Integrative Oncology for Breast Cancer Patients

Breast Cancer Options Conference
New Paltz, New York
April 22, 2012
Nobel Prize Winner Albert Szent Gyorgyi

“Discovery consists of seeing what everybody has seen, and thinking what nobody has thought”
What is Integrative Oncology?

- Make use of the best knowledge and science of cancer, biochemistry, physiology, nutrition
- Apply to preventing and healing cancer
- Emphasis is on whole person rather than just shrinking or destroying tumors
- Use selective agents that get rid of cancer cells, but do not hurt (& may even enhance normal cells)
- At times, use toxic agents, but reduce toxicity with natural approaches
Outline

• Different way of looking at why cancer develops and how it can be managed using non-toxic substances (enzymes & amygdalin)

• Develop lifestyle to prevent and manage cancer with optimal diet, sleep, exercise, supplements, stress management

• Injectable programs that may benefit cancer patients (Vitamin C, amygdalin, other nutrients)

• Help you find reliable resources to get information; important to keep learning
Integrative Evaluation of the Cancer Patient by Practitioner

- Focus on patient as a person
- Assess strengths and weaknesses
- Evaluate support system
- Full clinical history & physical examination
- Assess current lifestyle factors
- Assess patient’s ability to make changes
- Nutritional and Laboratory testing
Integrative Laboratory Testing for the Cancer Patient

• Complete routine labs
• Check certain nutrients levels (especially vitamins A and D, selenium, iodine, RBC Fatty Acids, others)
• Check heavy metal toxicity (levels of lead, cadmium and mercury)
• Check appropriate cancer markers (e.g. CEA, CA19-9, CA27-29)
• Check for immune function
World Without Cancer-G. Edward Griffin

- Watched narrated film strip: 1974; stimulated my interest
- Book available (originally as 2 books and now as 1)
- Watch video online for free; Google “World Without Cancer: The Story of Vitamin B17” & click on 55 minute video
- How many watched or read?
- Much wisdom & practical suggestions
Thesis of World Without Cancer; Enzymes & Amygdalin

• During gestation, primitive cells called trophoblasts invade the uterine lining to help the early embryo implant; act like cancer cells; on 56 day, invasiveness stops with new functioning of pancreas

• Also, during gestation, germ cells form in yolk sac & then go to genital ridge; 20% settle in the rest of body (vagrant germ cells or stem cells); become trophoblasts by environmental triggers
Thesis of World Without Cancer; Enzymes & Amygdalin-2

• Cancer: derived from vagrant germ cells gone awry (Trophoblastic Theory of Cancer); James Beard 1906
• Pancreatic enzymes protect the body from trophoblasts: 1st line of defense of the body against cancer
• Beard: All cancers are trophoblasts; so use enzymes to treat; injections
• Nitrilosides in diet: 2nd line of defense against cancer (cyanide containing food; selectively attacks cancer cells (Laetrile/Amygdalin)
• Good place to start discussion about cancer
Interest in Trophoblastic Theory of Cancer Rekindled

- Interest in this theory of cancer & use of enzymes rekindled in the 1960’s & 1970’s by Donald William Kelley DDS
- Kelly diagnosed with pancreatic cancer; could feel tumors through abdominal wall
- Digestion was poor; tried enzymes to help his digestion & noted cancers began to disappear; then rediscovered Beard’s Trophoblastic theory; **but oral enzymes do work!!!!**
- Developed a whole system of cancer treatment involving diet, enzymes and other supplements, coffee enemas for detoxification
- Got great results; patients came from all over the world
Nicholas Gonzalez MD Background

• Medical student at Cornell: studied Kelly’s results under Robert Good at SKI-mid 80’s
• Concluded Kelley’s work with advanced cancer patients using enzymes was amazingly good
• Studied 50 cases-advanced cancer who recovered and wrote up cases
• Couldn’t get it published; medical world totally skeptical
• Kelly’s results in 1980’s poor: Why?
Monograph on the Work of Donald William Kelley DDS by N. Gonzalez MD

- Kelly stops contact with Gonzalez-1986
- Kelley’s approach to cancer patients becomes Dr. Gonzalez’s life work along with Linda Isaacs MD
- Explores why Kelly’s results changed
- Self published in 2010
- Includes 50 advanced who lived way beyond predictions
- Book contains the story of Gonzalez & Kelley, metabolic types, illnesses associated with metabolic types, Kelley’s treatment program & discussion of Kelley’s critics
Book: Trophoblast and Origins of Cancer
Nicholas Gonzalez MD

- Suspects a change in enzymes is cause of poor results
- Found pro-enzymes and not potent enzymes was the key
- Pro-enzymes are activated by cancer cell membranes, but not normal cell membranes
- All documented in this book self published in 2010
- Gonzalez relates Beard’s theories to contemporary molecular biology
Dr. Gonzalez Treatment Program

• Based on Kelley’s program; adjustments for Kelley’s errors
• Gonzalez matches Kelley’s results: future book-120 cases (work in progress)
• Four components (like Kelley):
  – Diet based on metabolic type
  – Nutritional supplements based on metabolic type
  – High doses of pancreatic enzymes
  – Detoxification-including coffee enemas & gallbladder flush
  – See: http://www.dr-gonzalez.com for more information about his program and books
Giants in Contemporary Management of Cancer

• Stanislaw Burzynski MD, PhD:
  • [www.burzynskiclinic.com](http://www.burzynskiclinic.com)
  • [www.burzynskimovie.com](http://www.burzynskimovie.com)

• James Forsythe MD
  • [www.drforsythe.com](http://www.drforsythe.com)

• Nicholas Gonzalez MD
  • [www.dr-gonzalez.com](http://www.dr-gonzalez.com)
• Back to World Without Cancer
• Mentions, but doesn’t elaborate on Trophoblastic Theory or use of enzymes
• Focuses on 2\textsuperscript{nd} defense of body: nutritional
• Cyanide containing substances that selectively kill cancer cells: amygdalin = Laetrile=Vitamin B17
Ernst Krebs Jr. (1911-1996)

• Suggested: amygdalin (one of many nitrilosides) was a secondary backup system to protect against cancer and that deficiency can lead to cancer

• His analogy is that just like pellagra is caused by B3 deficiency and scurvy by vitamin C deficiency, cancer is caused by amygdalin deficiency
Nitrilosides: What they are & where they can be found

• Foods contain a cyanide radical; amygdalin is a nitriloside found in apricot kernels
• Nitrilosides in: seeds or kernels of prunasin family (apples, apricots, peaches, pears), millet, buckwheat, cassava melon, wheat grass, lima beans & others
• Diet in US & other western nations lack nitrilosides
• Evidence that people whose diet is rich in nitrilosides have reduced incidence of cancer (e.g. Hunzas)
Amygdalin=Laetrile=Vitamin B17

- Cyanide containing nitriloside
- Structure-2 sugars, benzaldehyde, cyanide
- Non-toxic when molecule intact
- Cyanide and benzaldehyde toxic when released
- Cancer cells have enzyme called beta glucosidase; splits off 2 sugar molecules to form benzaldehyde & cyanide) damaging CA cells
- Normal cells lack beta glucosidase

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Amygdalin-2

• Normal cells have enzymes to detoxify cyanide and benzaldehyde
  – Cyanide-Sulfur Transferase or Rhodanese-Places sulfur atom on cyanide to form thiocyanate (non-toxic)
  – Oxidase-Converts benzaldehyde to benzoic acid (non-toxic)

• Cancer cells lack these enzymes

• Amygdalin attacks cancer cells- NOT normal cells (double whammy on cancer cells and double protection on normal cells); very selective action as seen with enzymes

• Used orally and as IV infusion

• Need sources of sulfur and iodine

M. Schachter; Integ.Oncol; Breast CA Options-4-22-12
Amygdalin with 2 Sugar Molecules bound to benzaldehyde & cyanide
Apricot Kernels from Inside the Apricot Pit
Availability of Amygdalin & Bitter Apricot Kernels

• Patients can usually obtain injectable amygdalin from a Mexican company for personal use; oral amygdalin tablets also available (should be under medical supervision)

• Source of bitter apricot kernels is: www.apricotpower.com

• Dosage of apricot kernels: Start with 1 & gradually increase: can vary from a total of 5 daily for prevention to up to 30 (or more) daily in at least 3 divided doses and under medical supervision (Check thiocyanate). Take 2 hours away from tablets

• For more information, see section in my article “Integrative Oncology for Clinicians and Cancer Patients” from my website www.schachtercenter.com and click on Literature & Articles and Scroll down.
Fred Klenner MD and Vitamin C

• 1940’s used C for many conditions including polio
• Practice in North Carolina
• Authored 28 clinical research papers
• Unrecognized by conventional medicine
• Used C orally & by injection
Book on Use of Vitamin C

- Tom Levy wrote book on the various uses of C documented in medical literature
- Chapters on use of C related to all types of infections, snake bites & other toxins, neurological conditions, cancer
- Sites Dr. Klenner’s work repeatedly
- Many recent articles
Cameron, Pauling & Vitamin C for Cancer Patients

- 10 grams of IVC daily for 10 days followed by 10 grams orally in terminal cancer patients
  - 4-fold increase in life expectancy
  - They speculated that “larger amounts than 10 gr/d might have a greater effect.”
Hugh D. Riordan MD & IV Vitamin C

- Pioneer in use of IV Vitamin C for cancer patients
- Founder-Riordan Clinic in Wichita KS
- The Hugh D. Riordan Professorship in Orthomolecular Medicine at Kansas Univ. School of Medicine
- [http://www.riordanclinic.org/research/journal-articles](http://www.riordanclinic.org/research/journal-articles) (scroll down and see a large number of research articles on oral and IV vitamin C)

M. Schachter; Integ.Oncol; Breast CA Options-4-22-12
High Dose IV Ascorbate (Vitamin C) Drip to Treat Patients with Cancer

• Used at our Center—more than 30 years
• Scientific basis increased in 2005
• Mark Levine at NIH—showed high concentrations of Vitamin C killed cancer cells—not normal cells
• Achieved only with IV C infusions (not oral administration)
• Study published in the Proceedings of the National Academy of Sciences (Sept 12-16, 2005)
• Published clinical cases show treatment plausible
Possible Mechanisms of Action of High Dose IV C for Cancer

• Induces hydrogen peroxide formation in the extracellular space between cells (H2O2 enters cells; kills cells with low catalase)
• Catalase low in many cancer cells
• Kills many types of cancer cells; but not normal cells
• Dosage of Vitamin C-50 to 100 Grams to do this
• Administered over 2-3 hours
• Dosage based on Vitamin C levels (350 to 400 ng/ml)
• Treatment one to three times a week or more
• Can give C drips in between chemotherapy treatments
• We often give amygdalin drips after C drips
Nutrition

• Some principles non-controversial
• Controversial areas
• Many websites contain important information and guidance
• Cut out processed foods with sugar, white flour, chemicals (artificial sweeteners)
• Emphasize vegetables, some fruits, high quality animal proteins (organic as much as possible)
• 50% of diet should be raw vegetables, fruit, nuts and seeds
• Drink pure water [half of body weight (lbs) in ounces of water] and can add ¼ tspf of unrefined salt to each quart
• Emphasize raw vegetable juices
Helpful Websites for Integrative Breast Cancer Therapies

- www.breastcanceroptions.org
- http://www.breastcancerchoices.org/
- http://www.annieappleseedproject.org/
- http://www.schachtercenter.com/
- http://search.mercola.com/search
- http://www.naturalnews.com/
- http://cancerdecisions.com/
- http://www.cancercontrolsoociety.com/
- http://www.nutritioncancer.com/
Exercise to Prevent and Treat Breast Cancer

• Recent study reported on Mercola website
• Start exercising regularly within six months of breast Ca dx, lower their chances of dying by up to 30 percent
• Exercise >2.5 hours a week for 18 consecutive months
• If undergoing conventional treatment, side effects reduced & feel better quickly
• Possible mechanisms: repair DNA, improve hormone levels, immune function, antioxidant status, reduce sugar and insulin levels, reduce fatigue, improve mood, sleep
• Another study from Harvard: exercise 3 to 5 hrs a week (moderate) reduce risk of dying in half over 10 year period
Whole Person Approach is Necessary

• Sleep patterns (avoid prescription medications as much as possible)
• Exposure to sunlight (avoid sunburn)
• Fresh air
• Optimize individual reactions to stressful situations (yoga, meditation, various stress management techniques)
• Avoid psychotropic medications as much as possible
• Deal with medical problems (blood pressure, high cholesterol, arthritis, etc...) using natural less toxic approaches as much as possible
Eight Clusters of Procancer Events John Boik

• 1-Gene mutations and genetic instability
• 2-Gene expression (Switching on and off)
• 3-Abnormal signal transduction
• 4-Abnormal cell to cell communication
• 5-New blood vessel formation-angiogenesis
• 6-Invasion into tissues
• 7-Metastasis to other organs
• 8-Immune suppression and other forms of immune evasion

Natural Compounds in Cancer Therapy-2001
Examples of Interactions of Natural Compounds & Anti-Procancer Events

• Curcumin
  – Inhibits PTK, PKC, NFkB, PGE2 synthesis
  – Inhibits invasion enzymes
  – Stimulates or supports the immune system

• EPA
  – Inhibits PKC and PGE2 synthesis
  – Stimulates or supports the immune system
  – Inhibits invasion enzymes

John Boik: *Natural Compounds in Cancer Therapy (2001)*
Examples of Interactions of Natural Compounds & Anti-Procancer Events (2)

- Vitamin D3 (1,25 Dihydroxy D)
  - 9 possible anti-cancer effects
- Melatonin
  - 15 possible anti-cancer effects
- Vitamin A
  - 13 possible anti-cancer effects
- Boswellic Acid
  - 15 possible anti-procancer effects

John Boik: Natural Compounds in Cancer Therapy (2001)
Iodine: Beyond the Thyroid

- Desensitizes estrogen receptors in the breast
- Reduces estrogen production in overactive ovaries
- Reduces fibrocystic breast disease which often precedes breast cancer
- Causes cancer cell death, slows down cell division & reduces blood vessel growth to tumors
- Causes more cell death than the chemo drug 5FU
- Prevents rats from getting cancer when they are fed the breast cancer causing toxin DMBA
Sources of Information about Iodine

• [http://www.breastcancerchoices.org/iodine.html](http://www.breastcancerchoices.org/iodine.html) Previous slide adapted from this website and huge amount of information about iodine

• Section on iodine in my article “Integrative Oncology for Clinicians and Cancer Patients” Available at my website at no charge: [www.schachtercenter.com](http://www.schachtercenter.com) Click on “Literature and Articles” and scroll down

• Book and DVD on Iodine by David Brownstein MD

• My DVD lecture on “Unrefined Salt and Iodine”

• Iodine given with a comprehensive program that includes optimal amounts of water, unrefined salt, magnesium, vitamin C and selenium
Small Cell Lung Cancer Survival with Nutrients & Conventional Rx

- 18 non-randomized patients with small cell carcinoma of the lung
- Treatment included chemotherapy and radiation
- Given high doses of vitamins, minerals and fatty acids
- End point was survival over time
- Followed for 6 years
- Death rate compared to SEER survival statistics


![Bar chart comparing survival rates](chart.png)
Dr. Abram Hoffer’s Research Protocol For Cancer Patients

• Received conventional treatment also
• Time measured from first visit with Hoffer
• Endpoint was death or survival at time of inquiry
• 90% of patients were advanced cancer pts
• Control group—patients who Hoffer saw, but did not take program for at least 2 months
• Excluded—all patients who died during first 2 months (those on program and those off)

Dr. Hoffer’s Complementary Cancer Treatment Program

- Improved diet—eliminate junk food, eliminate allergic foods
- Vitamin C—10 to 40 grams daily
- Vitamin B3 (niacin or niacinamide)—300 to 3,000 mg daily
- Vitamin B6—200 to 300 mg daily
- Folic acid—1 to 30 mg daily
- Vitamin E succinate—400 to 1,200 Units daily
- Mixed carotenoids (carrot juice)
- Multivitamin
- Coenzyme Q10—300 to 600 mg daily
- Selenium—200 to 1,000 mcg daily
- Zinc—25 to 100 mg daily (some copper)
- Calcium and magnesium (2:1 ratio)
## Dr. Hoffer’s Cancer Patients Seen Before The End of 1997 (71 Excluded)

<table>
<thead>
<tr>
<th>Group</th>
<th>Treated</th>
<th>Untreated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number</td>
<td>769</td>
<td>75</td>
</tr>
<tr>
<td>Alive at 1 year</td>
<td>72%</td>
<td>24%</td>
</tr>
<tr>
<td>Alive at 2 years</td>
<td>48%</td>
<td>12%</td>
</tr>
<tr>
<td>Alive at 3 years</td>
<td>37%</td>
<td>12%</td>
</tr>
<tr>
<td>Alive at 4 years</td>
<td>30%</td>
<td>8%</td>
</tr>
<tr>
<td>Alive at 5 years</td>
<td>23%</td>
<td>8%</td>
</tr>
</tbody>
</table>
Double-Blind Placebo Controlled Study of Vitamin D & Cancer Risk Reduction

• 1,180 postmenopausal women living in the Midwest
• Vitamin D 1,000 IU with Calcium
• Risk of contracting any cancer reduced by 60% after only 4 years compared to placebo; 77% last 3 years

Grant WB, Garland CF, Gorham ED. An estimate of cancer mortality rate reductions in Europe and the US with 1,000 IU of oral Vitamin D per day. *Recent Results Cancer Res.* 2007, 174: 225-34.
Selenium and Cancer Prevention

• Multicenter, double-blind, placebo controlled trial
• 1312 patients with history of skin cancer
• 200 mcg of selenium (selenomethionine) given per day
• Over 5 years, 50% drop in cancer mortality; 41% drop in incidence
• Decreased cancer risk compared to placebo: Lung 46%; Prostate 63%; Colorectal 58%; Total carcinomas 45%

Supplements to Consider

- Vitamin D3 (Dosage related to serum 25 Hydroxy D)
- Vitamin K2 (especially with bone metastases)
- Fatty Acids (Balance of Omega 6 and Omega 3)
- Phosphatidyl choline
- Vitamin E (mixed tocopherols with emphasis on Gamma)
- Vitamin A and carotenoids
- Fermented wheat germ products
- Beljanski supplements (See my article, website)
- CoQ10
- Various mushroom extracts (Coriolus versicolor, Maitake D, many others)
- Various herbal extracts (Essiac Tea, many others)
- Glandular extracts (adrenal, thyroid, spleen, others)
Do Conventional Treatments Interfere with Alternative Treatments?

• Concern of oncologists: Do alternative treatments interfere with conventional treatments?
• Let’s also ask the reverse question?
• Need studies: All Complementary; ½ conventional-unlikely to occur; very hard to do studies because so many variables
• Some evidence that some conventional treatments may interfere with the positive benefits of some alternative treatments
• Sometimes they may be synergistic
845 peer-reviewed articles and identified 19 clinical trials that met strict inclusion criteria. Most study participants had advanced or recurrent disease, and were administered various supplements.

These authors concluded: “None of the trials reported evidence of significant decreases in efficacy from antioxidant supplementation during chemotherapy.”
Many studies showed that antioxidant supplementation was associated with “increased survival times, increased tumor responses, or both, as well as fewer toxicities than controls”

Charles Simone MD (Radiation Oncologist and Chemotherapist)

• “Since the 1970s, 280 peer-reviewed in vitro and in vivo studies, including 50 human studies involving 8,521 patients, 5,081 of whom were given nutrients, have consistently shown that non-prescription antioxidants and other nutrients do not interfere with therapeutic modalities for cancer. Furthermore, they enhance the killing of therapeutic modalities for cancer, decrease their side effects, and protect normal tissue. In 15 human studies, 3,738 patients who took non-prescription antioxidants and other nutrients actually had increased survival.”
Charles Simone’s References

• Charles B. Simone II, MD; Nicole L. Simone, MD; Victoria Simone, RN; Charles B. Simone, MD. ANTIOXIDANTS AND OTHER NUTRIENTS DO NOT INTERFERE WITH CHEMOTHERAPY OR RADIATION THERAPY AND CAN INCREASE KILL AND INCREASE SURVIVAL, PART 1 and 2. *Altern Ther Health Med.* Jan-Feb, and Mar-Apr, 2007;13(1):22-28; 13(2): 40-7.)


New Developments at SCCM

• Silver-oxygen nanoclusters dissolved in water & given to patients orally: See [www.apexuap.com](http://www.apexuap.com) for case histories & more information

• Use of PK protocol involving oral and IV phosphatidyl choline, IV folinic acid, IV glutathione and IV and oral phenyl butyrate (mostly used for neurological conditions, but has potential for cancer patients) and doctor in Europe using it successfully with cancer patients

M. Schachter; Integ.Oncol; Breast CA

Options-4-22-12
“Integrative Oncology for Clinicians & Cancer Patients”

• My article: well referenced; covers B17, Beljanski, vitamin C, iodine, fermented wheat germ extract, mushroom extracts, many others

• Can access from my website www.schachtercenter.com, click on Literature and Articles, scroll down and click on it. Hard copy here.

• Also as four-part series in the Townsend Newsletter http://www.townsendletter.com/AugSept2011/intoncology0811.html

• Originally published in Journal of International Society of Integrative Oncology, July 2010

• Also, republished in modified form in the Journal of Orthomolecular Medicine (Volume 25, Number 4, 2010, p169-194)

• **List of websites mentioned in both lectures-Hard copy**

• DVDs of previous lectures with more details about enzymes, B17 and Iodine available from my office (845-368-4700)