

Back To Health

Nutrition and Chiropractic Center

Your Guide to Better Living

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Esophageal Cancer and Shingles

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-Dr. Andrew R. Dyer

Esophageal Cancer and Shingles

Case Study for 64 Year Old Male

Patient profile:

64 yr old male patient presents to the clinic with chief complaint of shingles. Patient originally presented to the clinic on 11-30-2006. He was in considerable pain from that outbreak and was urging me to give him some suggestions that day to take care of his problem. I was reluctant to do so and actually did not give him any nutrient recommendations at that time because as I explained to him I wanted to see his tests first and make sure that there was not something more urgent and pressing than just a simple shingles outbreak.

Patient's tests results:

11-30-2006 Results of the first round of blood and hair testing done on this patient revealed some high total and LDL cholesterol readings but nothing else of major significance. The hair test showed multiple toxic heavy metal exposures but nothing abnormally high.

Due to the fact that this man was an employee in a paint factory, a DMSA urinary challenge test was ordered to see if other heavy metals were binding up processes in the body. The pre-test showed only a very minute amount of Arsenic being excreted naturally from the body, but the results of the post test were overwhelming. The post test showed Aluminum, Lead, and Mercury all being excreted at a considerable rate. Upon completion of the test DMSA oral chelation therapy began.

New Diagnosis:

Changes in symptoms began with patient having a difficult time swallowing and digesting food. He was under chiropractic care for relief of hiatal hernia/reflux difficulties. After a three week trial of care when not much positive change was made, patient was referred to VA hospital for endoscopy.

Patient called the clinic on 6-8-06 at 1:47 pm. He has just had an endoscopy study done at the VA hospital. They did see a 4-5 inch long potential tumor. The nurse said that she wouldn't be surprised if it was cancer. Patient called and spoke with me while still under the sedative effect from the endoscopy procedure. I asked him to get as many copies of his report as possible when he went back

to the VA on the 19th of June for his follow-up appointment and R.O.F. I said I would help him sort through the details in the report.

Next Blood Work Assessment:

I have just received your most recent blood work and the picture looks o.k. for right now but there is no time to waste. The CEA tumor marker that I checked was at 9.8 and the normal range is between 0-2.5. After you have surgery we will check the CEA tumor marker again to know what it is then, so that we can keep it there. I have put together one of our traditional nutrient lists with capsules and pills; try to blend these things up and mix them in with the Greens First vitamin mix. You have to drink them within about 10 minutes of blending. Right now, it is imperative that you follow the Category #1 Diabetic Diet because we know sugar feeds cancer cells. The less sugar you take in right now the better. Just remember that we are not going to be treating your cancer but giving your body every possible opportunity to beat it on its own.

Patient assessment:

5-18-06 I spoke with patient on the phone. He has had a couple of very difficult nights with his digestion and some arrhythmia activity. He went to the VA hospital and they are going to explore further with H.Pylori tests as well as an endoscopy. Those will be done within the next week.

EKG was also given and the results showed evidence of arrhythmia. The patient will bring a copy of those results in when he reports to our clinic next week. I told him to continue with his vitamin C and E, CoQ10 600 mg/day, and Garlic 2-4 capsules daily.

7-7-2006 I spoke with the patient on the phone today and he had another CEA tumor marker test done, but I won't have those results until next week at the earliest. Patient got his R.O.F. done at the VA hospital today and they told him that he has Adenocarcinoma of the Esophagus and the cells are poorly differentiated. There are some "Points of Interest" showing up in the Right lung as well as an enlarged lymph node in the celiac chain. His current medical treatment options include chemotherapy, radiation, and possibly surgery after that. He did report having some trouble swallowing food this morning but he attributed some of it to the stress that he has been under.

8-4-2006 I spoke with the patient today on the phone and he just had a feeding tube put in and will probably start chemotherapy in 1 week. The MD's at the VA hospital were reluctant to do surgery of any kind without first having the patient undergo chemo and radiation therapy

to “shrink” the tumor; the location of the tumor also made getting to it surgically a particularly difficult challenge. Apparently during the installation of the feeding tube they ascertained that his tumor was increasing in size. I made the following changes to his nutrient list, Cesium 2/d, Germanium 3/d, RM-10 at 4/d, TriEnAll 3/d and Lauricidin at 4 tsp/day.

8-29-06 I made some changes to the patient’s nutrient list today: B12 at 10-12/day, RM-10 at 6/d, Beta Carotene at 2/day, Lauricidin @ 6/day, Vitamin C 10/day, PCA-Rx at 6/day. He is going to try to get me some copies of his most recent blood work from the VA hospital if he can’t we will recheck some blood levels in the following weeks; CBC w/differential, liver and kidney panels.

9-5-06 Patient called today to report that his total WBC has been running between 0.9 and 1.9 so chemo and radiation have been halted and drugs will be used to help bring up the WBC. Platelets have been restored for the moment to 201. His weight has stabilized and the lowest it got was 150 and it’s now up to 154 but in the last week has reached 159; with clothing on he was 164 last week at his home. His energy has been good some days and not so good on other days. He is set to have another round of chemotherapy this week from Tuesday-Saturday. His RBC count is currently at 3.8 but Hemoglobin was between 10-11 gm/dL (post drug administration). During the patient’s first round of chemo he also pointed out that he had some Shingles. He also questioned whether or not the radiation treatments that he has taken would knock out the Shingles virus?

Dr. Dyer’s comments:

I know that Shingles is a latent herpes zoster virus that lies dormant in the dorsal root ganglion or nerves that lie next to the spine. It was possible in my mind then, that the radiation done on this patient for treatment of esophageal cancer may have contributed to knocking out the shingles outbreaks but we will have to wait and see to know for sure.

After all the cancer therapy was complete the patient experienced a spike in his Prostate Specific Antigen or PSA.

12-21-06 I spoke with the patient today and told him the results of his newest PSA test. It was 7.17 when tested at the VA on 11/28/06 and we re-checked it on 12-19-06. He had been on Prostaglan at 6/day for two weeks time and now his PSA is 3.4. I told him that we

wouldn't alter the dosage of Prostaglan currently but perhaps after the next PSA retest in one-two months.

1-2-07 He called today complaining of anxiety attacks. He had 2-3 days last week were he was experiencing this problem, but the ceased on their own. He talked with someone who had been through Cancer treatment and continued to experience these anxiety type attacks for 6-7 months post treatment. I suggested he double his Vitamin B and Vitamin D dosages for now and consider adding in St. John's Wort if the vitamin changes don't take care of it.

1-15-2007 Patient describes his current lung function as if he's breathing in Menthol. I suggested he up his RM-10, Vit. C, Lauricidin, and Vit. D for the next couple of days but if the symptoms don't dramatically improve by Friday he should go to the VA hospital for a chest X-ray.

1-19-2007 Patient was told that he had no cancer in lungs, and no pneumonia, coughing up blood at the VA hospital. Chest x-ray done and dx includes: Bronchitis. Patient declined prescription medication for bronchitis and is instead going to take 6 IgF 2000, Rm-10 at 6/day, Vitamin C 10,000mg/day, Vitamin D at 10,000 IU/day. He'll call me next week after his Tuesday follow-up with his oncologist.

2-5-07 CT scan on neck results are pending, feeling okay little nausea lingering. I suggested that he cut in half some of his nutrient intake: IgF 3/day, RM-10 3/day, Vitamin C 6-7,000mg/day, and Vitamin D at 10,000 IU/day.

Dr. Dyer's Final Thoughts:

His program was based on the specific findings of the blood, hair and DMSA chelation challenge, which included diet and nutritional supplements and his repeat testing showed good improvement. He still has areas in the testing that need improved and as he continues to improve metabolically, I would expect his physical symptoms to at least stabilize and maybe improve even more.

POINT: There is no cure for cancer, in fact, the cause of cancer is not really known or understood. There are many theories out there that explain just the tip of the iceberg when it comes to cancer. We do know this, the best form of cancer treatment and prevention is to do the preventative things now to make sure that you don't get cancer

later on down the road. Our bodies come into contact with cancer each and every day and it is with a strong immune system that the body can handle these small cancerous outbreaks or flare-ups before they become a diagnosable and/or detectable problem.

KEY POINT: You don't need a cure for cancer, (there isn't one and I believe there never will be), all you have to do is to modify your system so that you heal just a little faster, i.e. improve the function of the immune system.

This is why we do so much testing. We need to see everything that we can to try to fix everything that can be fixed. We need to reduce any vitamin or mineral deficiencies or imbalances, system and organ dysfunctions and reduce or eliminate toxicities.

HERE IT IS: If you get healthy enough, your body will likely start to repair faster and more completely. It will take time, maybe several years, but what will happen if you improve just 1-2% every 6-8 weeks. What can happen if you have steady consistent but small improvements over the next 2-5 years? This patient responded quickly but the most important thing is he saw some progress within weeks.

Dr. Dyer's Closing Comments:

This patient in part had such a wonderful result to his cancer therapy because he was able to maintain a very full list of nutritional supplements that allowed his body to maintain its energy and keep healing and repair processes firing on all cylinders.

I personally visited this patient while he was hospitalized in the Dayton VA hospital and I remember him having all his nutrients there in his hospital room to supplement with each and every day, even while he underwent chemotherapy. As with many chemo patients this patient did lose much of his hair during the fall of 2006, but by the of spring 2007 you could never tell by looking at this man that he had undergone such a harrowing experience.

It has been a pleasure to work with him since I began practicing in Dayton and I look forward to guiding him on his path to health for as long as he needs me.