient had severe pain in region she had biopsy done showing invasive ductal carcinoma, ER (+), PR (+). Surgery was done in January 2016, (MRM). Her breast was inflammatory with open wound, fig. 5. The patient refused chemotherapy after surgery, after 2 months patient noticed another lump in her left breast along with bloody discharge from the site around aerola (L) there was fungating wound 7x9cm with irregular margin. Bloody discharge was from right sided scar mark, too. She was generally weak, she had severe pain in hip joint that unable to walk without support. Her active complaints are nausea, heart burn and vomiting.



Fig. 5. Patient's breast before treatment

Diagnosis (2016) – Stage IV invasive ductal cancer of the breast (Left) with multiple metastases, spreading to lung, spleen, skin of right chest wall, bone and lymph nodes. The patient nutritional state was average, her breast was ulcerated with infection. She was unable to walk because of her poor health and decreased appetite. First the patient was given antibiotic cover for the sores on the breast.

Treatment – Patient was given Oncothermia (10 sessions) complementary to low dose chemotherapy. Chemotherapy was 6 cycles of Inj. Taxotere with standard protocol. Oncothermia was given twice weekly for 1 hour session. Nutritional support (minerals and vitamins) was also given in the form of injectables.

Results – After 45 days' nontoxic integrative cancer treatment using Oncothermia and complementary chemotherapy the sores of the breast and scar tissue were remarkably better and at the end it is completely healed, Fig. 6.



Fig. 6. Patient's breast after treatment

Radiological examination of chest and abdomen revealed that breast and skin soft tissue thickening and degree of enhancement were markedly decreased especially breast (L) thickening decreased from 9.0mm to 2.4mm. Multiple growth in lung, spleen have shrunk, no new growth were detected. Hilar and mediastinal lymph nodes also decreased in size, HB 11.1g/dl, Pt 192,000 per cum, Urea 24mg/dl, Creatinine 0.67mg/dl, WBC 6,700 per cum. Patient's health status, quality of life have very much improved that her pain and generalized weakness have been resolved and she can walk even without support. Now she is on her maintenance dose for Oncothermia twice a month.

Patient 2

46 y old male, Pakistani

Background –The status of the patient was post right-nephrectomy and post radiotherapy. Patient was in bad health status, his score of quality of life was low. He was pale looking, mentally he was not alert, lethargic, having deep depression. His appetite was weak, he had remarkable weight-loss, he was unable to carry out his routine work.

Diagnosis (2016) – Patient was diagnosed of renal carcinoma in 2015. He developed bilateral lung metastases detected with PET scan. Size of the largest metastasis was 3.3x3.1cm in posterior basal segment of left lower lobe, and metastatic deposit of 1.2cm was also detected in right adrenal region. Few reactive metastatic lymph nodes were in aortocaval region as well.

Treatment – Oncothermia was provided for the patient from 2-08-2016 to 6-09-2016 after 10 sessions of Oncothermia + Chemotherapy (Tab: Affinit every other day).

Results – Pulmonary metastatic deposits of the patient reduced remarkably from 3.3x3.2cm to 1.8x1.5cm in posterior basal segment of left lower lobe of lung. His right adrenal metastatic deposit was completely resolved from 1.2cm, reactive/metastatic lymph nodes in aortocaval region were completely resolved, too. Patient's quality of life remarkably improved. He gained weight, his appetite increased, his depression weakened, he was alert and even he started driving a car. Now patient is in follow-up and controlled frequently in every 10 days.