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The following is a statistical review of the data concerning the treatment of 274 female patients suffering from breastcancer who were treated with complementary natural oncological methods.

#### SELECTION OF PATIENTS

780 female patients, who were diagnosed with breast cancer, were treated at our surgery between 1991 and 2003.

The evaluation was based on the therapy results for these patients, who had been treated for at least six months at our clinic, where there was sufficient data available in their medical histories. As the study was not initially planned, sufficient data for the study were not available for all the patients treated. Enough data was available for 274 patients.

May we gratefully thank the VERONIKA AND CARL CARSTENS STIFTUNG for kindly performing the statistical analysis for this study.

## HOLISTIC TREATMENT OF BREAST CANCER

### THE BASELINE

At the beginning of the treatment, 208 patients were free of tumours after their cancer operation. 64 patients already had peripheral metastases and these data were not available for 2 patients.

### PATIENT AGES AND TUMOUR SIZE

The average age of women at the time of the diagnosis was 51 years. In 90% of the cases the size of the tumours was less than 5 cm.

### START OF THERAPY

The patients without metastases came to visit surgery within the first two years after the cancer diagnosis. The patients with metastases attended the clinic in their third or fourth year after having been diagnosed with breastcancer.

### LYMPHNODES

Half of the patients already had affected auxiliary lymph nodes at the time of operation. The larger the tumour the more frequent the axillary lymphnodes were affected.

### HORMON RECEPTOR STATUS

75% of patients had evidence of positive hormonal receptors in the tumour tissue. 71% received treatment with hormonal blockers.

### GRADING

Patients who were tumour free at the beginning of treatment had a slow tumour growth rate (G1-G2). In 55% of the patients with metastases the tumour growth rate was faster (G3-G4) at the time of their operation.

### OPERATION

An operation to remove the breast tumour was carried out on 98% of patients.

### CHEMOTHERAPY AND RADIATION

A) Group of patients without metastases at the beginning of treatment

Of the patients, who were tumour free after their operation and whose tumour had been less than 5 cm in size, 62% were treated with chemotherapy and 67% with radiation therapy.

The other patients were advised not to take these therapies or declined them. Patients, where the tumour had been larger than 5cm, 70% had chemotherapy and 56% had radiation therapy.

B) Group of patients with metastases at the beginning of therapy.

Patients with metastases and a small tumour received chemotherapy in 92% of cases, and radiation therapy in 73% of cases. Where a large tumour was removed 100% of patients had chemotherapy and 88% received radiation therapy.

### SUMMARY OF COMPLEMENTARY THERAPIES USED

|  | % of patients |
|--|---------------|
| Ozone Therapy                                  | 70%           |
| Enzyme Therapy                                 | 80%           |
| Selen substitution                             | 70%           |
| Thymus Therapy                                 | 55%           |
| Mistletoe Therapy                              | 55%           |
| Local Hyperthermia according to tumour staging | 10-35%        |

Hyperthermia treatment was used less frequently, as we had introduced this special treatment only in the last three years of the study period.

Chemotherapy has not been performed in our surgery and radiation therapy was performed only as an analgesic therapy in the case of bone metastases.

### LABORATORY CHECK UPS

Patients under the care of our surgery received regular quarterly laboratory check ups. Check ups are extremely important in order to monitor the health improvement process.

### TIME AND ATTENTION

Anxieties and many unanswered questions can cause the cancer patient to suffer from distress, uneasiness and insomnia. These factors can result in the immune system being impaired. The regular quarterly laboratory check ups and provision of sufficient time for the therapies allows the patient the opportunity to address questions to the doctors and staff members. In addition psychotherapists provide support for the treatment of previously sustained mental and/or spiritual traumas, which could have also had an influence on the development of the disease.

Body, mind and soul are all important factors for the healing process of the patient. In my opinion, the benefits of the cancer therapy are diminished, when the psychological aspect of the disease does not receive enough care and attention.

### RESULTS

The progress of 274 patients was followed up over a period of 12 years. As of December 2003, 234 patients survived.

173 of the 208 patients, without metastases at the beginning of the study, did not have secondary tumours at the end of the study.

158 women remained tumour free and 20 exhibited metastases of the group of 178 surviving female patients where the original tumour was smaller than 5cm and the patient was free of metastases at the start of treatment.

15 of a further 16 women where the original tumour was larger than 5 cm remained tumour free. 8 of the 16 had metastases. One lady had died.

37 of the 59 women who had metastases at the start of the study had survived. In 5 cases the metastases were cured again. 32 women still had metastases.

The statisticians of the CARSTENS STIFTUNG came to the following conclusions:

91% of female patients without metastases after their tumour removal operation survived at least 5 years.

The survival rate was 68% in patients who already had developed secondaries.

### COMPARISON WITH CONVENTIONAL THERAPIES

The medical book "Gynaecological Oncology" (6th edition, Spring 2000, Verlag Schattauer) states the following:

"The healing rate of breastcancer remains globally at 35% -45% (the 5 year survival rate remains at 50%, 10 year survival rate remains at 30%)".

Here, the predominant philosophy is that only an early detection of the tumour can improve the rate of healing.

In my opinion, these insufficient results are, on the one hand, due to the harmful side effects of intensive, hazardous therapies (refer to the statistics shown above regarding the treatment with chemo and radiation therapy). On the other hand, many valuable methods for treating patients post-operatively remain unused. The approach of treating the individual causes of tumours is hardly recognised.

The current medical politics do not authorise public health insurance companies to refund the costs of ambulant, complementary therapies, despite these therapies being significantly less expensive than conventional procedures. The complementary cancer treatments and medicines are not included in the health insurance cover of many of our breast cancer patients, who were only insured with public health policies.

In some cases, patients, who could not afford the costs, had to interrupt or reduce the complementary medical treatment. Many of these patients developed metastases after ending or reducing the recommended treatment. If all the recommended treatments would have been completed, the numbers in the statistics, above, would have been even better.

I would be very pleased if results of this study, performed at our surgery, would contribute to convince the responsible people to create a way to refund the cost of the complementary cancer therapy. It somehow appears unfortunate that older patients are forced to take a standardised, expensive therapy with questionable advantages and many side effects.

Our aim should be to eliminate the development of metastases and subsequent fatalities in female patients after breast cancer. This aim appears very realistic referring to my extensive experience and expertise in the field of treating breast cancer in a complementary way.

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