Treating Human Cancers with Medicinal Mushroom Preparations (Croatian Experience)

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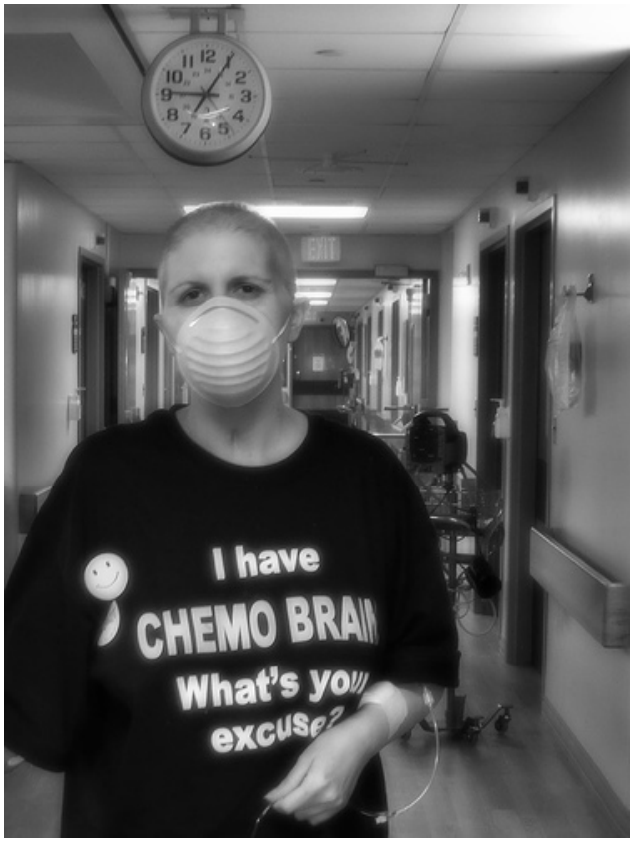
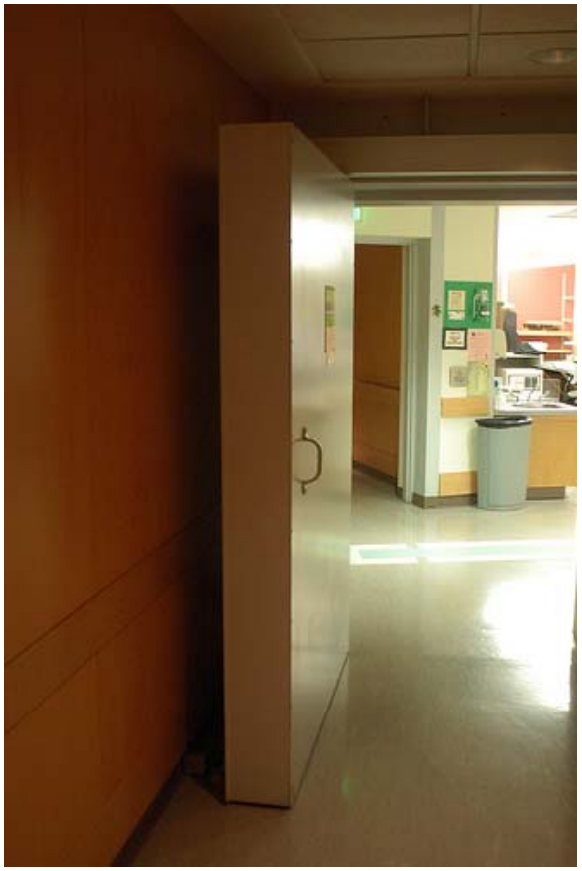
DR MYKO SAN – HEALTH FROM MUSHROOMS

Problem of treating human cancers is still far from being solved





“This door closes as the radiation technicians leave the room, so the big machine can zap me.”

Scientifically based MYCOTHERAPY could be a very significant additional weapon in fighting malignant tumours in humans

Importance of the Study

The experiences of usage of

‘Dr Myko San – Health from Mushrooms’

preparations could be an important part of the quest for the proper mycotherapy of cancer (providing encouragement, showing significant practical results in this, still, largely controversial field)

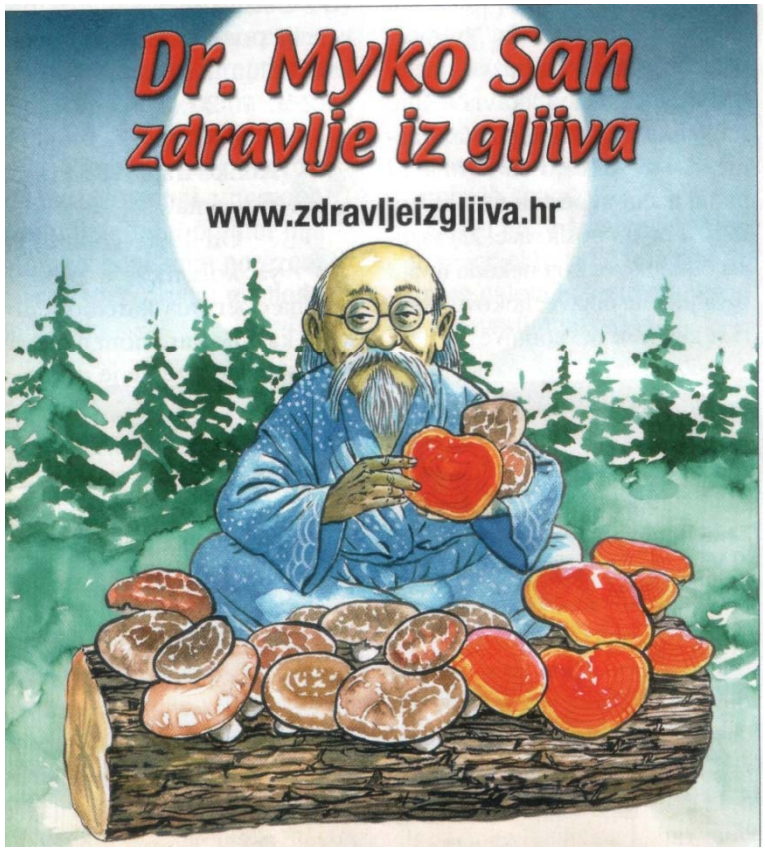
DR MYKO SAN – HEALTH FROM MUSHROOMS

basic info

based in Zagreb, Croatia

developed 5 antitumour mushroom preparations

proprietary blends and modifications of extraction methods for a number of well known medicinal mushrooms

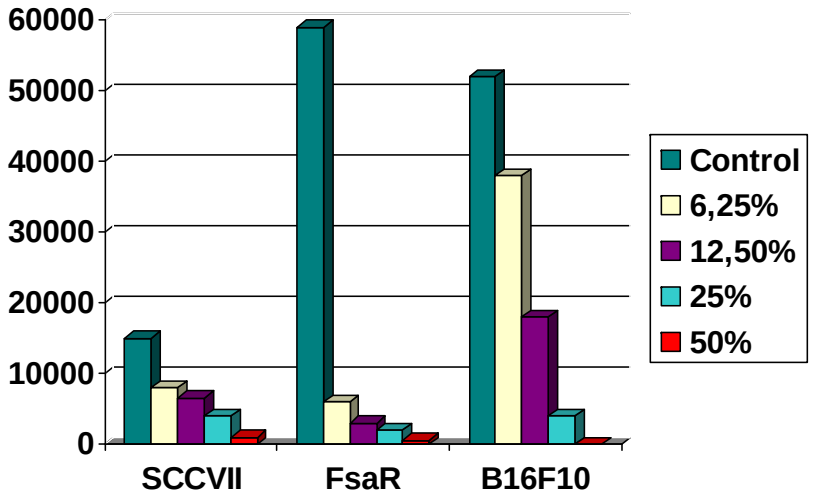


SCIENTIFICALLY VERIFIED

tested at the Rudjer Boskovic Institute – Department of Molecular Medicine

very strong antitumour effects of mushroom preparations LENTIFOM and LENTRAM confirmed

results published in International Journal of Medicinal Mushrooms, New York, 2/2004



The influence of particular doses of mushroom preparation Lentifom on 3H thymidine incorporation in SCCVII, FsaR and B16F10 tumor cells respectively (p<0.01).

DR MYKO SAN APPROACH

mainly used as a complementary treatment (in conjunction with standard medical treatment)

most often used in difficult cases (advanced, recurrent and/or metastatic)

application of massive doses of medicinal mushroom preparations in almost all ARM cancer cases (4-10 forte dosages)

used by 1,000s of people (mostly in Croatia and other former Yugoslav republics)

used in a wide variety of different cancers (colorectal, breast, lung, ovary, testicular, hepatic, pancreatic, bone and soft tissues, brain, melanomas, leukemias, lymphomas...)

used with success both by adults and children

We aim to show some

EXACT DATA ON EFFECTS OF MYCOTHERAPY ON SOME HUMAN CANCERS

Time period: Jan, 2004 – Aug, 2007

SAMPLES:

A. Patients with colorectal cancer (adenocarcinoma only) - 51 cases
B. Patients with breast cancer - 105 cases

This analysis is based on official medical records (hospitals from Croatia, Bosnia and Herzegovina, Slovenia, Italy, Austria, Germany...)

Not a clinical trial - problem with INCOMPLETE DOCUMENTATION is causing a reduction of usable data and sample size in certain statistical measurements, sometimes reducing our ability to draw certain conclusions.

COLORECTAL CANCER SAMPLE

Sample size: 51

colon/rectal ratio: 25-26

gender (m/f): 27-24

Chemo	Radio	Both	Neither
46.7%	8.9%	6.7%	51.1%

Usage of additional treatment 2 months before and/or during mycotherapy

Age group	No in sample
0-29	1
30-49	12
50-69	33
70+	5

Patients' Cancer Status at Start of Mycotherapy

Status on start of mycotherapy	No in sample	% of sample
Completely resected	20	39.2
Primary tumour resected - distant metastases	26	51
Primary tumour unresected - distant metastases	5	9.8

Patient Cancer Stage at Arrival

TNM status	No in sample	% of sample
II (A, B)	5	9.8
III (A,B,C)	15	29.4
IV	31	60.8

Patients' Status at End of 1st Mycotherapy

Status	No in sample	% of sample
Progression	2	6.9
Unchanged	14	48.3
Regression	13	44.8

Unknown 43.1% of original sample (did not bring control medical records) – most of them discontinued recommended mycotherapy and 59.1% of them died.

Over 90% have unchanged or improved status after 1st mycotherapy.

Survival statistics

Status	No in sample	% of sample
Alive	32	62.7
Died	19	37.3

Over 80% of all deaths occured within the first 6 months.

LIVE PATIENTS TIME INTERVAL FROM CONCLUSION OF 1st MYCOTHERAPY

Concluded before/months	No in sample	% of sample
0-6	3	9.4
6-12	8	25
12-24	10	31.3
24-36	10	31.3
36+	1	3.1

Sample size: 32

Current status for live patients

Status	No in sample	% of sample
Disease – free	15	46.9
Improved - partial regression	4	12.5
Unchanged (stable disease)	6	18.8
Local progression	2	6.3
Dissemination (new regional and/or distant metastases)	5	15.6

Over 78% of live mycotherapy users have unchanged or improved status at the end of study.

Immediate Mycotherapy Response

Start / End	Completely resected	Primary tumour resected – distant metastases	Primary tumour unresected – distant metastases
Progression	0	2 (15.4%)	0
Unchanged	12 (92.3%)	0	2 (66.7%)
Regression	1 (7.7%)	11 (84.6%)	1 (33.3%)

Incomplete Medical Documentation - Response is unknown in:
35% of completely resected,
50% of p.t. resected-distant metastases,
40% of p.t. unresected-distant metastases cases.

Status on Start - Survival

Outcome / Status	Alive	Died
Completely resected	18 (90%)	2 (10%)
Resected p.t. – distant metastases	11 (42.3%)	15 (57.7%)
Unresected p.t. – distant metastases	3 (60%)	2 (40%)

Initial Status and Final Outcome

Initial status / Final Outcome	Completely resected	P.T. resected - M1	P.T. unresected - M1
Disease-free	13 (72.2%)	2 (18.2%)	0
Improved – partial regression	0	3 (27.3%)	1 (33.3%)
Unchanged (stable disease)	1 (5.6%)	3 (27.3%)	2 (66.7%)
Local progression	0	2 (18.2%)	0
Dissemination (new metastases)	4 (22.2%)	1 (9.1%)	0

Dosage – Survival Dependency

(Entire sample)

Total No of Forte Dosages	Alive	Died
3-4	12 (52.2%)	11 (47.8%)
5-8	7 (46.7%)	8 (53.3%)
9-12	9 (100%)	0
13+	4 (100%)	0

The number of applied forte dosages partially depends on the initial patient's status.
In 13 cases who took 9+ forte dosages 10 (76.9%) had metastases at start.

Dosage – Survival Dependency

(excluding pts. who died in the first 3 months after end of mycotherapy)

Total No of Forte Dosages	Alive	Died
3-4	12 (85.7%)	2 (14.3%)
5-8	7 (63.4%)	4 (36.6%)
9-12	9 (100%)	0
13+	4 (100%)	0

The number of applied forte dosages partially depends on the initial patient status. The difference in results indicates that many patients started mycotherapy too late.

Comparison of Application or Absense of Standard Medical Therapy on Patient Status after 1st Mycotherapy

(Entire Sample)

Usage / Outcome	Either/and Chemo/Radio	Neither Chemo/Radio
Progression	1 (4.5%)	1 (4.3%)
Unchanged	5 (22.7%)	7 (30.4%)
Regression	6 (27.3%)	7 (30.4%)

Insufficient data: for 11.8% of total sample the usage of standard medical therapy, though most probably not used, is uncertain.

Other interesting statistics

LONG-TERM PROTECTION?

The time interval between conclusion of 1st mycotherapy and the end of this study, for all live patients with aggrevation of status, is not less than 12 months. There was no single aggrevated case in the first 12 months.
Avg. time: 19 months, 3 weeks

FEELING BETTER WITH CHEMO-/RADIOTHERAPY

People who use mycotherapy simultaneously with chemotherapy and/or radiotherapy use mycotherapy longer:

Avg. no of forte dosages (used with/during chemo-/radiotherapy) – 8

Avg. no of forte dosages used alone – 6

Review

The studied sample contained over 60% of TNM 4 pts.
5-year relative survival rate for this cancer stage is less than 5%.

Over 90% of the sample have unchanged or improved status after 1st mycotherapy, with almost 45% regression rate.

Over 78% have unchanged or improved status at the end of this study.

Metastatic tumours responded more readily, usually by regression.

Pts. who took largest doses showed increased survival.

Of the 10 cases of metastatic cases, where pts. took 9+ forte dosages, 0 died. If the survival rate was the same as for those metastatic cases who took lower dosages, statistically, only 2/10 would survive.

When pts. who died in the first 3 months (terminal patients) were excluded, the dose - survival dependency link was even clearer, suggesting a strong influence of mycotherapy on survival.

Patients who took standard medical treatment, used more mycotherapy.

On average, those on standard treatment took 8, and those off it took 6 forte dosages. It may be a sign of tolerating standard therapy better.

Enjoy!

BREAST CANCER SAMPLE

Sample size: 105

Gender (m/f): 2 - 103

Survival	No in sample	% of sample
Alive	68	64.8
Died	37	35.2

Total forte dosages	No in sample	% of sample
2 – 4	55	52.4
5 – 8	38	36.2
9 – 12	11	10.5
13 +	1	0.9

Average forte dosages: 5.5

Histological status of the sample

Histological status	No in sample	% of sample
CDI only	72	77.4%
CDI mixed with	4	4.3%
Other	17	18.3%

Known histological status sample size: 93
Unknown: 11.4% of total sample

Status at Start of Mycotherapy

Status at start of mycotherapy	No in sample	% of sample	Survival %
Completely resected	49	46.7	89.8
Primary tumour resected – distant metastases	48	45.7	43.8
Recurrent primary tumour	7	6.7	42.9
P.t. unresected M1	1	0.9	0

Patients' Status at End of 1st Mycotherapy

Status	No in sample	% of sample
Progression	5	12.2
Unchanged	21	51.2
Regression	15	36

Very deficient control documentation: 64 pts. (61% of entire sample) could not be included in this sample.

Current status for live patients

Status	No in sample	% of sample
Disease – free	44	68.8
Improved - partial regression	5	7.8
Unchanged (stable disease)	5	7.8
Local progression	1	1.6
Local recurrence	2	3.1
Dissemination (new regional and/or distant metastases)	7	10.9

Sample size: 64

Immediate Mycotherapy Response

Start / End	Completely resected	Primary tumour resected – distant metastases	Recurrent Primary Tumour	Primary tumour unresected – distant metastases
Progression*	0	3 (13%)	2 (14.3%)	0
Unchanged	12 (92.3%)	8 (24.8%)	11 (78.6%)	0
Regression	1 (7.7%)	12 (52.2%)	1 (7.1%)	1 (100%)

* 60% of pts. responding with progression died before the end of this study.

Dosage and Immediate Response

Response / Forte dosages	Progression	Unchanged	Regression
2 – 4	1 (6.7%)	10 (66.7%)	4 (26.6%)
5 – 8	2 (11.8%)	9 (52.9%)	6 (35.3%)
9 – 12	3 (33.3%)	1 (11.1%)	5 (55.5%)
13+	0	1 (100%)	0

The number of applied forte dosages partially depends on the initial patient's status.

Dosage – Survival Dependency

(Entire sample)

Total No of Forte Dosages	Alive	Died
2-4	36 (65.5%)	19 (34.5%)
5-8	28 (73.7%)	10 (26.3%)
9-12	3 (27.3%)	8 (72.7%)
13+	1 (100%)	0

The number of applied forte dosages partially depends on the initial patient's status.

Initial Status and Final Outcome

Initial status / Final Outcome	Completely resected	P.T. resected - M1
Disease-free	34 (87.2%)	9 (45%)
Improved – partial regression	1 (2.6%)	3 (15%)
Unchanged (stable disease)	1 (2.6%)	4 (20%)
Local progression	0	1 (5%)
Dissemination (new metastases)	3 (7.6%)	3 (15%)

CONCLUSIONS

Cancer patients on mycotherapy:

- die less frequently
- live longer
- enjoy increased quality of life

And sometimes they draw...

Thank you for your attention!