

## Poly-MVA® and Prostate Health

Shari Lieberman PhD, CNS, FACN discusses cancer case studies with the Foundation for Advancement in Cancer Research.

The FACR Foundation is a non-profit organization supporting and researching effective non-toxic cancer modalities.

Background: Poly-MVA is a novel formula that contains a lipoic acid palladium complex (LAPd), its main active ingredient. The formula also contains riboflavin, cyanocobalamin, formyl-methionine, and acetylcysteine. The initials “MVA” stand for minerals, vitamins and amino acids.

Many studies and clinical experiences indicate that the LAPd found in Poly-MVA may have a role to play in the treatment of a variety of cancers, including prostate cancer and lung cancer. Recently, we had the opportunity to discuss this formula’s role in prostate and lung health with Dr. Shari Lieberman, who, together with James W. Forsythe M.D., H.M.D, co-authored articles on the subjects in the August 2005 and the July 2006 *Alternative and Complementary Therapies*.

**FACR: Prostate health is obviously of great concern to many men. How widespread is the incidence of prostate cancer?**

Dr. Lieberman: According to The Prostate Cancer Institute, prostate cancer is the single most common form of solid tumor in humans. It’s present in more than 9 million men. It afflicts one in six men in their lifetimes and is newly diagnosed every 2.6 minutes. Prostate cancer kills one man every 13 minutes. It strikes as many men (and causes almost as many deaths annually) as breast cancer does women but lacks the national awareness and research funding devoted to breast cancer.

**FACR: Yet, prostate cancer is highly survivable if diagnosed early, correct?**

Dr. Lieberman: Yes and no. Conventional wisdom says that prostate cancer is nearly 100 percent survivable if detected early. However, it is rarely detected early because the technology to do so doesn’t exist. Plus, it is generally asymptomatic. There’s actually little evidence to confirm that early prostate cancer detection will confer “100 percent survival.” This statistic can give a false sense of security because it doesn’t include the prognosis of hormone refractory prostate cancer, which is more difficult to treat and has a poorer prognosis. In addition, there is only limited published data to suggest that early intervention of any type (androgen deprivation, radiation therapy, surgery, etc) affects survival.

**FACR: Prostate cancer is also very slow growing, isn’t it?**

Dr. Lieberman: That’s correct - another reason why the 100 percent survivable statistic is misleading. They are more likely to die of other diseases before succumbing to the prostate cancer.

**FACR: What are the standard forms of treatment for prostate cancer?**

Dr. Lieberman: Radical prostatectomy, cryotherapy, surgical castration, external beam radiation therapy, brachytherapy, luteinizing hormone releasing hormone therapy, and combined androgen blockage have all been used. These treatments, however, are associated with numerous side effects, the most common being impotence. Radiation therapy also is associated with the development of “secondary cancer.” Consequently, many men prefer the concept of “watchful waiting” to other standard treatments.

**FACR: What can be done nutritionally to support conventional prostate cancer treatments?**

Dr. Lieberman: Poly-MVA is an excellent choice both for those who choose the “watchful waiting” approach and those that want nutritional support as an adjuvant to standard treatment.

**FACR: Poly-MVA is said to have a particularly interesting mechanism of action. Can you describe this?**

Dr. Lieberman: It actually has a two step process for its mechanisms of action. Poly-MVA is comprised of an irreversibly bound trimer of lipoic acid, a powerful water and fat soluble antioxidant, the mineral palladium with a thiamine (B1) core. Consequently, it exists as a polymer rather than as a single molecule. That means Poly-MVA can accept and donate energy (electron charge) at a much greater magnitude than a single molecule like other nutrients. This enables Poly-MVA to shuttle energy to the mitochondria while at the same time protecting DNA and other cellular tissue from oxidative stress or free radical damage that occurs during normal cellular metabolism and especially during times of disease like cancer or its treatments like radiation and chemotherapy. Essentially, Poly-MVA converts free radicals into usable cellular energy, benefiting and nourishing normal cells.

**FACR: Does this mean that Poly-MVA can provide the same energy to cancer cells?**

Dr. Lieberman: No. Studies and much research have demonstrated that cancer cells are unable to accept the excess energy Poly-MVA provides. This is because malignant cells function in a hypoxic (low oxygen) environment, typically using sugar to generate the energy needed to survive. The production of oxygen radicals from the energy transfer generated in a hypoxic environment facilitates cancer cell death by activating enzymes that destroy the cells. Unlike cancer cells, healthy cells are richly oxygenated. Consequently, Poly-MVA is non-toxic to the healthy cells, which benefit from the energy boost and protective effect triggered by the Lipoic Acid Palladium complex.

**FACR: In what way can Poly-MVA support prostate health?**

Dr. Lieberman: A number of studies show how Poly-MVA can support the health of individuals with mutagenic concerns, including prostate cancer. Dr. Forsythe presented further case studies and Dr. Frank Antonawich presented his exciting and thorough work on the mechanism of action

of Poly-MVA at the 13th Annual World Congress on Anti-Aging Medicine in December 2005. Dr. Forsythe's study followed hundreds of patients with Stage IV cancer with multiple origins (including prostate, breast, sarcoma, colon, lung, brain, bladder and stomach) for 3 to 24 months.

In Forsythe's study, 14 of the 66 patients (21 percent) experienced a complete response rate of clinical remission. In 39 of the subjects (56 percent), there was a partial response rate (a partial response rate was defined as a 50 percent reduction in tumor mass). In 15 of the patients (23 percent), the disease continued to progress. All subjects received conventional therapy together with Poly-MVA.

**FACR: What an interesting outcome. Have there been other studies that focused on Poly-MVA and prostate cancer specifically?**

Dr. Lieberman: I have published the results of 3 case studies with Dr. Forsythe (Lieberman S, Forsythe JW. Poly-MVA for Treating Prostate Cancer: A Report on Three Cases. *Alternative & Complementary Therapies*. August 2005; 203-207). One case report profiled 73-year-old "R.Z.," whose PSA was 7.8 when diagnosed with stage 4 adenocarcinoma of the prostate in January 2001. His cancer had metastasized to his ribs and probably his liver. He also was diagnosed with a dilated left ureter with tumor nodules. Because of his partially obstructed ureter, he had difficulty urinating and arose 4 to 5 times nightly to urinate. R.Z. adamantly refused any conventional treatment.

From February 2001 to May 2004, R.Z. was placed on a supplement regimen of multivitamins and herbs. His PSA, however, continued to both lower and rise erratically until it reached a high of 11 in May 2004. At this time, he began taking Poly-MVA, 2 teaspoons, q.i.d., for 6 months, then decreased the dose to 2 teaspoons t.i.d. His PSA levels declined progressively, reaching 8.7 in February 2005. This was the first time he experienced a consistent decrease in his PSA levels. His stage IV prostate cancer has been stabilized for 11 months while on the Poly-MVA. He remains physically, mentally and sexually active. He is now waking 2 to 3 times each night to urinate and no longer experiences obstructed urine flow. His performance scale results have been 100 percent perfect.

**FACR: What were the results of the other case reports documented in the report you wrote with Dr. Forsythe?**

Dr. Lieberman: One of the case reports focused on 59-year-old "J.C.," who was diagnosed with adenocarcinoma of the prostate in September 2004. The lesion on his prostate measured 10 mm x 5 mm - large enough to be palpable. His lymphocytes were low at 3.9 (normal range 24 to 44). He suffered from dysuria (painful or difficult urination) and hematuria (blood in the urine).

J.C. adamantly refused conventional treatment, including chemotherapy and radiation or surgery. He was started on Poly-MVA beginning on November 11, 2004. In combination with the IV treatment he also consumed 20 mL (2teaspoons b.i.d.) for the first week, 10 ml every day for the second week, and 40 mL (2 teaspoons q.i.d) the third week. He now remains on the oral dose he consumed the third week.

Immediately after taking the Poly-MVA, his PSA temporarily rose to 5.6 in November 2004. It is unknown whether this elevation was the result of the biopsy he had or the possible tumor killing effect of the product. By December 2004, his PSA level decreased to 4.01. His last PSA in March 2005 was 2.8 and his prostate nodules were no longer palpable. His dysuria and hematuria completely resolved and he scored 100 percent on a performance scale. In addition, his lymphocytes rose to 19.3 in January 2005. He remains mentally, physically and sexually active.

**FACR: It sounds as if Poly-MVA may have the ability to influence markers of prostate health.**

Dr. Lieberman: Exactly. And the same results were achieved in the other case report. When 77-year-old "M.O." was diagnosed with stage 4 adenocarcinoma of the prostate in October 1996, his PSA was 69.2. He refused chemotherapy, radiation or surgery but agreed to hormonal blockade treatment. After this treatment, his PSA declined to 15.3 by November 2001 and then went up to 27.9 by December 2003. He stopped part of the hormonal blockade treatment when he developed gynecomastia (enlargement of breast tissue in the male) and continued to have back pain. By January 2002, his PSA was 32 and he stopped all hormonal treatment. He began taking two teaspoons q.i.d. of Poly-MVA in February 2004 for six months. Thereafter, he consumed two teaspoons b.i.d. His PSA level decreased to 0.4 in July 2004 and rose slightly to 0.5 in September 2004.

M.O. was last seen in February 2005 when his PSA rose to 9. During this last visit, despite the rise in PSA, his back pain had resolved and his performance scale was 100 percent. His comprehensive metabolic panel showed normal results. However, his gynecomastia did not resolve. He has been instructed to reinstate his oral dose of Poly-MVA at 2 teaspoons q.i.d.

**FACR: We are interested in other types of cancer, how is POLY-MVA in lung cancer?**

Dr. Lieberman: Lung cancer is the leading cause of cancer death worldwide. In the U.S. alone there are more than 170,000 new cases diagnosed each year, with an annual death rate of approximately 160,000. It remains the leading cause of cancer-related mortality in both sexes, accounting for 32% of cancer deaths in men and 24% of cancer deaths in women. The 5-year survival statistics for patients with lung cancer remain bleak - almost all of these patients eventually die of their disease and the overall 5-year survival rate remains at 5%-7%. Non-small-cell lung cancer (NSCLC) accounts for 80% of all lung cancer cases.

**FACR: Are there any case studies on this?**

Dr. Lieberman: Yes, the case study of a 65-year-old female who was diagnosed with stage 4 non-small cell lung cancer (NSCLC). The patient remained well and had a good quality of life despite failing chemotherapy, Iressa and Tarceva therapy while taking Poly-MVA. However, she had acquired multi-drug resistance and her tumor markers continued to rise. As a last resort, her oncologist used a very old chemotherapeutic regimen (which is generally not used anymore) plus the Poly-MVA which caused her tumor markers to drop dramatically. For the first time, she experienced significant clearing of metastasis on her CT scan.

**FACR: So what does this say about this particular case and possible others that you have seen?**

Dr Lieberman: While this case had used conventional treatments, they provide compelling evidence that this formulation would likely be worthwhile for people with lung and other forms of cancer if they included it in their regimen. This is an excellent case study demonstrating Poly-MVA as an integrative approach for the treatment of NSCLC.

**FACR: Would you like to make any other comments about Poly-MVA to sum up this discussion?**

Dr. Lieberman: Yes. The lipoic acid palladium compound found in Poly-MVA is a novel substance. It has shown great promise not only as adjuvant support for patients with a variety of different cancers but as daily support for everyone because of its basic antioxidant and protective capabilities, I believe it is something we all should be taking on a daily basis, not just when we need it most. Dr. Frank Antonawich also has investigated it for its ability to support and protect in cerebrovascular health. He is currently involved in an exciting new study titled “Poly-MVA Utilized in Neuroprotection for Chronic Hypertension (PUNCH)”. I am eagerly awaiting the results of this and future studies on this interesting formulation.

*The information in this article is not intended to provide personal medical advice, which should be obtained from a medical professional, and has not been approved by the U.S. FDA.*