

An Integrative Approach to Cancer Therapy

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Objectives

- *Discussion of the main treatment lines.*
- *Brief description of each of the treatment modalities.*
- *Scientific research of efficacy and mechanism of action.*
- *How to combine treatments into one integrative protocol.*
- *Clinical cases.*

General Therapy Lines

- *Tumor destruction and shrinkage (down-staging).*
- *Immune therapy.*
- *Detoxification.*
- *Homeopathy*
- *Naturopathy*
- *Body mind axis.*

Tumor Destruction and Shrinkage (Down-staging).

- *Synthetic Reductase*
- *Hyaluronic acid.*
- *Angiogenesis inhibition.*
- *Targeted low dose chemotherapy.*
- *Oxygenation therapy.*
- *High dose vitamin C infusions.*

Synthetic Reductase (Poly MVA)

- *Formulated by Dr. Merrill Garnett.*
- *Non – toxic chemotherapeutic agent.*
- *Specific denaturation of cancer cell proteins.*
- *Original human trials, Canada, Dr. Rudy Falk,*
- *Dramatic responses, mainly with solid tumors.*
- *77% response rate in stage IV cancer patients clinical study, Dr. Forsythe, December 2004.*

First Pulse: Introduction

- *Some veterinarians studied it in cats with tumors. There were dramatic remissions that caused great excitement and produced long distance phone calls that came out of nowhere. One of these brought me to Toronto and the Falk clinic. Dr. Rudy Falk was a professor of surgery at the University of Toronto. He had established a private oncology clinic that attracted patients from around the world. In addition to mainstream chemotherapy and surgery, he tested alternative medicines and investigative medicines in attempts to help patients who had ran out of treatment options. He was thought of as a maverick for this reason, but his skills, experience, and publications were extensive. He had access to tumor screening labs at the University of Toronto, and after studying the compound for a few weeks he told me that it tested similarly to my own tests on mice. Yes it was enormously safe. And yes, it could knock out tumors. We would synthesize the material there on weekends. It was not long before Rudy introduced the substance into clinical investigation in his clinic. This was followed by a host of remissions in gravely advanced cases. Thus, the clinical investigations, albeit limited, had begun.*

Hyaluronic Acid

- *Naturally occurring.*
- *Targeting agent.*
- *Mixed physically intravenously with other substances.*
- *Tumor receptors.*

Angiogenesis Inhibition

- *Cox II inhibitors.*
- *HA.*
- *Vitamin C.*

- *Curcumin.*
- *Shark cartilage extract.*
- *Green tea.*

Targeted Low Dose Chemotherapy

- *Test for chemo-sensitivity.*
- *Mixed physically with HA.*
- *20-30% of conventional dose.*
- *Use the one with least side effects.*
- *Marked decrease in side effects.*
- *Better tolerated, can increase frequency.*
- *Combined with other intravenous therapies.*

Oxygenation Therapy

- *Ozone Auto-hemotherapy.*
- *Hydrogen peroxide infusions.*
- *Hyperbaric oxygen.*

Vitamin C

- *Antioxidant.*
- *Anti-tumoral activity in higher doses.*
- *Enhanced with the use of HA and alpha lipoic acid.*
- *Magnesium, B6 added to inhibit oxalate stones.*
- *G6PD deficiency checked to prevent hemolysis.*
- *Other antioxidants /minerals/vitamins added to the infusion drip.*

Immune Therapies

- *Cytoplasmatic therapy.*
- *Iscador/mistletoe.*
- *Dendritic cell vaccine.*
- *High dose pancreatic enzymes.*
- *Mushroom extracts.*

Homeopathy

- **Classical Approach:** Constitutional remedy
- **Cancer Specific Remedies and nosodes:** Use homeopathic remedies to target the tumors themselves.
- **Homotoxicology:** Use homeopathic drainage remedies to assist in healing the patient's eliminative channels (kidneys, urinary tract, lymphatic system, liver, etc), and strengthen cell detoxification. Remedy is selected based on an analysis of the case – or an electro-dermal diagnostic tool, such as the Quantum biofeedback machine.

Naturopathy

- *Liver detoxification.*
- *Lymphatic system and matrix drainage.*
- *Immune support, decrease inflammation.*
- *Improve energy and appetite.*
- *Improve bowel movements.*
- *Prevent chemo side effects: nausea, decrease blood counts, hair loss, etc.*
- *Specific organ function support.*

Detoxification

- *Colonic irrigation and coffee enemas.*
- *Herbal detox.*
- *Homeopathic detox.*
- *Infra red sauna.*
- *Diet.*

Body/Mind Axis

- *Energy medicine.*
- *Acupuncture.*
- *Reflexology/ Reiki.*
- *Quantum Biofeedback (EPFX-SCIO).*

Combination protocol

- *Mainly twice a week I.V. treatment sessions.*
- *Angiogenesis inhibition/Oxygenation/Poly/chemo.*
- *Intravenous homeopathics added.*
- *Acupuncture/ Reflexology/ energy work.*
- *Colonic Irrigation.*
- *Oral supplementation at home.*
- *Monthly follow-up: Imaging, tumor markers, etc.*

Clinical Case #1

- *R.E. 72 y.o female, Hanover, Ontario*
- *Jan. 2001: Sigmoid colon adenocarcinoma*
 - 13 sampled lymph nodes, 3+*
 - Subtotal colectomy plus ileorectal anastomosis*
 - 5FU based chemotherapy.*
- *Nov. 2003: Follow-up CT scan, 6x3 LUQ mass*
 - Biopsy, metastatic carcinoma*
 - Oncologist recommended observation or chemotherapy. Patient decided to wait and seek alternative options.*

Clinical Case #1

- *Feb./04: First seen at clinic, signs of partial obstruction, nausea, vomiting, low energy. CEA: 360.1*
- *Mar./04: CAT Scan: 9x7 cm mass, no sign of metastatic disease.*
- *Mar 4/04: Complete bowel obstruction, Emergency laporotomy, Excision of 30 cm. Of jejunum including mass, jejunno-jejunal anastomosis. Patient refuse FLIFO or oral Xeloda.*
- *Apr./04: Patient seen again at clinic. Started treatment. Twice a week IV treatments: Vit/Min, H2O2 with IV Poly MVA plus HA for 8 months. No Chemotherapy.*

Clinical Case #1

- *CEA: June 04: 2.1*
Dec. 04: 1.7
Nov. 05: 1.6
- *CAT Scan Apr./05 reports :*
no evidence for malignancy.
- *Patient is currently asymptomatic.*
- *Comes for maintenance treatments once every 2 months.*