



CLINIC CORNER: Living Life to the Fullest – with Cancer

As any of my friends and colleagues will tell you, I take every patient's condition and outcome to heart. I am so fortunate to be surrounded by doctors and staff who understand and share this obsession. We continuously look for new and better ways to keep our patients as strong and healthy as possible whatever the challenges; we coordinate their care with all their other providers to get the best possible outcome and; in the case of cancer survivors, we seamlessly incorporate natural medicine cancer treatments. There are many great reports and even some miracles that I have been fortunate to witness. As doctors, we are constantly reminded that we cannot fix everything, but sometimes we have the opportunity to add real value and time to our patients' lives. One such patient was Mr. Holmstrom.

Robert Holmstrom was an amazing guy and remarkable patient; so remarkable that Swedish Medical Center – where you can find a focus on the latest and most sophisticated medical technology and staff – chose to devote most of its recent Update in Physician's Practice, a medical journal for physicians, to his journey. He gave his permission to tell this very personal story in order to give other cancer survivors hope and courage.

In the summer of 2010, Bob was at home with his wife Frances, hooked up to an I.V. line and very weak, having lost 40 pounds from his stage IV lung cancer and a bad reaction to treatment. He was just barely able to lift himself out of a chair, and the end for this charismatic, spiritual man was just weeks away. A few months later he was jog-

ging 5 miles, eating at restaurants and enjoying a quality of life close to normal.

As new treatments for lung and other cancers come on line in a steady stream, every day was a new opportunity for Bob. He survived with style, grace and spirit into the summer of 2011, when ultimately the lung cancer prevailed.

He spent his final year at full speed, going from 100 to zero in just the last few days of his life. Beyond the medical details, his is a story of spirit, will and family support that brought him further than any of the medical data would have predicted. His story is told sensitively and accurately by Swedish Medical Center. Read the full story, reprinted below, with permission. ❖

– **Dan Labriola ND**

CASE REPORT:

From planning his funeral to playing golf

Daniel Labriola, N.D., Director of Naturopathic Services, Swedish Cancer Institute

In April 2010 Robert Holmstrom was diagnosed with non-small cell lung cancer with malignant pleural and pericardial effusion. His medical specialists designed a treatment plan that included therapies that are frequently effective; unfortunately, they had limited success in this case.

After just one chemotherapy cycle of premetrexed cisplatin Avastin, the patient experienced deep vein thrombosis, bilateral pulmonary embolisms, severe nausea and vomiting, and likely peritoneal disease. Chemotherapy was discontinued and aggressive medical management was implemented, including multiple hospitalizations and diagnostic procedures that failed to identify the underlying cause of the nausea and vomiting. Medications, including Phenergan (both suppositories and intravenous), Zofran intravenous, Compazine intravenous, Reglan, Prevacid, Ativan, Pepcid and others, did not materially relieve the symptoms.

In May the patient was put on total parenteral nutrition (TPN), hospice care was initiated and funeral arrangements were made. During subsequent months, the nausea and vomiting continued. The patient lost 40 pounds, with significant muscle wasting and deconditioning.

Mr. Holmstrom was seen by our clinic in July 2010. At the time, he was ambulatory, although very weak, and had difficulty raising himself from a chair. His appearance was gaunt from weight and muscle loss. His attitude, however, was good.

Applying the principles of survivorship, our goal was to help improve his quality of life, beginning with the nau-

sea and vomiting. We conducted a detailed review of systems, focusing on gastrointestinal issues. Gas, dyspepsia, severe nausea and vomiting, and some constipation were most notable. I could not clearly identify the etiology, but suspected a combination of prior gastritis, mucositis from treatment and perhaps achlorhydria.

Because Mr. Holmstrom was already in considerable discomfort, we took great care to be certain our treatment plan did not risk making him feel worse. The protocol we implemented included a gastric digestive enzyme and an herbal combination that included *musa paradisiaca* (a specific variety of herbal plantain), deglycerrhizinated glycyrrhiza (licorice root with the steroidal component removed), and *Ulmus Fulva* (slippery elm). Additionally we introduced specific dietary interventions to minimize mechanical stress on the gastric and duodenal mucosa. The strategy was one we commonly use with patients on concurrent chemotherapy, after taking into account potential drug-nutrient interaction (DNI).

After one week, Mr. Holmstrom reported a significant reduction in nausea and vomiting, from “continuous severe” to “occasional moderate.” At the end of the second week, he indicated there was almost no nausea, and he was eating three meals per day.

When Mr. Holmstrom called after week three, he reported that the nausea and vomiting had returned, albeit just one event. We reviewed the program and his symptoms. We also discussed his compliance, which was very good except for one trip to a restaurant where

he ordered his favorite meal – fried crab cakes. The nausea and vomiting followed that meal by a few hours. The solution to that problem was obvious and with no more fried crab cakes, that nausea event was his last.

Once his gastrointestinal system stabilized, we initiated a mild exercise program, adjusting his diet to increase protein to maintain a positive nitrogen balance for muscle mass and the digestive enzyme accordingly. With regular monitoring, we worked to gradually and carefully increase his strength, quality of life and ability to perform normal activities of daily living.

By September 2010 Mr. Holmstrom had regained nearly 30 pounds, and was jogging 3.5 miles four times a week and playing golf.

By his choice, Mr. Holmstrom is currently receiving no additional oncology diagnostics or treatments. Physical exams have been normal, except for some right basal lung fluid. The patient denies dyspnea and feels his digestive system is without problem.

As of January 2011, nearly a year after his initial diagnosis with Stage IV lung cancer, Mr. Holmstrom was continuing to improve. He had regained 43 pounds and looks fit. With the support of his oncologist, he continues to refuse further diagnostics or cancer treatment. Although we are not able to report on his cancer, we can report that his quality of life has significantly improved and his attitude continues to be excellent. ❖

(Editor's Note: Robert Holmstrom's name is used with his permission.)

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