

~~in Central New Jersey, 1945-78: Chief of Surgery at New Jersey State Sanatorium, Roosevelt Hospital and Middlesex General Hospital. Chief of Thoracic Surgery at St. Peter's Medical Center and Somerset Medical Center. Diplomate American Board of Surgery; Fellow of American College of Surgeons, President, New Jersey Chapter; Member of New York Society for Thoracic Surgery; President, New Jersey Society of Thoracic Surgeons; Member of AMA, Associate Professor of Surgery, Rutgers University Medical College, U.M.D. N.J.; Member of American Association for Thoracic Surgery.~~

Metronidazole in the Treatment of Cancer

By Wayne Martin

In The Lancet for April 19, 1980 is a paper by R.F.U. Ashford et al of Westminster Hospital telling of the treatment of a breast cancer patient with an ulcerated right axillary secondary tumor. Her ulcerated tumor was infected with an anaerobic bacterium and it was giving off highly offensive odor.

The patient was a 48 year old teacher. The history of her treatment was as follows. In 1977 she had a right mastectomy. In 1978 a recurrence in the upper right chest wall was treated with radiotherapy and tamoxifen but the tumor progressed. In Nov. 1978 she had a bilateral oophorectomy which was of no benefit, after which the lesion advanced relentlessly in spite of chemotherapy with cyclophosphamide, 5-fluorouracil, and methotrexate, then subsequent high dose medroxyprogesterone, and then doxorubicin and vincristine. During this course of treatment the lesion had progressed to where it was 15 cm. in diameter and it had a most offensive smell.

She was given metronidazole, 200 mg. three times a day after which the putrid odor disappeared in one weeks time.

Metronidazole was continued and the patient resumed teaching which otherwise would have been impossible.

In this case metronidazole was used not as an anti-cancer agent, but to eliminate the anaerobic infection that was causing the putrid odor, however according to the teaching of the late Professor

Roger Wyburn-Mason of Cambridge University, metronidazole is an anti-cancer drug and has anti-cancer activity.

He felt that amoebae inactivate the immune system so that it cannot destroy cancer, that metronidazole being an anti-amoebic drug will destroy the amoebic infestation, from which many of us suffer and thus liberate the immune system to fight cancer.

The Rheumatoid Disease Foundation of Franklin, TN fosters the use of metronidazole in treating rheumatoid arthritis. I have followed one doctor who treats rheumatoid arthritis with metronidazole who has a 80% cure rate. The rationale here is that macrophages, the big white cells in our immune system that are our scavenger cells, are the villain in rheumatoid arthritis. Metronidazole inhibits and kills macrophages and thus gives relief, often quite permanent as a result, or such is the rationale.

It has long been felt that macrophages play a part in our anti-cancer defence, however in The Lancet for April 25, 1987, Marta Munzarova of the Research Institute of Clinical and Experimental Oncology in Brno, Czechoslovakia had a paper suggesting that macrophages play a part in causing and promoting cancer.

In the USA metronidazole is widely used in treating trichomoniasis, and when so used the suggestion is rarely made that metronidazole causes cancer, however when it is used to treat rheumatoid arthritis, orthodox rheumatologists often suggest that metronidazole causes cancer. In the Seattle area, the Group Health Co-operative of Puget sound after having treated 12,280 patients for trichomoniasis with metronidazole felt that from this large group of patients something could be found out about the relationship between metronidazole and cancer. During the same 2.5 year period they had treated 123,620 other patients who received no metronidazole. Their results were published in the May 14, 1982 issue of the Journal of the American Medical Association which were that there were 60 times as many new cancers among patients NOT taking metronidazole. As the patients taking metronidazole were on an average younger, a correction for age was made and even then the patients not taking metronidazole had three times as many new cancers.

This study seemed to suggest that metronidazole had been preventing cancer in this group.

In the above mentioned case of breast cancer where the secondary lesion gave off a putrid odor, metronidazole put an end to the putrid odor and

the patient was reported to have resumed teaching, suggesting that her cancer was no longer progressing.

In the May 31, 1980 issue of The Lancet is another report of the successful use of metronidazole in treating breast cancer patients with ulcerating tumors that were giving off putrid odors. Here nine patients were so treated. In this report from the Breast Cancer Unit of the Imperial Cancer Research Fund, all patients benefited by a reduction of the putrid odor. This report closes with “four of these patients have died, four are still

benefiting from taking metronidazole, and one has responded to chemotherapy”.

I would like to suggest the possibility that some of these patients were having the progression of their cancers stopped by metronidazole. I would like to suggest that metronidazole be considered in treating patients with smelly tumors but also in treating patients such as the first breast cancer patient mentioned here. Here the patient had had the gamut of orthodox treatment with no benefit. In cases such as this one, why not try metronidazole even if the tumor is not smelly?