

case study



Remission from Breast Cancer: Diet, Mistletoe, Carctol and Park Attwood

by Nicola Wicksteed

"I hadn't heard of the Park Attwood Clinic in 1999 when I was first diagnosed with breast cancer, so I didn't benefit from its care until very much later. My various treatments included a lumpectomy. Unfortunately, there followed three years of intense stress to do with my family, and bereavement. By the summer of 2003 this had eased, but there was to be no respite.

I was deeply dismayed to discover a large lump close to the site of the original tumour. Hospital appointments confirmed that the disease had recurred. A swollen lymph node under my arm meant it was possible that the cancer had already started to spread. The surgeon said I would need a mastectomy followed by chemotherapy, radiotherapy and five years of Tamoxifen. It was a daunting prospect.

I had heard of the Mistletoe Therapy available at Park Attwood and decided to investigate further. I visited the Clinic; it was reassuring to be told that mistletoe acts as a good partner to the medical procedures I had been recommended: it enhances their benefits whilst alleviating their side-effects. This still did not persuade me to agree to the full programme of conventional treatments, but I consented to a short-term course of Tamoxifen, which I took alongside the Mistletoe Therapy.

Initially, I stayed at Park Attwood for three weeks in order to receive the first stage of treatment, and to ensure that my on-going regime was established. Injected doses of mistletoe were steadily increased until fevers were induced, signalling the fact that a strong immune response was underway. As expected, they lessened with time.

It occurred to me that the overt effects of mistletoe aren't really what we

would think of as 'side-effects'. This is because instead of being harmful, they are indicators of the healing process. The early fevers are one example, but so is the temporary inflammation or redness around the sites of the subcutaneous injections. It is another sign that the immune system is being alerted.

I only went to Park Attwood for the mistletoe therapy, but what I discovered was an entire therapeutic system known as Anthroposophic Medicine. It includes Art Therapy, and Eurhythmy which comprises a series of movements with each step and gesture being linked to a sound. Eurhythmy was something I had never heard of, but the cumulative effect of the sessions was surprisingly invigorating. The rhythmical massage therapy was both reviving and relaxing. Various compresses administered by the nurses were soothing and comforting. Indeed, there was an overall sense of being nurtured within the caring atmosphere: how refreshing it is to know that clinics don't have to be clinical!

The experience served as a boost to my wellbeing. After three weeks I went home, but made regular return trips for injections near the breast tumour which I could not self-administer. I continued self-injecting at home in more general areas, such as my tummy or thigh. Being subcutaneous, there was no need to seek out veins, but courage failed me anyway and I eventually sought the help of a kind-hearted local nurse.

I also used diet to back my treatments and this included short-grain brown rice and freshly made carrot and vegetable juices, all organic. I also took various natural food supplements.

As autumn progressed, results were encouraging but not as dramatic as I had secretly hoped. The tumour shrank a little, and the swollen lymph node under

my arm halved in size. My doctor at Park Attwood advised me not to put off having an operation any longer. Feeling we had given everything our 'best shot' to-date, I agreed.

It was not to be. I duly attended my local hospital, but found that because I did not want to agree to the full programme of conventional treatments, I was refused the mastectomy. The sympathetic Macmillan nurse I spoke to said that it was my body and my choice. I said "It is not a choice: it is an ultimatum".

Park Attwood came to my rescue with a referral to a surgeon at another NHS hospital who was prepared to allow patient choice. I arrived for my appointment on December 1, 2003 and was relieved to find that my treatment decisions were to be respected. At his own instigation, the surgeon had even arranged for my vegetable juicer to be installed in a little side-kitchen! Under examination, the tumour was measured at 7.5cm by about 4cm. I was offered an operation within a fortnight. I requested a delay of a couple of months and we compromised at a month and a half.

My motive for the delay centred on a tub of blue capsules I had obtained through a GP family friend. This remedy, called Carctol, comprises eight Ayurvedic herbs. I wanted to give it a chance. The day after my consultation with my surgeon, December 2, 2003, I began taking the capsules. I had stopped taking Tamoxifen but continued with the mistletoe.

For what was left of the year, I studiously ignored the tumour, but in a state of some trepidation I checked it out on January 1, 2004. It seemed to be much smaller but I did not dare believe it until a medical examination confirmed that it was now approximately half the size, at about 3.5cm. I requested a postponement

of my operation and the shrinking continued to gather pace. On March 8 I returned to the hospital for a consultation with the surgeon. His examination found that there existed, what he described as, "a residual rough patch of tissue". The lymph-node could no longer be felt; there was no sign of the original tumour. He could not guarantee that the area was free from cancer, however. It was possible that malignant cells might remain in the 'rough patch', or in the area where the tumour had been. Not wishing to have surgery for the purpose of diagnosis, I decided to continue as I was.

Because of the timing, my first reaction was to credit this quite fantastic result to the Carctol, but I subsequently read that Carctol tends to have best results with non-hormonal cancers. Mine, most decidedly, was hormone related. I believed that both remedies were possibly working in synergy.

Shortly before Christmas 2005, the rough breast tissue had become 'normal', and it appears I am in full remission. In Germany 60% of cancer patients are treated with mistletoe, predominantly in combination with conventional therapies.

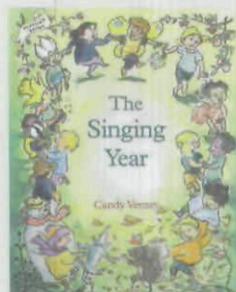
I also know of patients who have their mistletoe treatment funded by the NHS in this country. My own Primary Care Trust will not finance mine, but I am working on it! The cost for continuing my particular prescriptions would be around £30 every six weeks.

I am profoundly grateful to both the sympathetic surgeon and my doctor at Park Attwood for understanding there is a difference between advising and instructing. There is nothing intrusive or compulsory about the anthroposophic philosophy at the heart of the Clinic; nevertheless, it is integral to the Park Attwood experience. It is gently pervasive, and emanates through the graciousness and kindly humour of the staff. It is not solely about treatments, but is concerned with healing in a broader sense. It does not permit the person to be lost behind 'the patient'."

About the Author

Nicola Wicksteed is in her early 50s, has one grown-up son, and is a part-time carer to her young nephew who has Aspergers syndrome. She also writes songs, lyrics and children's verses. Nicola's verses appear in *The Singing*

Year, a book for young children (RRP £16.99 including a CD) beautifully illustrated by Candy Verney, published by Hawthorn Press in Autumn 2006. Nicola may be contacted via Park Attwood Clinic on Tel: 01299 861444; Fax: 01299 861375; info@parkattwood.org; www.parkattwood.org



Further Reading

Mistletoe Therapy: Patient Information, published by Abnoba Heilmittel GmbH, Germany (English text – general one, written for the patient).

AbnobaViscum – Directions for use, published by Abnoba Heilmittel GmbH, Germany (English text – written for the health professional).

Guidelines for Treatment with Iscador in Cancer Therapy, published by Weleda UK Ltd, 2003. (English text – written for the health professional).

Further Information

Further information on Carctol may be founded on the websites www.carctol.co.uk; www.carctolhome.com

The third edition of Dr Sandra Goodman's Book Nutrition and Cancer: State-of-the-Art with preface by Pat Pilkington MBE Revised and Updated



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