

Intralesional and subcutaneous application of *Viscum album* L. (European mistletoe) extract in cervical carcinoma in situ (cervical intraepithelial neoplasia grade 3): A case report

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Background

- Carcinoma in situ (CIS) of the uterine cervix is a premalignant condition of squamous epithelium. The standard treatments are excision and ablation procedures; for women with positive margins, hysterectomy is recommended.
- Viscum album* L. extract (VAE) is a widely used herbal cancer treatment with cytotoxic, apoptogenic, and immunological effects, but it has not been investigated in cervical CIS.

Material and methods (Case presentation)

A 47-year-old woman with a diagnosis of recurrent cervical CIS after preceding conization refused radical hysterectomy and opted for integrative medicine treatment. She was treated with intralesional and subcutaneous VAE injections. (Table 1)

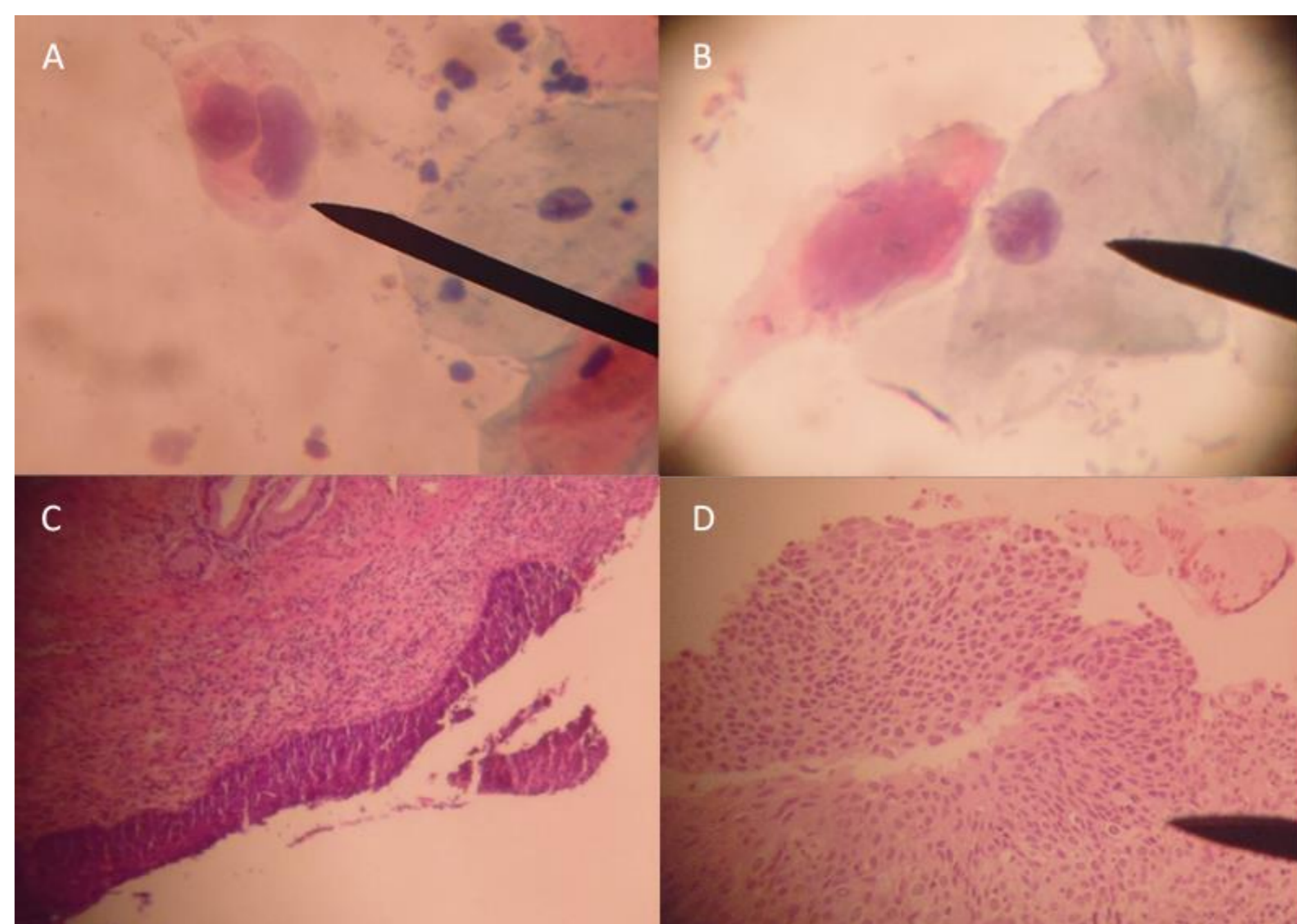


Figure 1.- A-B: Cervical biopsy of the patient 2 weeks before VAE treatment: CIS. C-D: Cytologic test from Pap after 9 weeks of VAE treatment: CIN 1.

Table 1.- *Viscum album* L. extract therapy: Vials per month.

Month	0.2 mg ^a SC ^b	2 mg ^a SC	20 mg ^a SC	20 mg ^a IL ^b	Colposcopy and Papanicolaou test results course
1	7			2 (week 1,2)	
2	7	3			CIN 1 (week 9)
3		10	1	5 (week 14, 15) ^c	
4			9	4 (week 16)	
5			8		CIN 0 (week 22)
6			8		
7			9		CIN 0 (week 31)
8			12		
9			8		
10			12		
11			9		
12			6		
13-36			8		CIN 0 (week 62,97,115,143)

^a Vials of 1 mL; of these, only 0.25 - 1.0 mL were used for each injection depending on the infiltration dose tolerated by the patient. ^b SC: subcutaneous, 1 vial maximum used per application; IL: intralesional, 4 vials maximum used per application. ^c Week 14: 2 vials, week 15: 3 vials used.

Results

- After 2 intralesional applications, partial remission of cervical CIS to CIN 1 was observed.
- Ending month 5 of treatment (after 5 intralesional applications), complete remission of cervical CIS was noticed. (Figure 1)
- The patient is still in remission after 56 months (until publication of the poster). (Figure 2)
- The patient consistently reported having a very good quality of life, as indicated in her responses to the quality of life questionnaire (EORTC QLQ-C30).

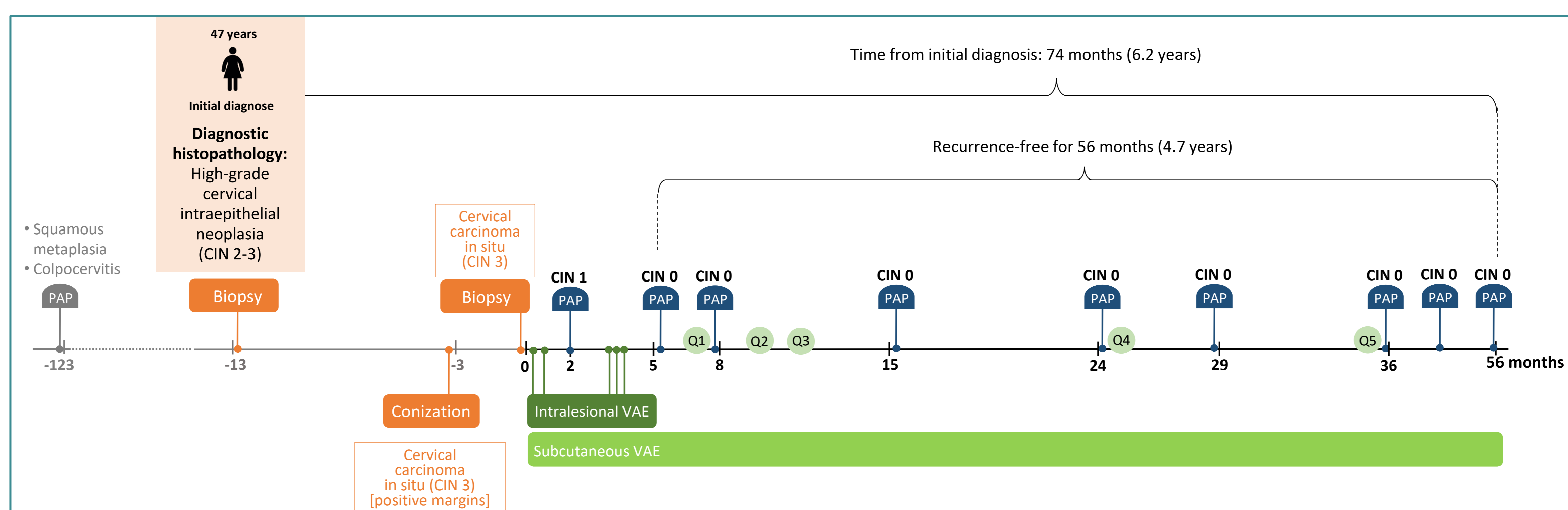


Figure 2.- Timeline: VAE treatment and course of disease. PAP=Papanicolaou, Q=EORTC QLQ-C30.

Conclusion:

- This is the first report showing complete remission of CIS after intralesional and subcutaneous application of VAE. Prospective studies should evaluate whether this result can be reproduced and become a second-line treatment option for patients who refuse hysterectomy.



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