CASE REPORT

Remission of hormone-refractory prostate cancer attributed to Essiac

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Essiac is a popular complementary and alternative medicine (CAM) that is utilized by many cancer patients

Introduction

Use of complimentary and alternative medicine (CAM) in North America has steadily grown, with some recent surveys indicating use by 40%-60% of the population.¹ Essiac tea and a related compound, Flor-Essence, are examples of CAM products which are particularly popular among cancer patients. Unfortunately, medical literature on these two products is scant. We report here the first documented remission of hormone-resistant prostate cancer attributed to Essiac.

Case report

A 64-year-old man was diagnosed in 1999 with stage T1cN0M0 prostate cancer. Initial prostate specific antigen (PSA) level was 46.6 ng/mL, Gleason 9/10 bilaterally. Trans-rectal ultrasound revealed a 1.3 cm nodule in the right prostate lobe. Bone and CT scans were negative. A decision was made to treat the patient with primary androgen deprivation therapy.

Four months into the treatment, the PSA nadired at 0.60 ng/mL. However, the patient soon became

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Address correspondence to Dr. Wigdan Al-Sukhni, c/o Dr. Neil Fleshner, 610 University Avenue, Suite 3-130, Toronto, Ontario, M5G 2M9 Canada in North America. Much anecdotal reporting exists about its cancer-fighting qualities, but so far no clinical trials have been preformed to validate those claims. We describe here the case of a 64-year-old man whose hormonerefractory prostate cancer responded well to Essiac tea.

Key Words: Essiac, prostate cancer, remission

refractory to hormone therapy. A previously unpalpable nodule became evident on rectal exam. By 21 months after the start of hormone therapy, PSA level had reached 87.19 ng/mL. See Figure 1. The patient began to drink Essiac tea (2 oz, once or twice daily), and experienced a rapid drop in PSA to 0.12 ng/mL. In July 2002, the PSA level rose to 3.21, and the Bicalutamide was withdrawn, resulting in a drop of PSA level to 0.16 ng/mL. Of note, the patient's initial dramatic drop in PSA level occurred 18 months prior to withdrawal of anti-androgen therapy; hence, such withdrawal could not be used to explain the observed decrease in PSA. As of March 2005, his PSA remains low at 1.7 ng/mL He remains in good health, except for long-standing erectile dysfunction.

Discussion

The herbal mixture constituting Essiac has been popular in Canada for over 70 years. Originated by an Ojibwa healer, the recipe of four herbs was popularized by Canadian nurse Rene Caisse. Taken as a tea 1-3 times a day, Essiac is believed by advocates to attack the tumor directly, or else strengthen the body's own defenses.¹

The four herbs in Essiac are Burdock root (*Arctium lappa*), Indian rhubarb (*Rheum palmatum*), sheep sorrel (*Rumex acetosella*), and slippery elm bark (*Ulmus rubra*).¹ Flor-Essence, contains the additional herbs: watercress (*Nasturtium officinale*), blessed thistle

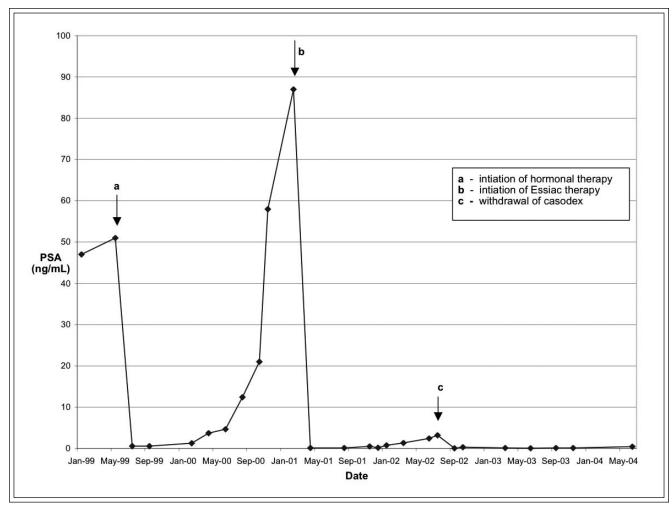


Figure 1. PSA trend over time.

(*Cnicus benedictus*), red clover (*Trifolium pratense*), and kelp (*Laminaria digitata*). Constituents of some of these herbs have been shown in laboratory studies to have antioxidant, immunomodulatory, antimutagenic, and cytostatic properties.²

However, no published evidence from clinical trials is available yet supporting or refuting the claims for Essiac's effect on cancer, in spite of several attempts to conduct such research.¹ A recent in-vitro study on human tumor cell lines found anti-proliferative and differentiation-inducing properties in Essiac and Flor-Essence, but only at high concentrations.³ A clinical trial that was initiated by Tzu Chi Institute and the British Columbia Cancer Agency in 2003 was closed due to failure to recruit patients.⁴

Essiac and Flor-Essence continue to be popular among cancer patients, in spite of the lack of rigorous evidence in their favor. As with all CAM therapies, we cannot be sure that the Essiac tea used by our patient was not contaminated with pharmacologic agents. However, the duration of response in this case is not consistent with any known such agent. Though no adverse events have been reported for Essiac,¹ and animal studies of Flor-Essence have found no toxicity at supra-therapeutic doses,² it remains essential that clinical studies be conducted to assess their role in treating cancer.

References

4. Personal communication with the BC Cancer Agency, July 2004.

^{1.} Kaegi E. Unconventional therapies for cancer: 1. Essiac. *CMAJ* 1998;158(7):897-902.

Tamayo C, Ricardson MA, Diamond S et al. The chemistry and biological activity of herbs used in Flor-Essence herbal tonic and Essiac. *Phytotherapy Res.* 2000 Feb;14(1):1-14.

Taj J, Cheung S, Wong S, Lowe C. In vitro comparison of Essiac and Flor-Essence on human tumor cell lines. *Oncology Reports* 2004 Feb;11(2):471-6.