Naturopathic Anti-Tumoral Treatment & 8 Year Survival Benefit Statistics: A Single-Centre Experience

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Background
There is a considerable amount of research supporting the use of hyperthermia as an adjuvant treatment in oncology. Both modulated electrohyperthermia (mEHT) and fever-range whole body hyperthermia (FR-WBHT) have been added to our adjuvant treatment of various cancer types. This study will present the findings of these treatments over the past 8 years in our integrative naturopathic oncology setting. There will also be a presentation of several exceptional case studies from this dataset, which will help illustrate the process by which these treatments are incorporated into an integrative treatment approach.

Methods
mEHT was administered using the Oncotherm EHY-2000+, and FR-WBHT using the Heckel HT-2000.

Results
An examination of the data from the past 8 years will be provided. mEHT has been administered to hundreds of patients with over 35 cancer types. Data elements include patient statistics, cancer group & type, treatment(s) used, adverse events, overall survival (OS), diagnostic imaging & blood test results. We have also now provided FR-WBHT to hundreds of patients and we have collected similar data in the evaluation of this treatment's benefit. An initial analysis of this data will be provided. A Best Case Series of several exceptional case reports will also be presented.

Conclusion
mEHT and FR-WBHT are safe treatments with very few adverse events or side effects, allowing patients to maintain a high quality of life. Moreover, our initial data indicates that the addition of these therapies into an integrative oncology setting provides benefits to PFS and OS, as well as to QOL.
Integrated Health Clinic
Cancer Care Center
BRINGING HOPE TO CANCER CARE

Naturopathic Anti-Tumoral Treatment & 8 Year Survival Benefit Statistics: A Single-Centre Experience
Fort Langley BC Canada

INTEGRATIVE THERAPIES
Exceptional Technology...The Right People...Uncompromising Care
OUR MODEL

Integrative Cancer Care

Integrative Cancer Care
Treating the Whole Patient

Primary Cancer Therapies
Cytotoxic treatments that also work with standard treatments improving efficacy & reduce SE’s

Immune System Therapies
Therapies that improve immune management of cancer

Supportive Protocols
Managing the unique issues faced by each patient maximizing quality of life throughout their care

Prevention & Survivorship
Personalizing cutting edge survivorship, surveillance and prevention strategies
### Primary Cancer Therapies
**Killing Cancer Cells**

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loco-Regional Hyperthermia</td>
<td>Using heat and EMF to kill cancer cells &amp; enhance CT/RT</td>
</tr>
<tr>
<td>I.V. Therapy</td>
<td>Direct infusion of high dose vitamins &amp; other medicines</td>
</tr>
<tr>
<td>Injection Therapy</td>
<td>Direct introduction of focused cancer fighting agents</td>
</tr>
<tr>
<td>Targeted Supplementation</td>
<td>Addressing known molecular targets of each patient’s cancer</td>
</tr>
<tr>
<td>Prescriptive Medications</td>
<td>Repurposed drugs used to manage known targets of cancers</td>
</tr>
<tr>
<td>Conventional Therapy Sensitization</td>
<td>Maximizing conventional treatment efficacy</td>
</tr>
<tr>
<td>Sonodynamic Therapy</td>
<td>Ultrasound induced activation of cancer fighting agents</td>
</tr>
</tbody>
</table>

### Immune System Therapies
**Boosting Natural Systems**

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.V. Therapy</td>
<td>Infusions of immunologic medicines such as Vitamin C</td>
</tr>
<tr>
<td>Injection Therapy</td>
<td>Focused immune support such as mistletoe therapy</td>
</tr>
<tr>
<td>Targeted Supplementation</td>
<td>Oral meds to support the branches of the immune system</td>
</tr>
<tr>
<td>Biological Therapy</td>
<td>Biological agents to stimulate immune activity</td>
</tr>
<tr>
<td>Immunotherapy Sensitization</td>
<td>Supporting PD-1/PD-L1, CTL-4 and other approaches</td>
</tr>
<tr>
<td>Body Warming Therapy</td>
<td>Fever response activation</td>
</tr>
</tbody>
</table>
Supportive Protocols
Achieving Wellness

Detoxification / Chelation
Removes toxins, heavy metals and other waste materials

Vital Organ Support
Targeted support for the liver, kidneys, skin and bowels/biome

Laboratory Testing
Use laboratories worldwide to provide best practices

Dietary Counselling
Understanding the best foods for your specific body/disease

Lifestyle Counselling
Harnessing the benefits of exercise, stress management, mindfulness, etc.

Acupuncture & TCM
Using acupuncture & herbs to support healthy Qi

Prevention & Survivorship
Life Without Cancer

I.V. Therapy
Infusions to optimize nutrition and tissue health

Injection Therapy
To support a healthy immune system

Targeted Supplementation
Addressing each patient’s specific need for support.

Dietary Counselling
Eating foods with known anti-cancer benefits

Lifestyle Counselling
Harnessing the benefits of exercise, stress management, mindfulness and other cancer prevention strategies

Detoxification / Chelation
Remove toxins, heavy metals and other waste materials known to interfere with proper body function
Dr. Gurdev Parmar, BSc, ND, FABNO

Integrated Health Clinic
Fort Langley BC Canada

Naturopathic Anti-Tumoral Treatment & 8 Year Survival Benefit Statistics: A Single-Centre Experience
Disclosure

Owner Integrated Health Clinic, which offers Hyperthermia Treatment

Ownership interests in Teneovita Medical Innovations, Inc., an international distributor of hyperthermia devices

Research & Ethics

The CCNM Research and ethics board (REB) has provided review and oversight for this research project, in order to assure that it meets all scientific and ethical principles, and that it complies with all applicable regulations and standards pertaining to human participant protection.
Background

The benefit of hyperthermia as an integrated cancer therapy is well established in many parts of the world. The application of heat (locally or as a whole body treatment) is not widely administered in North America, partly due to limited available research in this geographic location.

The compelling evidence supporting its safety and use as an adjunct to standard of care in Europe and Asia highlights the need for further hyperthermia research in North America.

Background

In June 2010 Integrated Health Clinic successfully applied for a Special Access License & then a Class 3 Medical Device License to import and use an Oncotherm modulated electro-hyperthermia device, a first in Canada & the USA.

As a naturopathic oncologist, I have a 100% oncology practice having seen over 10,000 patients over the past 18 years with a team of associates, management, assistants, nurses and medical lab assistants.

In 2012 we brought in a whole body hyperthermia (WBHT) device to provide outpatient fever-range WBHT targeting between 38.5 - 40.5 degrees Celsius.
PURPOSE

• To describe baseline characteristics on the use of hyperthermia as part of an integrative naturopathic treatment protocol at IHC, from June 2010 -> July 2018.

• To assess the safety profile for fever-range WBHT and LRHT.

• To assess 5 year survival patterns for IHC’s top ten treated cancer types including glioblastoma multiforme (GBM), stage 4 colorectal cancer, and non-resectable pancreatic adenocarcinoma.

METHOD

• A retrospective study was conducted on all 785 patients who received hyperthermia at IHC from June 2010 to July 2018.

• Patient Inclusion criteria:
  • Only distant metastatic disease (stage IV) for all 10 cancer types.
  • Received a minimum of 6 LRHT treatments.

• Evaluation measures included:
  • Baseline Measures: date of diagnosis, stage at diagnosis, stage at new patient visit, concurrent treatments, and previously tried therapies.
  • Overall survival was assessed over 5 years using Kaplan-Meier plots.
As of July 2018, the IHC has treated 1289 and 327 patients using LRHT and WBHT respectively.

785 of these patients met all the criteria to be included in our dataset.

16,752 LRHT and 1082 WBHT treatments have been administered between June 2010 & June 2018.

66% of patients had metastatic cancers at their initial IHC visit, compared to 49% at initial diagnosis.
Cancer Group & Frequency Data.

For top 10 Cancer Groups (for 737 patients)

<table>
<thead>
<tr>
<th>Cancer Group</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Digestive System</td>
<td>228</td>
<td>29.08</td>
</tr>
<tr>
<td>Breast</td>
<td>136</td>
<td>17.35</td>
</tr>
<tr>
<td>Respiratory System</td>
<td>80</td>
<td>10.2</td>
</tr>
<tr>
<td>Female Genital System</td>
<td>74</td>
<td>9.44</td>
</tr>
<tr>
<td>Male Genital System</td>
<td>64</td>
<td>8.16</td>
</tr>
<tr>
<td>Brain &amp; Nervous System</td>
<td>54</td>
<td>6.89</td>
</tr>
<tr>
<td>Urinary System</td>
<td>36</td>
<td>4.59</td>
</tr>
<tr>
<td>Oral Cavity &amp; Pharynx</td>
<td>28</td>
<td>3.57</td>
</tr>
<tr>
<td>Skin</td>
<td>19</td>
<td>2.42</td>
</tr>
<tr>
<td>Soft Tissue</td>
<td>18</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Global Cancer Types Population Frequency Data.

For top All Cancer Groups at IHC (for 785 patients)
### Cancer Type & Frequency Data.

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>135</td>
<td>29.08</td>
</tr>
<tr>
<td>Colon</td>
<td>94</td>
<td>17.35</td>
</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td>78</td>
<td>10.2</td>
</tr>
<tr>
<td>Prostate</td>
<td>61</td>
<td>9.44</td>
</tr>
<tr>
<td>Brain</td>
<td>54</td>
<td>8.16</td>
</tr>
<tr>
<td>Ovary</td>
<td>43</td>
<td>6.89</td>
</tr>
<tr>
<td>Pancreas</td>
<td>40</td>
<td>4.59</td>
</tr>
<tr>
<td>Rectum</td>
<td>48</td>
<td>3.57</td>
</tr>
<tr>
<td>Kidney &amp; Renal Pelvis</td>
<td>19</td>
<td>2.42</td>
</tr>
<tr>
<td>Soft Tissue</td>
<td>17</td>
<td>2.3</td>
</tr>
</tbody>
</table>

For top 10 Cancer Types (for 579 patients)

### Cancer Type & Frequency Data.

![Frequency Chart](image_url)
For top 7 Cancer Types

Kaplan-Meier by Cancer Type

Colon – Stage IV

Kaplan-Meier Product-Limit Survival Probability
Colon -Distant (N=80, Event=54)

Survival Probability

Time from Diagnosis (years)

0.0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0

91.2% 69.1% 58.6% 43.7% 23.1%

50.7% 31.4% 20.7% 15.2% 12.0%

SEER
IHC

For top 7 Cancer Types

Kaplan-Meier by Cancer Type

Breast – Stage IV

Kaplan-Meier Product-Limit Survival Probability
Breast -Distant (N=35, Event=22)

Survival Probability

Time from Diagnosis (years)

0.0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0

91.2% 85.1% 66.6% 49.1% 24.3%

65.8% 50.3% 38.4% 30.2%

SEER
IHC
For top 7 Cancer Types

Kaplan-Meier by Cancer Type

Lung – Stage IV

Kaplan-Meier Product-Limit Survival Probability
Lung -Distant (N=46, Event=39)

Survival Probability

Time from Diagnosis (years)

22.5% 9.4% 5.6% 3.9% 3.1%

SEER IHC

For top 7 Cancer Types

Kaplan-Meier by Cancer Type

Brain (GBM) – Stage IV

Kaplan-Meier Product-Limit Survival Probability
Brain (GBM) -Distant (N=35, Event=27)

Survival Probability

Time from Diagnosis (years)

85.7% 56.0% 33.9% 30.2% 30.2%

SEER IHC

Oncothermia Journal, Volume 24, October 2018
For top 7 Cancer Types

Kaplan-Meier by Cancer Type

Pancreas – Stage IV

Kaplan-Meier Product-Limit Survival Probability
Pancreas - Distant (N=25, Event=19)

Survival Probability

52.4%
23.8%
19.9%

Time from Diagnosis (years)

0.0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0

For top 7 Cancer Types

Kaplan-Meier by Cancer Type

Ovary – Stage IV

Kaplan-Meier Product-Limit Survival Probability
Ovary - Distant (N=26, Event=21)

Survival Probability

84.6%
73.1%
65.4%
43.3%
37.2%

Time from Diagnosis (years)

0.0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0
For top 7 Cancer Types

Kaplan-Meier by Cancer Type

Prostate – Stage IV

Adverse Effects.

LRHT – Superficial Skin Blisters - 7
LRHT - Subcutaneous Fibrosis - 5
FR-WBHT - Superficial Skin Blisters - 3
FR-WBHT – Urethral Catheter Bleed - 1
Conclusions.

- Preliminary results show **promising survival trajectories** for all ten most commonly treated cancer types we have reviewed in this retrospective data analysis.
- Hyperthermia proves to be a **safe adjunctive treatment** in integrative oncology care.
- Further research is necessary to assess the effectiveness of hyperthermia using a larger sample population and over a longer period of time.

Future Plans.

- A **prospective study** is now underway at the IHC to further assess the impact of our naturopathic integrative protocols on OS.
- A ‘**best case series**’ will be published to disseminate knowledge on the use of our protocols as an adjunct treatment.
- We are one of **7 clinics in North America** chosen to participate in the CUSIOS Trial to assess the benefits of advanced integrative naturopathic oncology with standard of care in several stage 3-4 cancers.
Acknowledgements.

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• Data

Emma Lee, BSc
• Data

References

References

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References

Integrated Health Clinic
Cancer Care Center

THANK YOU

Fort Langley BC Canada