

The Use of Hyperbaric Medicine For Inoperable and Terminal Facial Cancer and Tumors

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BACKGROUND

On November 2, 2003, a 71 year old male patient presented in my office with two inoperable basil cell carcinoma facial tumors - one in the right nasal area, and the other in the right lower jaw area. With the tumors growing more quickly by the day medical doctors gave the patient "less than 30 days to expire" because they suggested the tumors would soon grow into the neck area and cut off the blood and oxygen supply to the brain. With this grim prognosis and a weakened immune system the patient exerted great physical effort to arrive at my office with the help of his son and just "28 days to live".

METHODS OF HYPERBARIC TREATMENT

Hyperbaric Oxygen Treatment was started on November 3, 2003 using the Vitaeris320 Portable Hyperbaric Chamber (OxyHealth), with a protocol of 1.30 ATA, a non-rebreather oxygen mask with 100% oxygen at 10 ltrs/min. The use of the water proved valuable to prevent over-dryness caused from the radiation treatment. Patient was also able to speak with Dr. William Maxfield, MD regarding the benefit of hyperbaric oxygen for basil cell carcinoma and tumor angiogenesis, which proves to be negative in the hyperbaric environment. About the same time the patient also made the choice to have a certain limited amount of radiation treatments but would not accept chemotherapy for the tumors.

RESULTS

As of this date the patient has received a total of 40 hyperbaric treatments. The first 12 treatments showed improvements such as: increased oxygenation of the site, improved skin color, less pain at the tumor location, enhanced immune system, general feeling of wellness, much more energy, and an improved quality of life. After 12 treatments patient had another MRI with results showing that the upper tumor had reduced in size by ½ centimeter, however the lower tumor had not reduced and continued to cause concerns.

At the 15th treatment patient was fitted with a face mask which proved of more benefit than the non-rebreather mask because the face mask brought more oxygen to both tumor sites while the non-rebreather oxygen mask, being smaller and closed around the mouth and nose, only effected the tumor that received the higher quantity of oxygen. In this case, the pure air inside the chamber did not provide sufficient oxygen (at an equivalent of 28%) to effectively reduce the tumor, although it did help in bringing the available oxygen to the site and increased the blood circulation. Once both tumors were receiving the higher levels of oxygen of 100%, they both reduced in size.

After 26 treatments the patient took 2 months away from the course of treatment and upon returning, his cells has produced a strong body odor from the effects of the cancer. However, within another 7 treatments the odor had vanished and did not return. To date the patient is doing remarkably well and has a stronger immune system and very happy with the results. His doctors are also very happy with the results of hyperbaric oxygen.

CONCLUSION

Significant differences are detected including cessation of angiogenesis, the controlling growth and inhibitory factors. Tumors that grow in hypoxic circumstances have been shown to be more prone to metastases and more lethal to the patients affected by these tumors. Animal and clinical studies do not demonstrate enhanced growth as a result of hyperbaric oxygen. The available evidence including the known mechanisms of tumor angiogenesis does not support fears that hyperbaric oxygen will enhance malignant growth. In fact, even with a short duration of just 40 hyperbaric treatments a major positive change was seen in the reduction of these tumors for this patient.