Integrating Chinese Herbal Medicine with Conventional Medicine for the Treatment of Advanced Metastatic Breast Cancer: A Case Study

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Abstract

This case study explores the integrative management of advanced metastatic breast cancer in a 52-year-old female, where Chinese herbal medicine was initiated before, and then modified throughout conventional treatment, leading to positive clinical benefits. The most remarkable outcome was a significant decrease in the patient's CA15-3 cancer marker, which dropped from 248 U/mL to 21 U/mL over two years. The case illustrates the potential of integrating Chinese herbal medicine into conventional cancer treatment to both provide symptom relief and enhance treatment effectiveness while improving the patient's well-being.

Keywords
Chinese medicine, herbal medicine, cancer, breast cancer, oncology

Introduction

Breast cancer is one of the most diagnosed cancers and the fifth leading cause of cancer-related deaths globally. According to the Glonocan 2020 report, approximately 2.3 million new cases of breast cancer are diagnosed worldwide each year.[1] In the UK, it is estimated that one in seven women will develop breast cancer during their lifetime.[2] Between 2017 and 2019, an average of 56,822 new cases were reported annually in the UK, highlighting the significant public health challenge this disease continues to present.[3]

Breast cancer is commonly divided into three main types based on the presence or absence of specific molecular markers: oestrogen receptors (ER), progesterone receptors (PR) and a protein called ERBB2 (formerly HER2). The most common type is hormone receptor-positive breast cancer, in which ER and/or PR are present but ERBB2 is not overproduced. Another type, ERBB2-positive breast cancer, involves an overproduction of the ERBB2 protein, making the cancer more aggressive but responsive to targeted treatments. The third type, triple-negative breast cancer, lacks all three markers (ER, PR, ERBB2), which makes it more challenging to treat. In addition to these molecular types, invasive ductal carcinoma and invasive lobular carcinoma are the most common histological forms, with invasive ductal carcinoma accounting for about 80 per cent of cases. Fortunately, more than 90 per cent of breast cancer diagnoses are made before the cancer spreads beyond the breast,[4] allowing for effective treatment options tailored to each subtype.[5]

Conventional treatment strategies

Conventional breast cancer treatments, including surgery, chemotherapy, radiation and targeted therapies, are essential but often come with significant side effects that affect patients' quality of life. About 70 to 80 per cent of breast cancers are hormone receptor-positive, relying on oestrogen and progesterone for growth.[6] Endocrine therapies like letrozole and tamoxifen are highly effective in the initial stages but require adaptation in advanced disease. Treatment in metastatic cases focuses on balancing therapeutic effectiveness with managing side effects to improve the patient's overall quality of life,[7,8] and this is where the integration of conventional treatment with traditional Chinese herbal medicine can be of benefit.

Integrating traditional Chinese medicine with conventional cancer care

In recent years, interest has grown in integrative cancer care, combining conventional treatment with holistic approaches to improve outcomes and reduce side effects.[9] One example is the integration of traditional Chinese medicine (TCM), particularly Chinese herbal medicine (CHM), into cancer treatment. Traditional Chinese medicine has a long history of treating various diseases, including cancer.[10] Unlike biomedicine, which targets the disease, TCM aims to restore body balance and strengthen natural defence, potentially improving health outcomes.[11] Recent studies increasingly support TCM as a complementary therapy in oncology.[10] It enhances therapeutic outcomes by boosting the immune response, reducing chemotherapy and radiation side effects and improving quality of life. Some herbal formulae even have anti-tumour properties and may help to control cancer progression and reduce tumour markers.[12] This integrative approach offers a more patient-centered treatment plan, addressing both the disease and overall well-being, and promoting holistic healing.[13,14]

Case study

This case study outlines the TCM treatment strategy for a breast cancer patient, focusing on the evolution of treatment and the patient's progress over time. During the course of treatment, a temporary rise in the patient's CA15-3 levels prompted refinement of the therapeutic strategy. This adjustment incorporated targeted interventions to better address the underlying issues, reflecting a responsive and adaptive approach. Currently, the patient continues to show improvement, with the treatment plan being continually tailored to support her progress. The emphasis is on dynamic adaptation, ensuring the strategy remains aligned with her evolving needs and health goals. The narrative highlights the patient's journey, the challenges faced and the ongoing adjustments made to optimise outcomes, illustrating the responsive and personalised nature of the treatment process.

During a thorough examination of the area, I noticed distinct redness around the sternoclavicular joint.

I first met the patient, a 50-year-old female, in May 2022 when she came to my clinic complaining of tension in her neck and shoulders. She described cramping pain and stiffness which, upon examination, also limited her range of neck movement. She reported the pain had started back in April 2021 and had been progressively getting worse. It was now a major source of discomfort and distress and was disrupting her sleep. During a thorough examination of the area, I noticed distinct redness around the sternoclavicular joint. This unusual sign raised concern so I advised her to see her GP promptly for further investigation. It was only during our second consultation that she shared a history of breast cancer, which had originally started in 2016. The cancer was hormone receptor-positive, but ERBB2-negative. That same year she had two surgeries: the first surgery removed an invasive ductal carcinoma, the more severe and aggressive type of breast cancer, and the second a ductal carcinoma in situ, an earlier stage of cancer confined to the milk ducts. At that time, and against medical advice, she chose not to have her lymph nodes removed, nor take any medication. Upon hearing of this previous medical history, her presenting symptoms began to raise concern. Upon further inquiry, she mentioned the development of a swollen lymph node under her left armpit. Her left breast also had an inflamed lesion about the size of an orange visible on the skin. It became evident she was potentially experiencing a relapse of advanced metastatic breast cancer (see Image 1).

Other signs and symptoms included:

- persistent thirst
- occasional mild increases in heart rate
- night sweats, but a cold type of person
- back pain
- low energy levels (between four and five on a scale of one to 10)
- digestive system function normal, with regular bowel movements and no reports of constipation, diarrhoea or abdominal discomfort
- tongue: pale, dry and swollen, with a deep central crack and several smaller cracks scattered across the surface. The back of the tongue had a thin, whitish coating,

Image 1: The left breast in May 2022

while the tip was notably red, peeled and dotted with small red spots. The sublingual veins were long, dark and distended.
- pulse: fine, weak and tight.

Respecting her wishes and considering the potential benefits of integrative medicine, I prescribed a herbal formula aimed at reducing her pain and improving her overall quality of life during the uncertain period while we awaited the results of her PET scan. To complete the holistic treatment approach we discussed lifestyle changes such as dietary improvements, meditation techniques and positive thinking.

TCM diagnosis and treatment principles

The TCM diagnosis was as follows:
- Fire-toxin with accumulation of phlegm (manifesting as a lump in the breast)
- Liver qi stagnation and blood stasis leading to heat
- Wind-cold-damp bi syndrome
- Blood deficiency
- Spleen qi deficiency leading to dampness (and phlegm due to the condensing effect of heat from stagnation)
- Kidney yin and yang deficiency

The treatment principles focused on clearing fire toxin, resolving phlegm and draining dampness, opening the channels and collaterals, moving Liver qi and invigorating blood circulation in the breast area, while also strengthening the body's zheng (upright) qi to enhance overall resilience.

Treatment before and during conventional medical treatment (May 2022)

The first Chinese herbal formula was designed to have an anti-cancer effect, strengthen the patient's constitution, prepare her body for the upcoming treatment and address her pain. The formula consisted of the following ingredients:
- Bai Hua She She Cao (Hedyotis Diffusa Herba) 40g
- Ban Zhi Lian (Scutellariae Barbatae Herba) 30g
- Pu Gong Ying (Taraxaci Herba) 15g
- Hu Zhang (Polygoni Cuspidati Rhizoma) 12g
- Hong Teng (Sargentodoxae Caulis) 15g
- Ling Zhi (Ganoderma Lucidum) 9g
- Qing Hao (Artemisiae Annuae Herba)15g
- Zao Jiao Ci (Gleditsiae Spina) 9g
- Ji Xue Teng (Spatholobi Caulis) 15g
- Jiang Huang (Curcumae Longae Rhizoma) 15g
- San Leng (Sparganii Rhizoma) 15g
- E Zhu (Curcumae Rhizoma) 15g
- Tou Gu Cao (Speranskiae Tuberculatae Herba) 15g
- Shen Jin Cao (Lycopodii Herba) 12g
- Si Gua Lou (Luffae Fructus Retinervus) 15g
- Ge Gen (Puerariae Lobatae Radix) 12g
- Tai Zi Shen (Pseudostellariae Radix) 15g
- Bai Shao (Paeoniae Radix Alba) 15g
- Chen Pi (Citri Reticulatae Pericarpium) 9g
- Gan Cao (Glycyrrhizae Radix et Rhizoma) 6g

The formula was dispensed as sachets containing full composition herbal granules from Balance Healthcare (UK); the dosages given represent dried herb equivalents; the actual quantity provided was determined according to the precise extraction ratio for each herb. The patient was advised to dissolve the granules in hot water to produce a strong-tasting herbal tea to take in the morning and evening before food.

Bai Hua She She Cao and Ban Zhi Lian were selected to clear heat toxin, reduce inflammation and provide anti-cancer benefits. In clinical studies, these herbs have shown promising pro-apoptotic effects in cancer cells. They activate caspase-dependent pathways, influence cellular signaling, inhibit cancer cell growth, and disrupt angiogenesis.[15,16,17,18] Pu Gong Ying was also included for its anti-cancer properties, as well as its traditional uses to clear fire toxin and drain dampness. Clinical studies in vitro have shown that it interferes with the metabolism of glycerophospholipids

and unsaturated fatty acids by down-regulating the activity of the key protein CHKA and blocking the PI3K/AKT/SREBP/FADS2 signalling pathway, thereby inhibiting cancer cell growth.[19] To enhance the formula's effectiveness, I incorporated Qing Hao to cool the blood and treat heat-related symptoms as well as for its anti-cancer polyphenols.[20] Hu Zhang was selected for its ability to clear fire toxin, drain dampness, transform phlegm and move the blood, as well as for its anti-angiogenic effect.[21] Additional herbs were also included for their anti-cancer activity, such as Si Gua Lou, San Leng and E Zhu.[22,23,24] Si Gua Lou was selected to resolve phlegm, promote blood circulation and alleviate breast-related symptoms, while simultaneously addressing the underlying toxic heat that contributes to cancer progression. To address the bi-syndrome and neck stiffness I used Hong Teng, Ji Xue Teng, Tou Gu Cao, San Leng and E Zhu to break up blood stasis and alleviate pain. Ge Gen was included to specifically help with her neck pain. To boost her qi, I added Ling Zhi for its adaptogenic and immune-supporting effects, along with Tai Zi Shen. In summary, my approach with this formula was to address my patient's status through a holistic strategy that cleared fire toxins, resolved phlegm, moved the blood and strengthened the qi.

Initial adjustments

After one week of treatment, the patient reported that she was able to tolerate the herbal formula well, experiencing only mild nausea, although the neck pain persisted. To enhance the formula's effectiveness, I decided to incorporate Sheng Jiang (Zingiberis Rhizoma Recens) 6g to address nausea and increase the dosages of Bai Hua She She Cao and Ban Zhi Lian to 60g and 40g respectively to further target the inflammatory and toxic heat components. The adjusted formula was prescribed for two weeks.

Herbal medicine integrated with conventional medical treatment (June - August 2022)

Two weeks later, the patient was contacted by her oncologists, who informed her that the cancer had spread to multiple bones, including her ribs, spine and lower back. They recommended a combination of treatments to address these bone metastases and reduce the risk of fractures. This included intravenous zoledronic acid to strengthen her bones, a skin implant of goserelin to lower oestrogen levels, and letrozole tablets which reduce oestrogen production, limiting its effect on oestrogen receptor-positive breast cancer cells to slow their growth. The patient started her conventional medical treatment, which included testing for the cancer marker CA15-3 as part of the standard protocol,[25] the result of which was 248 U/mL (27th June 2022).

Once the patient started with conventional medical therapy, I chose to reduce the dosages of particular herbs with anti-tumour properties and focused more on symptom management to enhance her quality of life. In line with this approach, I aimed to strengthen qi and nourish the blood, clear empty heat and support the digestive system by tonifying the Spleen and Stomach. The changes are marked in **bold** as follows:

- Bai Hua She She Cao (Hedyotis Diffusa Herba) **40g**
- Ban Zhi Lian (Scutellariae Barbatae Herba) **30g**
- Pu Gong Ying (Taraxaci Herba) 15g
- Hu Zhang (Polygoni Cuspidati Rhizoma) 12g
- Qing Hao (Artemisiae Annuae Herba) 15g
- San Leng (Sparganii Rhizoma) 15g
- E Zhu (Curcumae Rhizoma) 15g
- Tou Gu Cao (Speranskiae Tuberculatae Herba) 15g
- **Tai Zi Shen (Pseudostellariae Radix) 24g**
- **Zhi Mu (Anemarrhenae Rhizoma) 15g**
- **Huang Qi (Astragali Radix) 45g**
- **Dang Gui (Angelicae Sinensis Radix) 9g**
- Bai Shao (Paeoniae Radix Alba) 15g
- **Chao Bai Zhu (Atractylodis Macrocephalae Rhizoma Praeparatum) 15g**
- Chen Pi (Citri Reticulatae Pericarpium) 9g
- **Fu Ling (Poria) 12g**
- **Jiang Ban Xia (Pinelliae Rhizoma Praeparatum) 12g**
- **Lai Fu Zi (Raphani Semen) 9g**
- **Shan Zha (Crataegi Fructus) 9g**
- Sheng Jiang (Zingiberis Rhizoma Recens) 6g
- Gan Cao (Glycyrrhizae Radix et Rhizoma) 6g

The patient was tested monthly in July and August to assess her progress. Her cancer tumour marker CA 15-3 decreased from 248 U/mL in June to 146 U/mL in August. This significant reduction was remarkable given the severity of the tumour and the presence of metastases.

Following a PET scan of the chest, abdomen and pelvis in late August, an oncology report dated 23rd August 2022 read as follows:

> ***Clinical indication: Locally advanced left breast cancer***
> ***Conclusion: Interval decreases in size of a fungating left breast mass and left axillary nodes. Diffuse bony metastatic disease now appears cirrhotic which may represent treatment. Indeterminate liver lesion. No new sites of disease.***

The observation that the diffuse bony metastatic disease had become cirrhotic confirmed that the body was actively responding to the treatment, and no new sites of metastasis had developed. Importantly, some of the existing metastases had also decreased in volume, further supporting the effectiveness of the treatment regimen.

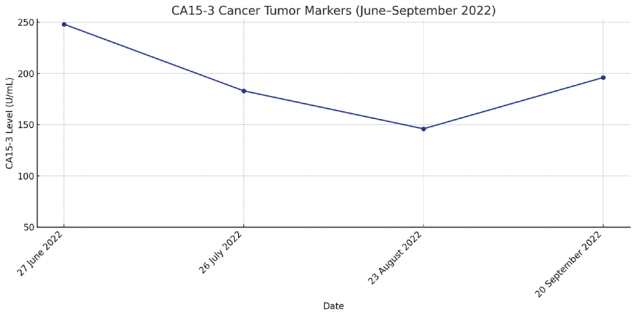

Figure 1: CA15-3 tumour markers (June-September 2022)

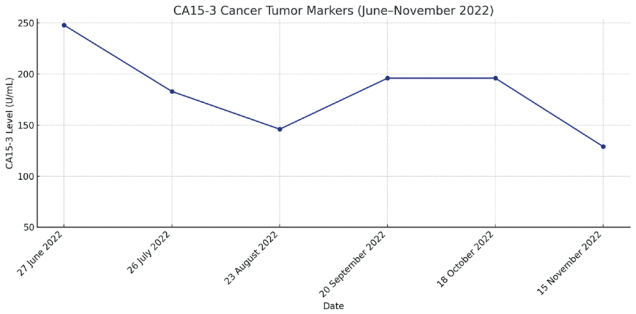

Figure 2: CA15-3 cancer tumour markers (June-November 2022)

Overall, the patient's condition was encouraging. She reported that the muscle pain in her shoulders and neck had improved considerably, although her neck remained quite stiff. Her digestion remained good with normal bowel movements, and she no longer experienced any unusual thirst. Furthermore, she was experiencing a decent quality of sleep, which was significantly increasing her energy levels. She now rated her energy at eight out of 10, whereas at the initial consultation she had rated it at four to five. These factors contributed positively to her overall well-being.

The most significant symptom now was hot flushes, a common side effect of letrozole. To address this, I increased the dosages of Qing Hao and Zhi Mu. Simultaneously, considering the patient's reported high energy levels, I reduced the dosage of Tai Zi Shen from 24 grams to 15 grams.

Bai Hua She She Cao and Ban Zhi Lian were selected to clear heat toxin, reduce inflammation and provide anti-cancer benefits.

Change of herbal formula due to increased level of CA15-3 (September 2022)

Unfortunately, on September 20th, the CA15-3 marker rose from 146 U/mL to 196 U/mL (see Figure 1). This increase raised significant concerns. The patient maintained her usual treatment plan throughout this time without any changes. She continued with her prescribed medications as per the standard protocol, and no additional conventional therapies were introduced. In response to the increase in the tumour marker, I decided to increase the dosages of Bai Hua She She Cao and Ban Zhi Lian to their initial levels of 60 grams and 40 grams respectively and increased Zhi Mu to 24 grams to better manage her hot flushes. Aside from these adjustments I preserved the original structure of the formula.

Stabilisation and further improvement (October 2022 to April 2023)

Following the increase in CA15-3 in September, the tumour marker levels remained stable throughout October. However, on November 21st, 2022, the levels began to decrease again. As shown in Figure 2, the patient's CA 15-3 value fell from 196 U/mL to 129 U/mL.

The decrease in tumour markers was remarkable, given the circumstances. It is important to emphasise that conventional treatment protocols remained consistent throughout the study period, which supports this improvement being a result of the modified herbal formula. Overall, the patient's quality of life remained extremely good, with excellent energy levels, digestion and sleep, and no adverse effects reported. For this reason, and considering the patient's positive clinical progress, the core formula was continued from November 2022 to April 2023, with only slight modifications to manage her hot flashes. During these months, the CA15-3 level continued to decrease, dropping from 129 U/mL to 72 U/mL in March 2023 (see Figure 3).

After March 2023, CA15-3 tests were reduced in frequency to every three months and continued to show a steady reduction.

By November 2022, the reduction became even more significant. By 2024, the CA15-3 levels remained low and stable, indicating the patient was responding positively to treatment and the integration between conventional therapy and herbal medicine had effectively reduced tumour activity. This pattern gives a clear picture of how the integrated therapy helped improve the patient's condition over time.

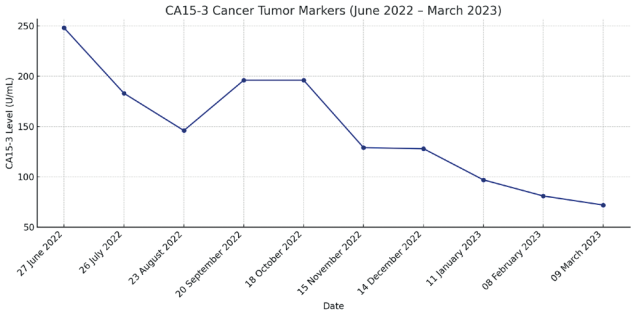

Figure 3: CA15-3 cancer tumour markers (June 2022-March 2023)

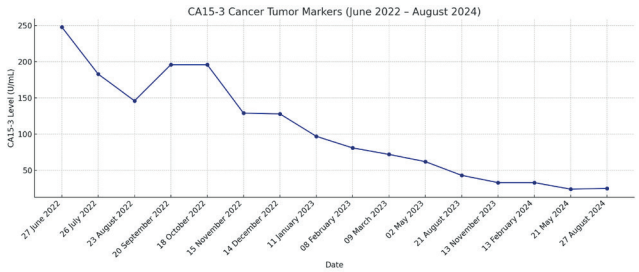

Figure 4: CA15-3 cancer tumour markers (June 2022-August 2024)

Managing hot flushes during hormone therapy (May 2023 to May 2024)

From May 2023 to May 2024 the most persistent and challenging symptom to manage was the patient's hot flushes. These occurred both during the day and at night as a side effect of her conventional treatment, severely disrupting her sleep, and draining her energy. I therefore gradually adjusted her herbal prescription. I kept the core structure intact but made essential modifications to address the worsening of these symptoms. Higher doses of Qing Hao (Artemisiae Annuae Herba) 30g and Di Gu Pi (Lycii Cortex) 30g were used to clear empty heat, combined with Ze Xie (Alismatis Rhizoma) 20g, Nu Zhen Zi (Ligustri Lucidi Fructus) 20g and Han Lian Cao (Ecliptae Herba)15g. Despite the relatively high doses of herbs used, it took nearly a year to effectively manage her symptoms. At the end of May 2024, there was a significant reduction in the intensity and frequency of the hot flushes. This improvement allowed me to reduce the dosage of the empty heat-clearing herbs, Qing Hao and Zhi Mu, and remove Di Gu Pi as it was no longer necessary. However, I maintained Nu Zhen Zi in the formula at 20 grams to continue to support yin. By that time, her neck stiffness and upper shoulder pain had also notably improved, allowing her to regain mobility and resume physical activity, leading to a significant improvement in her quality of life.

Conventional treatment protocols remained consistent throughout the study period, which supports this improvement being a result of the modified herbal formula.

Managing bone metastasis and osteoporosis (June 2024 to January 2025)

The patient's test results in June 2024 indicated that she was in excellent overall health. However, a bone scan report noted concern about the risk of spontaneous fractures due to bone metastasis in the right femur and humerus.

Bone Scan Report: June 2024
Clinical indication: Locally advanced left breast cancer
Conclusion: The previously noted widespread metastases are still present but appear less intense in today's study when compared to the previous bone scan of January 2023. No new lesions demonstrated. The long bone deposits (right femur and humerus) are still at risk of pathological fractures.

Despite this, from November 2023 to August 2024 the patient's CA15-3 levels showed a consistent downward trend, decreasing from 128 U/mL to 25 U/mL. This steady decline further underscored the patient's positive response to the integration of conventional therapy and herbal medicine.

At a follow-up consultation in September 2024 no significant health concerns had arisen aside from her bone health. She reported mild stiffness in her neck and upper shoulders, accompanied by a limited range of movement due to vertebral metastases, which was managed effectively. Furthermore, she had phlegm in the back of her throat. Overall, her sleep quality was good, positively impacting her overall quality of life. The hot flushes were under control, presenting only with mild intensity, and did not significantly interfere with her daily life. This phase's herbal formula focused on addressing the cancer, managing the side effects of conventional treatment and supporting her bones:

- Bai Hua She She Cao (Hedyotis Diffusae Herba) 60g
- Ban Zhi Lian (Scutellariae Barbatae Herba) 40g
- Pu Gong Ying (Taraxaci Herba) 20g
- Qing Hao (Artemisiae Annuae Herba) 24g
- **Nu Zhen Zi (Ligustri Lucidi Fructus) 20g**

- Zhi Mu (Anemarrhenae Rhizoma) 9g
- E Zhu (Curcumae Rhizoma) 20g
- Tou Gu Cao (Speranskiae Tuberculatae Herba) 24g
- Cang Zhu (Atractylodis Rhizoma) 9g
- Jiang Ban Xia (Pinelliae Rhizoma Praeparatum) 9g
- Yi Yi Ren (Coicis Semen) 15g
- **Du Zhong (Eucommiae Cortex) 12g**
- **Xu Duan (Dipsaci Radix) 12g**
- **Dan Shen (Salviae Miltiorrhizae Radix) 15g**
- **Ge Gen (Puerariae Lobatae Radix) 15g**
- Sha Ren (Amomi Fructus) 3g
- Zhi Gan Cao (Glycyrrhizae Radix Praeparata) 6g

In this updated version of the formula, I retained the core group of herbs that had been established in the original treatment. Bai Hua She She Cao, Ban Zhi Lian and Pu Gong Ying remained unchanged, as their role in addressing toxic heat and stagnation - key factors in the progression of breast cancer - had been crucial from the start. There was no need to modify this part of the formula since the patient responded well to these herbs, and their function remained relevant to the therapeutic goals. At the same time, I concentrated on strengthening the bones and clearing the residual phlegm in her throat. For this reason, I added Du Zhong and Xu Duan, both of which are traditionally used to fortify the Liver and Kidneys in conjunction with Ge Gen and Dan Shen. More specifically, Ge Gen is gaining attention for its role in preventing bone loss, especially for women during menopause and those facing osteoporosis.[26,27] The addition of Dan Shen was to enhance blood flow and promote microcirculation. Dan Shen is not only rich in bioactive compounds that improve blood flow, but research has discovered that it has potential activity against carcinoma progression.[28]

Overall, this modified formula continued to address the cancer while also evolving to meet the patient's changing symptoms. By preserving the core group of herbs for heat-clearing and cancer management and adapting the other parts of the formula to her current needs, whether controlling hot flushes or supporting bone health, the treatment remained dynamic and responsive.

Latest update (February 2025)

At her most recent consultation (at the time of writing this article) the patient is continuing to take letrozole and goserelin to lower oestrogen levels and keep her hormone receptor-positive breast cancer under control. She is now receiving denosumab injections, after transitioning from zoledronic acid, to strengthen her bones and prevent spontaneous fractures.

The patient is still receiving herbal treatment. The results from February 2025 showed a further decrease in CA15-3, which has now reached the remarkable value of 21 U/mL.

Image 2: Left breast at consultation in February 2025

In addition to the clinical findings, photographic evidence highlights the steady healing of the patient's breast lesion throughout treatment (see Image 2). The images document significant visual improvements, highlighting the progressive resolution of the lesion from the initiation of therapy to the present.

In her latest formula, I removed Cang Zhu, Jiang Ban Xia and Yi Yi Ren as there were no longer any clinical signs of phlegm in the throat. To further support the patient's overall condition, I added Huang Qi (Astragali Radix) 15g to strengthen qi and enhance immune function.

- Bai Hua She She Cao (Hedyotis Diffusae Herba) 60g
- Ban Zhi Lian (Scutellariae Barbatae Herba) 40g
- Pu Gong Ying (Taraxaci Herba) 20g
- Qing Hao (Artemisiae Annuae Herba) 24g
- Nu Zhen Zi (Ligustri Lucidi Fructus) 20g
- Zhi Mu (Anemarrhenae Rhizoma) 9g
- E Zhu (Curcumae Rhizoma) 20g
- Tou Gu Cao (Speranskiae Tuberculatae Herba) 24g
- Du Zhong (Eucommiae Cortex) 12g
- Xu Duan (Dipsaci Radix) 12g
- Dan Shen (Salviae Miltiorrhizae Radix) 15g

- Ge Gen (Puerariae Lobatae Radix) 15g
- **Huang Qi (Astragali Radix) 15g**
- Sha Ren (Amomi Fructus) 3g
- Zhi Gan Cao (Glycyrrhizae Radix Preparata) 6g

The patient's energy levels remain good, and she reports feeling significantly better overall. She is very satisfied with her progress and continues to respond well to treatment.

Discussion

This case highlights the potential benefits of integrating CHM with conventional cancer therapy. The tailored use of CHM targeted both the cancer and the patient's overall well-being, with dynamic adjustments to the herbal formula based on clinical progression. This approach, combined with lifestyle changes such as dietary improvements and meditation, contributed to measurable improvements in her condition, despite the severity of her initial diagnosis. The patient also received conventional therapy, raising the possibility of synergistic effects with CHM. However, no studies currently validate this hypothesis, and the specific contribution of letrozole on reducing CA15-3 levels remains unclear. Further research is needed to explore these interactions.

Throughout the patient's two-year treatment journey, a significant challenge was the lack of engagement from the oncology team regarding her use of CHM. Although the patient consistently communicated her use of herbs to her primary oncologist, the topic was systematically dismissed. The oncologist redirected the conversation without offering comment or inquiry, showing a lack of openness to exploring the potential ways this treatment might contribute to the patient's health and well-being, despite the observable improvements. This situation underscores a broader disconnection between conventional oncology practices and the potential advantages of Chinese medicine.

Although the patient consistently communicated her use of herbs to her primary oncologist, the topic was systematically dismissed.

From the outset of her diagnosis, the patient also embraced daily meditation influenced by the research of Dr Joe Dispenza, an American neuroscientist known for his extensive work on positive thinking and mind-body healing techniques. She consistently followed these practices, which significantly impacted her quality of life. Throughout even the most challenging phases of treatment, she maintained a positive outlook, stayed focused, and remained emotionally stable, rarely showing distress or despair. This inner strength enabled me to direct the herbal support primarily toward her physical symptoms, rather than focusing on emotional support.

This case underscores the potential of CHM in managing metastatic breast cancer, particularly in reducing tumour markers and improving well-being while mitigating side effects of conventional treatments. Key questions remain, such as optimal dosing strategies (eg starting with lower doses and gradually increasing) and the high cost of CHM, which may limit accessibility. The personalised nature of TCM poses challenges for standardisation, making it difficult to translate individual successes into broader clinical protocols. Future research should focus on refining dosage, developing consistent efficacy measures and exploring cost-effective ways to integrate CHM with conventional therapy.

Conclusion

This case demonstrates how a tailored, integrative approach combining TCM and conventional treatments can enhance therapeutic outcomes, manage symptoms and reduce tumour markers in metastatic breast cancer. It highlights the need for further research to optimise and standardise such integrative strategies, ensuring they are both effective and accessible for patients.

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