

REMISSION OF UNRESECTABLE LUNG METASTASES FROM RECTAL CANCER AFTER HERBAL MEDICINE TREATMENT: A CASE REPORT

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Lung metastasis is frequent in rectal cancer patients and has a poor prognosis, with an expected three-year survival rate of about 10%. Though western medicine has made great strides in the curative resection of liver metastases, resection of lung metastases has lagged far behind. Many preclinical studies have suggested that herbal treatments block metastasis, but few clinical studies have addressed this topic. We present the case of a 57-year-old Asian male with lung metastases from rectal cancer. He first underwent resection of the primary lesion (stage IIA, T3N0M0) and six cycles of adjuvant chemotherapy. Unfortunately, lung metastases were confirmed about one year later. Palliative chemotherapy was begun, but his disease continued to progress after three cycles and chemotherapy was halted. The patient was exclusively treated with herbal medicine—standardized allergen-removed *Rhus verniciflua* stokes extract combined with

Dokhwajihwang-tang (Sasang constitutional medicine in Korea). After seven weeks of herbal medicine treatment, the lung metastases were markedly improved. Regression of lung metastases has continued; also, the patient's rectal cancer has not returned. He has been receiving herbal medicine for over two years and very few side effects have been observed. We suggest that the herbal regimen used in our patient is a promising candidate for the treatment of lung metastases secondary to rectal cancer, and we hope that this case stimulates further investigation into the efficacy of herbal treatments for metastatic colorectal cancer patients.

Keywords: herbal medicine, *Rhus verniciflua* stokes, colorectal cancer, lung metastases, remission

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INTRODUCTION

Colorectal cancer is the third most common cancer worldwide, with greater than one million cases diagnosed yearly. The Republic of Korea has the highest rate of colorectal cancer, followed by Slovakia and Hungary.¹ Colorectal cancer metastasizes most frequently to the liver and the lung. Advances in chemotherapeutic agents and surgical resection techniques have increased the five-year survival rates of colorectal cancer patients with hepatic metastases.² On the other hand, the prognosis for patients with lung metastases remains very poor.

Lung metastases are more frequent in rectal cancer than in colon cancer. Three-year relative survival is 11.3% for synchronous lung metastases and 13.8% for metachronous lung metastases.³ Surgical resection is possible in only 4.1% of synchronous lung metastases and 14.3% of metachronous lung metastases. Therefore, the development of innovative effective treatments is necessary.

Herbal medicine is widely used as a complementary and/or alternative treatment for cancer patients and has been shown to improve survival and quality of life.⁴ Here, we present a case of remission of unresectable lung metastases from rectal cancer after administration of herbal medicine, extract of allergen-removed *Rhus verniciflua* stokes (aRVS), and Korean Sasang constitutional medicine.

PATIENT AND METHODS

Patient Characteristics and Medical History

A 57-year-old Korean male patient was diagnosed with rectal cancer (adenocarcinoma; moderately differentiated) in May 2011 following presentation with abrupt hematochezia. Surgical excision was achieved by low anterior resection (LAR), and his cancer was identified as stage T3N0M0 (stage IIA, AJCC 7th edition). Postoperative adjuvant chemotherapy consisting of bolus 5-fluorouracil (5-FU) and leucovorin (LV) was administered for six cycles.

Follow-up chest computed tomography (CT) and positron emission tomography (PET) scans in January 2013 revealed newly developed enlargement of multiple lymph nodes in the mediastinum and a metastatic nodule in the right upper lobe. He started palliative chemotherapy [oxaliplatin, 5-FU, and LV (FOLFOX)] in February 2013. A CT scan performed after three cycles of systemic palliative chemotherapy showed progression of his lung metastases. Further chemotherapy

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was recommended, but he refused it after considering the clinical benefits and physiological costs of treatment.

Treatment Course

For these reasons, the patient visited us in July 2013 in order to receive alternative therapy. At the time, he complained of mild chest pain with Eastern Cooperative Oncology Group (ECOG) performance status 1, and he was classified into the SoYang type according to the classification system of Korean Sasang constitutional medicine. The treatment plan did not include any conventional therapies, such as chemotherapy or radiation therapy. The only treatment was aRVS extract with Sasang constitutional medicine taken one hour after each meal beginning July 9, 2013.

Preparation of aRVS and Sasang Constitutional Medication

A standardized extract of aRVS was manufactured based on thorough historical research. Urushiol, a mixture of several catechol derivatives, is removed from RVS prior to use because of contact sensitivity experienced by some individuals.⁵ The quality of the aRVS extract was tested and monitored according to the standards of our hospital (fustin >13.0%, fisetin >2.0%, and urushiol not detected). Daily oral administration of 1.350 g aRVS extract was prescribed.

A decoction of Sasang constitutional medicine (SoYang type) (Dokhwajihwang-tang) was prepared from a mixture of chopped crude herbs [Rehmanniae Radix Preparata (*Rehmannia glutinosa* Liboschitz var. *purpurea* Makino) 16 g, Corni Fructus (*Cornus officinalis* Siebold et Zuccarini) 8 g, Hoelen (*Poria cocos* Wolf) 6 g, Alismatis Rhizoma (*Alisma orientale* Juzepczuk) 6 g, Moutan Cortex Radicis (*Paeonia suffruticosa* Andrews) 4 g,

Saposhnikoviae Radix (*Saposhnikovia divaricata* Schiskin) 4 g, Araliae Continentalis Radix (*Aralia continentalis* Kitagawa) 4 g], and extracted in 100°C water for two hours. The quality of the herbs was tested according to Korea Food & Drug Administration guidelines and our hospital's standards. Oral administration of 100 ml BT decoction three times daily was prescribed.

RESULTS

A chest CT scan (Figure 1B) in August 2013, obtained seven weeks after the initiation of herbal treatment, showed marked shrinkage of the mediastinal lymph nodes and the nodule noted previously in the right upper lung (Figure 1A). A recent CT scan (Figure 1C), taken in August 2015, demonstrated the regression of lung metastases and no recurrence of his cancer in the abdominopelvic cavity or elsewhere. All biochemical parameters associated with liver and renal functions were within normal ranges, and no significant adverse effects from the herbal treatment have been observed. His progression-free survival is over 25 months at this point in time. The patient is fully active and doing well; he has no signs or symptoms of disease (ECOG 0).

DISCUSSION

Metastasis is the spread of a cancer from the organ where it first appeared to another not directly connected with it. Although some types of metastatic cancer can be cured with current conventional medical treatments, dissemination of cancer and malignancy accounts for most deaths.⁶ As cancer cells spread, inflammation is very important because it supplies various bioactive molecules to the tumor microenvironment, such as growth factors, survival factors, proangiogenic factors, and

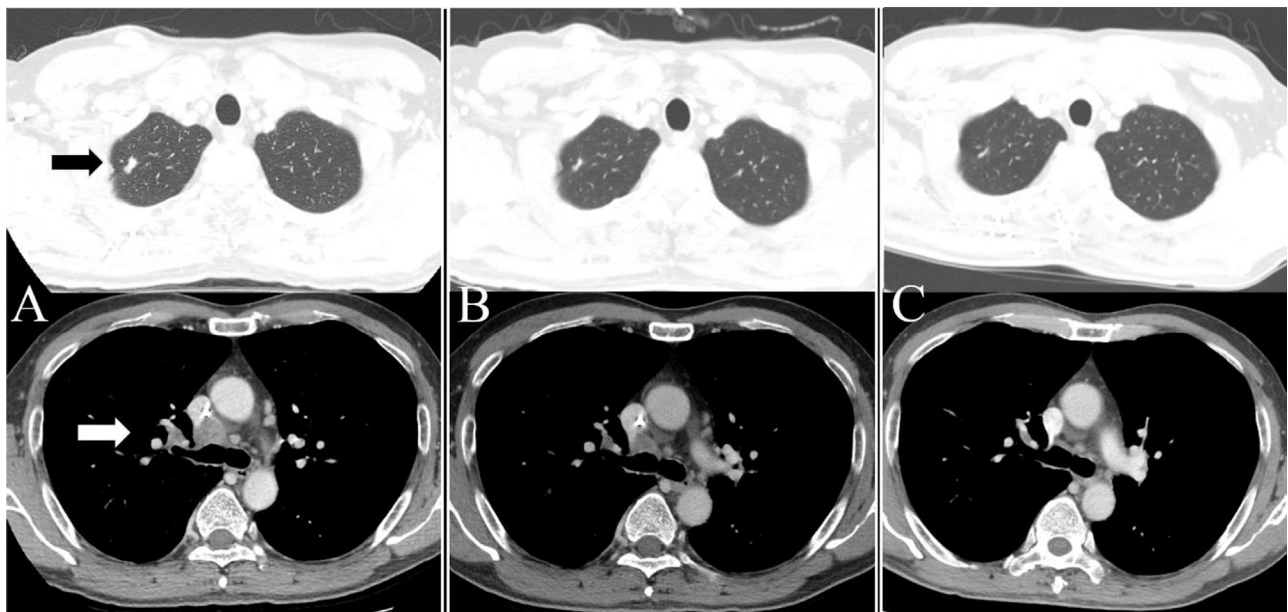


Figure 1. (A) A chest CT scan dated June 4, 2013 revealed an approximately 2 cm solid nodule in the upper right lobe and the enlargement of multiple mediastinal lymph nodes. (B) A follow-up chest CT scan dated August 28, 2013 showed marked shrinkage of the nodule and the mediastinal lymph nodes after only seven weeks of herbal medicine treatment. (C) A recent chest CT scan dated August 3, 2015 (chemoport removal) demonstrated the regression of lung metastases.

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