



## Patient with Metastatic Prostate Adenocarcinoma and SARS-CoV-2 Infection Treated with Bio-regulatory Medicine: Case Report

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### ABSTRACT

The fight against SARS-CoV-2 infection has been one of the greatest challenges for health personnel worldwide during the last year and many treatment alternatives have been proposed for managing the infection; among them, homotoxicology has been outlined as one of the optional therapies to treat patients within the guild of health professionals who are well aware of its potential mechanisms of action and consequent physiological and therapeutic effects. Further, the oncologic patients who are receiving chemotherapy treatment represent population with increasing SARS-CoV-2 mortality, in this case, we will see how a patient with metastatic prostate adenocarcinoma after starting chemotherapy and in clear deterioration of his quality of life and nutritional status; acquires SARS-CoV-2 infection with consequent pneumonia and multiple poor prognosis factors, but achieves rapid recovery without sequelae after receiving treatment with a bio regulatory approach.

**Keywords:** Case report; Prostate cancer; SARS-CoV-2; Bio-regulatory medicine

**Abbreviations:** LDH: Lactate Dehydrogenase; BUN: Blood Ureic Nitrogen; CRP: C Reactive Protein; Hb: Hemoglobin; Hto: Hematocrit; PMN: Polymorph Nuclear Leukocytes.

### INTRODUCTION

In December 2019, the first cases of a novel respiratory infection began to be detected in Wuhan, capital of the Hubei province in China; a bout of severe pneumonia. On January 7, 2020, the etiological agent was identified: the SARSCoV-2 virus (Severe Acute Respiratory Syndrome 2), causing the disease by the new Coronavirus, COVID-19. In less than 3 months, on March 11, 2020, the WHO (World Health Organization), declared a global pandemic and so far we continue to search for treatments and solutions that reduce the risk of contagion, serious illness, sequels and deaths. In Colombia, the registration of cases began to be carried out on March 6, 2020, and until the date (03.17.22) there are 6080.626 cases registered, with 139.026 deaths. Worldwide they are recorded more than 464 million confirmed cases with more than 6 million deaths. The agent is transmitted by contact with droplets from the upper respiratory system of those infected, and by other routes of infection: Orofaecal, vertical, sexual and the clinical presentation of the disease by COVID 19 can range from mild

symptoms (it is the most common presentation) such as cough, fever, chills, diarrhea; to severe pneumonia, with ventilator failure associated with pneumonia being the leading cause of death (85%) from virus infection. Although the disease can occur at any age, the most affected are middle-aged men, older adults and people with special conditions such as smoking habits, basic pulmonary diseases, arterial hypertension, and diabetes. Additionally, they are counted among the factors of poor prognosis for pneumonia: lymphopenia, elevated LDH and troponin I. Patients with malignant neoplasms constitute an important risk group, since until now 41.3% of the cases may correspond to in hospital acquisition and, taking into account that these patients constantly require attention and monitoring in these institutions, it is feasible to consider the high risk they run not to mention the deterioration of their immune system. This case presents the case of a patient who, faced with all the factors of poor prognosis and in a steep deterioration of his state of health and quality of life, achieves a satisfactory evolution, both in his

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oncological disease and in the SARS-CoV-2 infection. The MBrS (Systems Bio regulatory Medicine) approach implies, as a starting point, to identify the patient's state of inflammation as a result of ground disturbance and sometimes it's severity is such that a suppressive treatment should be chosen or used as a complement to the bio regulation treatment. However, some patients may also benefit exclusively from the MBrS, obtaining excellent results, as in this particular case [1-5].

## CASE PRESENTATION

### Narrative

Patient diagnosed in April 2020 with prostate adenocarcinoma with bone, liver, rectal and lymph node metastases T4N1M1c, stage IVB. Oncology performs 1<sup>st</sup> line management: Bilateral orchidectomy on 01.05.21+chemotherapy with Docetaxel on 01.07.21 with complication of hydronephrosis and Acute Renal Failure (AKI). The patient is evaluated by a medical specialist in alternative therapies, who evaluates the patient for the first time on 01.26.21, after 20 days in which he had remained with asthenia, dynamic, anorexia, anxiety, depression, night terrors and sometimes talking inconsistencies, with significant weight loss after the procedures (previous weight 73 kg, and the time of evaluation 59 kgs). In this first assessment, the patient is found in bed, with intolerance to cold, BP 110/80 mmHg, HR 92 bpm, SaO<sub>2</sub>: 98%, soft abdomen is palpated, painful on deep palpation in right hypochondria and left colic frame. Treatment was started with twice-weekly serum therapy with *Galium*, coenzyme, traumeel, sabal, *Solidago*, lymphomyosot; stimulation at acupuncture points 20 TM in toning, P<sub>6</sub>, 36 E; and oral treatment with traumeel 10 drops every 8 hours, VIUSID 1 sachet every 8 hours, *Galium* 30 CH 10 drops every 8 hours and extract from Divi Divi (*Caesalpinia spinosa*)+Anamu (*Petiveria alliacea*). During the second week of treatment, significant improvement was observed: the patient got out of bed, improved his mental sphere, appetite and general condition. The patient decided to stop chemotherapy treatment. The weekly treatment at home was continued and a month after starting it, he presented symptoms of dry cough, fever, dyspnea and chills, for which an antigen test for SARS-CoV-2 was performed, which is reported as negative and it is decided to perform PCR, which was positive. One day prior to the PCR result, serum with traumeel, ubichinon, coenzyme, hepar compositum and *Galium* was administered. The patient expectorated during the infusion and reported feeling better after the application. During the procedure, his saturation was maintained at 89%, and a decrease in vesicular murmur was heard at the left lung base. The next day the patient presented improvement in his dyspnea, reduced coughing and no fever. He was prescribed N-acetyl cysteine 600 mg every 8 h, and he was instructed to continue using traumeel and nasal spray with flamosin and engystol. One week later, he claimed he had no dyspnea, could breathe deeply without cough, and hadn't had any new fever spikes, which clearly reduced his fatigue symptoms. His health insurance doctor recommended starting amoxicillin/clavulanic acid based on LDH result which reported a value of 278, CRP 27 and lymphocytosis (5000) see annex 3 with chest X-ray showing atelectasis left and bilateral interstitial

infiltrates see annexes, however the patient did not start antibiotic treatment because he felt well with the previously indicated treatment. Instead, since his saturation levels were already higher than 94%, auscultation was already normal and the patient felt well, we opted for new serum therapy with flamosin, traumeel, *Galium*, coenzyme and ubichinon, he was instructed to continue with N-acetyl cysteine orally and nasal spray with flamosin and engystol. The patient presented excellent evolution during and after COVID, despite the fact that the preclinical tests and chest x-ray showed a severe affection. One month after the infection the patient presented 2 febrile peaks of fast resolution with no other symptoms and rapid response to serum therapy. On the other hand, in his post-COVID follow-up and as part of his oncological follow up, an ultrasound of the tumor masses was performed and an important decrease in the hepatic mass size was evidenced: Contrast enhanced CT scan of the abdomen on 12.30.21 reported that his liver was severely enlarged by the presence of multiple metastatic lesions, the largest lesion in segment VIII reaches 12 cm x 9 cm and presents hepatic sub capsular lamellar fluid. In contrast, abdominal echo from 06.03.21: Liver with multiple metastases, the lesion with the greatest size of 43 mm x 22 mm in segment VIII, prostate with grade II hypertrophy, increased size of regular borders, heterogeneous texture, is echogenic. Additionally, he had a bone scan on 10.04.21, which concluded "osteoblastic metastatic involvement in the dorsal and lumbosacral spine compared to the GMO of Dec 2020, there is a decrease in the number, extension and uptake of plastic metastases, without new lesions". To date, hepatomegaly is no longer palpable, there is no pain on abdominal palpation, and he gained about 10 kg of weight, and highly recovered his quality of life as shown the EuroQol5 questionnaire quality of life [6-8].

### Patient perspective

"From the beginning of the treatment, first with serums, which allow me to "live" again, I have noticed positive changes in my body: Such as not having the pain that afflicted me, I went back to sleep normally, I went back to the bathroom without effort and recovered my every day, very regulated bowel movements. I went back to eating "everything" without feeling nauseous or to vomiting which was an everyday real nightmare, all it took was to barely perceive the smell of any food, or even having a glimpse of it served on the table. I also noticed that my right abdominal side (where the liver is) became less inflamed and a "lump" was no longer palpable the tumor, which I used to feel there when with the simple touch of the hand. I also managed to pass the COVID without shortness of breath, I never felt choked and although the doctor of the prepaid medicine service told me to go to the emergency room due to my low saturation level, (an indication that I did not take into account because I did not feel bad). I managed to overcome it without problems, because with the administration of serums my defenses were at a very good level although my physical deterioration was too strong at that moment, product of being ill and having lost almost 18 kilograms in merely 20 days. When seeing my chest x-ray I was able to check the deteriorating state of my lungs due to COVID, but incredibly, because of how well my treatment was going I

never felt as bad as I should have, given my condition, and was able to keep my day to day routine; even my health insurance company doctor told me to take a very strong antibiotic, which I decided not to take because of how good I was feeling, so I kept the alternative treatment and they took blood tests every 3 days until my body fully recovered from COVID-19. I have truly noticed a significant improvement in my overall health after the treatment, both in my mental and physical state, despite the fact that when I was diagnosed with cancer they had only given me 2 months to live [9].

## DISCUSSION

The case described corresponds to an unexpected clinical presentation of SARS-CoV-2 infection in this context, since it is a patient with several prognostic factors of severity in the face of infection: Solid organ neoplasm with metastasis, cachexia, elevated LDH and CRP, additionally with liver function metastasis and significant elevation in liver function tests in the month prior to infection and with chest X-ray that showed SARS-CoV-2 pneumonia during the course of this infection classified on the RALE scale with a score of 4/8 (intermediate). Despite all this, the clinic of the patient indicated mild disease and, although his treating physicians at his insurer chose to provide antibiotic treatment and oxygen, the patient decided to continue with bio regulatory treatment which had started a month before, after having shown deterioration following the start of palliative chemotherapy. In cancer patients, a greater correlation of SARS-CoV-2 infection has been evidenced with bacterial super infection, higher requirement for mechanical ventilation and higher mortality. Other factors may be key in this context such as evolution towards gravity: The type of cancer (if bronchogenic), immunosuppression, time of diagnosis. The average detection time for pneumonia is 8 days from the onset of symptoms. In this case, it was detected on day 13 through a radiological diagnosis already in the resolution phase, but with still significant elevation of acute phase reactants. Additionally, it is noteworthy that, despite having a moderate score on the RALE scale the patient had mild symptoms. Current research has detected that up to 9% of patients with a radiological diagnosis of pneumonia due to SARS-CoV-2 is asymptomatic, although the more extensive the pulmonary involvement, the greater the risk of ventilator failure. In the exposed case, the patient began to receive a bio regulatory approach to his case in which, to recover his post chemotherapy state of health, traumeel, *Galium*, *sabal*, coenzyme and ubichinon were administered; all focused on enhancing the self regulatory capacity of the patient to achieve initial recovery. In conventional medicine the tendency is to observe each system individually and the treatments are focused in the same direction: The treatment of symptoms. However, his initial state was that of high inflammation and reparation of the affected systems was necessary, which obtained an excellent response. At the end of the first month of treatment, the patient's COVID-19 infection appeared, putting him in an even greater risk, but fortunately the biological battlefield had been much better prepared to receive the agent which developed a viral pneumonia

that practically went unnoticed clinically (Table 1). Against all odds, in the wake of a dreadful diagnosis the patient evidenced an impressive recovery after 15 days of infection with an addition to his treatment of engystol.

Following the previously described steps, the patient continued to receive bio regulatory treatment without chemotherapy (by decision of the patient and his family), yet demonstrating true constant and growing improvement, in his psychological and physiological status, as well as the considerable reduction of his liver tumor, accompanied with evident relief from the constant pain he used to experience, resulting in a better quality of life.

The BrSM is an invaluable tool to make a comprehensive approach to each patient and achieve prevention of a torpid evolution in some communicable diseases, as well as an overall recovery from chronic diseases. So it is of vital importance to continue to research and communicate our discoveries in this field, in order to give it the place it deserves in medical education and clinical practice, for the sake of many patients that currently may have very grim diagnoses and for whom BrSM treatments may present an invaluable opportunity to improve their quality of life (Figures 1-3 and Table 1).



**Figure 1:** Chest X-ray on 07.01.21, one month before SARS-CoV-2 infection.



**Figure 2:** X-ray on 02.19.21 (day 10 from the start of the COVID 19 infection), in which compromise is observed in the left hemithorax, with a diffuse reticular pattern, peripheral opacities in it, associated with atelectasis in both lobes and left bronchiectasis. Changes compatible with the reparative phase of SARS-CoV-2 pneumonia.



**Figure 3:** X-ray taken on 08.05.21, after SARS-CoV-2 infection.

**Table 1:** Patient with metastatic prostate adenocarcinoma.

Laboratory exams			
	01.30.21	02.19.21	06.08.21
ALT (U/l)	103.9		31.3
AST (U/l)	159.6		33
PSA (mg/ml)	13.8	5.83	
Paraclínicos		02.17.21	02.22.21
LDH (U/L)		278	214
BUN (mg/dL)		15.77	16.34
Creatinine (mg/dL)		0.65	0.7
CRP (mg/L)		27.45	15.41
Troponin T (ng/L)		<40	<40
Hb (g/dL)		15.1	14.3
Hto (%)		48.2	46.3
Leukocytes (x 10 a la 3)		14.32	12.33
PMN (x 10 a la 3)		7.76	6.12
Platelets (x 10 a la 3)		317	275

EuroQoL5 questionnaire quality of life. In the general thermometer of quality of life, at the end of the treatment he

had an improvement of 7 points with positive changes at all evaluated variables, with a global improve of 79% (Figures 4-6).

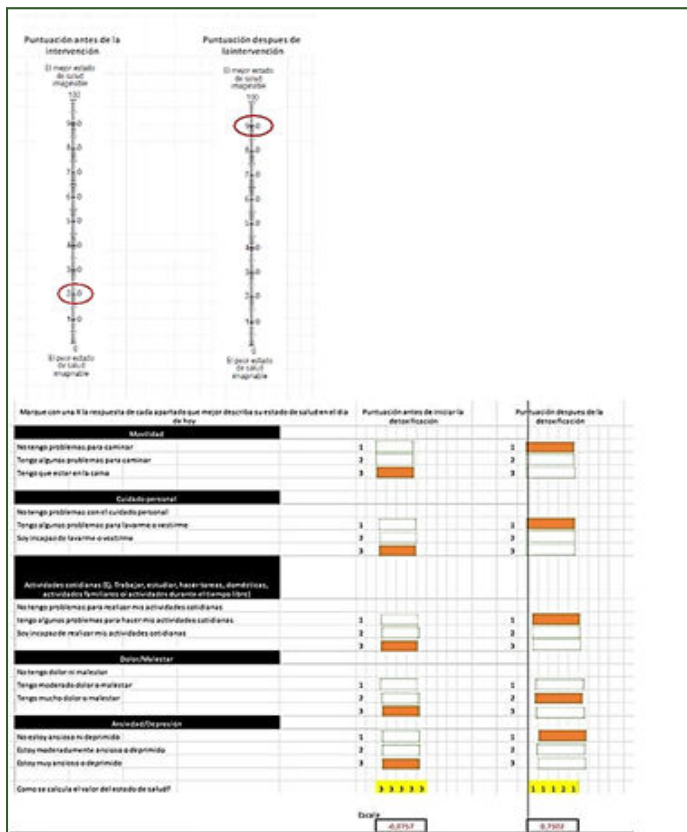


Figure 4: At all evaluated variables, with a global improve of 79%.



Figure 5: Picture of the patient 20 days after chemotherapy. In this phase, the bioregulatory treatment was started, 1 month before the SARS-CoV-2 infection.



Figure 6: Patient 5 months after starting bio regulatory treatment and 4 months after COVID-19 infection.

## CONCLUSION

The BrSM is an invaluable tool to make a comprehensive approach to each patient and achieve prevention of a torpid evolution in some communicable diseases, as well as an overall recovery from chronic diseases. So it is of vital importance to continue to research and communicate our discoveries in this field, in order to give it the place it deserves in medical education and clinical practice, for the sake of many patients that currently may have very grim diagnoses and for whom BrSM treatments may present an invaluable opportunity to improve their quality of life.

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