

# Five-year recurrence-free survival in glioblastoma: A case series of eight patients treated with a traditional herbal adjunct

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## Abstract

Glioblastoma (GBM) is an aggressive brain tumor with poor prognosis despite standard treatment. This case series presents eight patients with confirmed GBM who received traditional herbal preparation in addition to standard therapy. Over a follow-up period of two to five years, none showed signs of tumor recurrence on serial MRI. Although this preparation was also used in a few patients with other types of cancer without effect, the findings suggest potential GBM-specific benefits. These observations support the need for further clinical research.

## Introduction

Glioblastoma multiforme (GBM) remains the most lethal primary brain tumor in adults. Standard-of-care treatment, including surgical resection, radiotherapy, and temozolomide chemotherapy, yields a median survival of 12–18 months. Tumor recurrence is common. Exploring adjunctive therapies is critical to improving outcomes [1–3]. This case series investigates the adjunct use of traditional herbal preparation in GBM patients who also received standard treatment.

## Case Presentation

- Patients: Eight patients (5 females, 3 males) aged 52–68 with histologically confirmed GBM.
- Index Case: A 52-year-old female received the herbal preparation postoperatively along with radiotherapy and temozolomide. The herbal regimen consisted of 150cc of the infusion every 8 hours for 2 days, repeated in three cycles over several weeks.
- Extension: Subsequently, seven additional GBM patients voluntarily received the same regimen. All patients continued their conventional oncologic treatments.

## Follow-Up and Outcomes

- Monitoring: Patients were monitored for adverse effects every 2 days during treatment; CBC, liver and kidney function tests were performed.
- Imaging: Gadolinium-enhanced MRI was done every 2 months (year 1), every 3 months (year 2), and then every 6 months. No tumor recurrence was observed in any patient, even at the 5-year follow-up point.
- Toxicity: Six patients experienced  $>3\times$  elevation in liver enzymes. Two had reduced GFR; one had creatinine up to 2.5 mg/dL. All resolved within one month of treatment cessation. Transient leukopenia was seen in all patients, with recovery within 2 months post-chemotherapy.

- Control Group: The herbal preparation was also used in patients with breast, gastric, and colon adenocarcinomas but showed no clinical improvement.

## Discussion

The lack of tumor recurrence in this small cohort of GBM patients is striking and suggests potential benefit from this herbal preparation. Notably, the herb did not affect other cancer types, possibly indicating a mechanism specific to glioblastoma. The study is limited by small sample size, lack of blinding, and non-randomized design. The identity of the herb remains confidential pending intellectual property considerations, though we are open to disclosing it confidentially to reviewers.

All procedures performed in this study involving human participants were in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki declaration and its later amendments.

## Conclusion

This case series suggests a possible adjunctive effect of traditional herbal preparation in preventing GBM recurrence. Although observational, these results warrant further investigation through controlled clinical studies.

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## Conflicts of Interest

The author declares no conflicts of interest.

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## Author Contributions

Dr. Mahmood Mirzaee: Conceptualization, patient monitoring, data collection, and manuscript writing.

## Ethical Approval and Consent to Participate

This study was conducted in accordance with the Declaration of Helsinki. Ethical approval was obtained from the Ethics Committee of Isfahan University of Medical Sciences, Isfahan, Iran (Approval ID: 1399/3/548). Written informed consent was obtained from all individual participants included in the study.

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