

Beating the Fear Out of Cancer: Effective Approaches in Addressing Mitochondrial Metabolic Diseases

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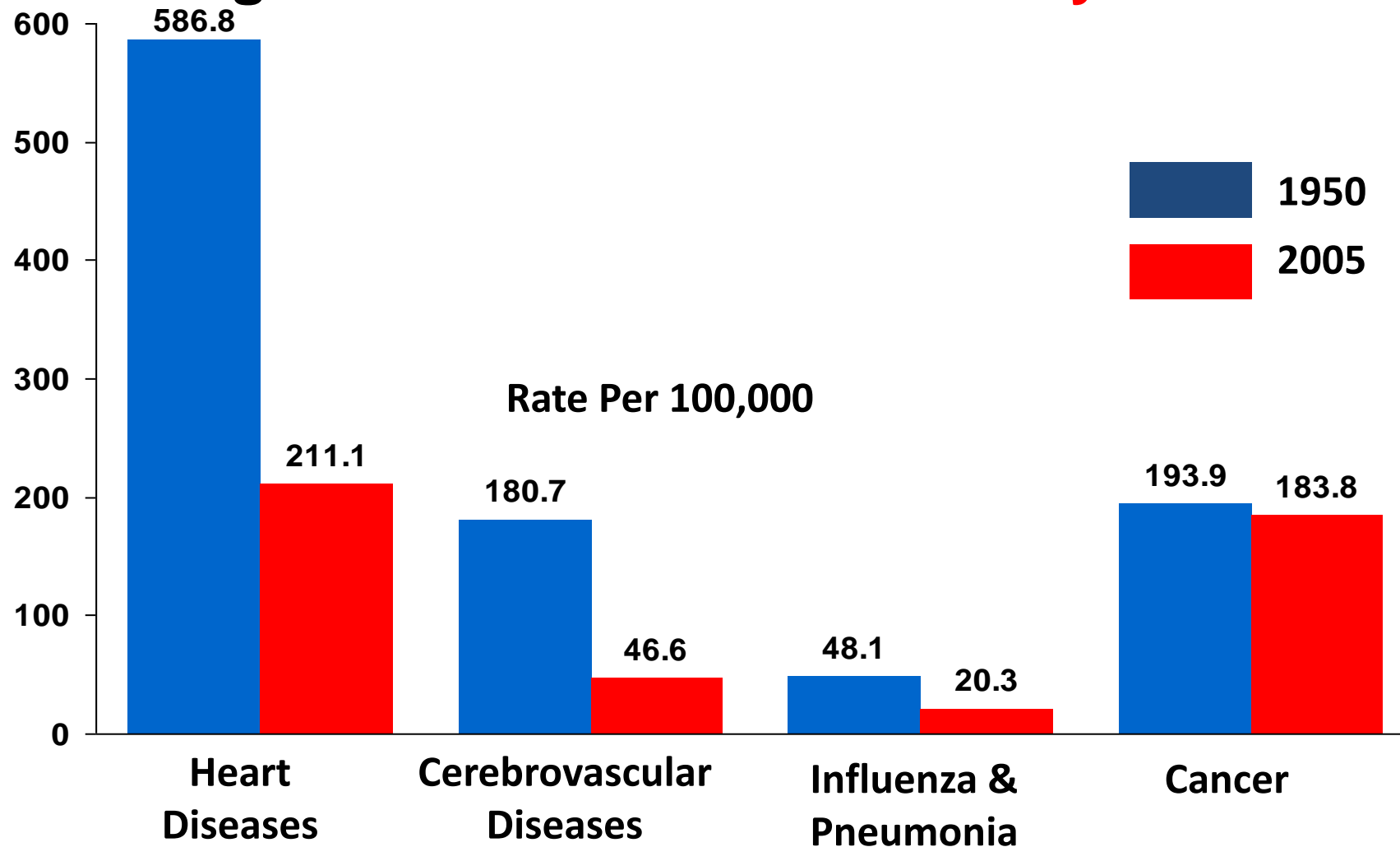
845-368-4700; www.schachtercenter.com

Navel Expo: New York City

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Access PPT of this Lecture from our website

Change in the U.S. Death Rates* by Cause: 1950 & 2005



* Age-adjusted to 2000 US standard population.

Sources: 1950 Mortality Data - CDC/NCHS, NVSS, Mortality Revised.

2005 Mortality Data: US Mortality Data 2005, NCHS, Centers for Disease Control and Prevention, 2008.

Outline

- Limitations of the conventional cancer approach
- An alternative way of approaching cancer
- Making **decisions** about conventional and/or alternative cancer treatments
- Specific problems with conventional diagnosis and treatment
- Analysis of the standard of care for breast cancer
- Elements of an alternative cancer treatment program
- Specific alternative treatments (**Salvestrol, B17, enzymes, C**)
- Reason for poor results of conventional cancer treatment (erroneous view on the nature of cancer and cancer stem cells)

Proposal

Alternative treatment protocols have the potential to be competitive if not superior to conventional treatments; they should be considered as a **primary** and not merely a supplementary option for treatment

Focus of Conventional Cancer Treatment

- Destroy cancer cells at all costs
- **No emphasis on prevention, lifestyle, good nutrition, avoidance of pollution and synthetic chemicals**
- Patients often told to avoid all nutritional supplements, as they might interfere with conventional treatment
- Often progress in treating the cancer is measured by tumor shrinkage with CT scans & PET scans—BUT, this is NOT a good measure of progress because it is not well correlated with longevity

Health and Healing: an Alternative or Adjunct to Conventional Care

- **The body has the ability to heal itself given the right conditions**
- Avoid or reduce toxic substances and toxic energies
- Supply all that the body needs
 - Oxygen (air)
 - Water
 - Food and nutrients
 - Sunlight
 - Optimal PEMF frequencies



Making **Decisions** about Cancer Treatment

- Extremely **stressful** for patient and family
- Dangers of diagnostic procedures not usually addressed, such as exposure to radiation from scans and complications from surgical biopsies
- Usually only conventional diagnostic and treatment procedures are offered with an exaggeration of benefits and minimization of risks
- Often patients and/or their families are **ridiculed** for considering other options

Downside of Diagnostic Procedures, often used as the main tool for assessing cancer treatment

- Scans emit considerable radiation and **radiation exposure** causes cancer
 - CT Scan 100 chest x-rays
 - PET Scan 500 chest x-rays
- Size of tumor not good marker for longevity of patient; yet this is what is generally used; too much attention paid to shrinking tumors
- **Biopsies** cause inflammation and may stimulate cancer growth if CA is present or contribute to the development of cancer if cancer is not present
- Infections, bleeding or other complications are common
- Success should be measured by survival time and quality of life and not shrinkage of the tumor
- Cancer can be thought of as a **chronic degenerative disease** that is managed like diabetes, rather than trying to get rid of every cancer cell

Clinical Trials: Do They Help the Patient?

- Funded by **pharmaceutical companies** for products which are patentable
- Natural products generally **not funded** (e.g. Vitamin D)
- Derivatives of natural products *are* funded (e.g. Vitamin D analogues)
- For clinical trials, a patient frequently **MUST** do standard protocol first (e.g. radiation and chemotherapy), which drastically reduces chances of responding to drugs that require an intact immune system
- My observation: Clinical trial investigators seem to be more interested in the clinical trial than the patient
- Patient discouraged from using natural substances along with the clinical trial experimental drug
- My observation: patients in clinical trials do better with supplement support
- I rarely see benefits to patients who are doing clinical trials

Questions to be Asked about Treatment Options

- Will **survival time** be increased &/or **quality of life** be enhanced by the proposed treatment?
- What risks are associated with the treatment?
 - Morbidity
 - Mortality
 - Secondary cancers
- Use the best available information in making decisions and don't stop with clinical trials

An Example: **Standard of Care** for Stage I & II Breast Cancer: **Is it all justified?**

- Lumpectomy; Standard of care used to be radical mastectomy
- Radiation therapy
- Chemotherapy in some cases
- Anti-hormonal therapy if cancer is estrogen receptor positive (tamoxifen or aromatase inhibitor)
- Possible monoclonal therapy drug (like Herceptin) if HER2/Neu positive
- **Let's first focus on radiation!**

Radiation for Breast Cancer: A Questionable Standard of Care (in my opinion)

- What is the basis for the automatic recommendation of radiation for any woman undergoing a lumpectomy for breast cancer?
- Reduces risk of a recurrence in the same breast
- Does NOT reduce regional metastases or distant metastases
- No impact on overall survival as there is often increased deaths from causes other than breast cancer.
- Harmful effects (e.g. heart damage, lymphedema) may occur later
- Many of our patients choose to not do radiation for breast cancer to the dismay of conventional specialists: we have many long-term breast cancer survivors who have not done radiation

Anti-Hormonal Therapy for Breast Cancer

- Approximately 80% of breast cancers have an overexpression of estrogen receptors
- Evidence exists that estrogen will stimulate the growth of these breast cancers
- Standard of care is for oncologists to prescribe oral **tamoxifen** (blocks estrogen receptors) or an **aromatase inhibitor** (like Femara, Arimidex or Aromasin) for 5 years or more
- Evidence for improved survival exists, but no studies comparing survival of patients with major lifestyle changes vs the anti-hormonal treatments; in other words, **no studies exist for patients using alternative treatments**
- Many patients experience severe side effects with these drugs, but oncologists frequently persist in urging patients to continue them (e.g. patient with severe depression from tamoxifen and the nausea from Effexor)

John C Bailar MD, PhD (1932-2016); NEJM May 1997: **Chemotherapy has Failed**

- Excellent credentials
- Editor-in-Chief of the Journal of the NCI
- Age adjusted mortality higher in 1990 than 1970
- “The effect of new treatments for cancer on mortality has been largely disappointing”
- Dr. Bailar attacked by the cancer establishment
- <http://www.nejm.org/doi/full/10.1056/NEJM199705293362206>
- Not much has changed since this study was published

Prostate Cancer: How Good are Conventional Treatments?

- Primary treatments used: Radical Prostatectomy (sometimes with aid of robotic technology); external beam radiation; brachytherapy or radioactive seeds implanted in the prostate, cryosurgery (freeze the prostate); others like HiFu (high frequency ultrasound) not approved in the USA, Androgen Deprivation Therapy
- **Very little evidence that any of these treatments result in significant improved survival for patients**
- Conventional urologists now include active surveillance as a treatment option (Used to be called “Watchful Waiting Approach”)
- We have many prostate cancer patients who we have followed for 5 or 10 years or more, living and well with no side effects from conventional treatment (sexual problems, urinary problems, etc...); they use treatments discussed in this lecture. Similar to our experience with breast cancer
- RH is now age 59, Dx with PC in 2011-Gleason 6; 2012-2nd biopsy-Gleason 7; RP or radiation recommended; has only done alternative treatment-Stable and feeling great at this time

Alternative Cancer Programs

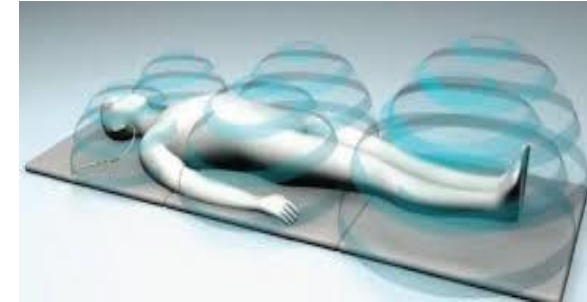
- **Avoid toxic exposures** as much as possible (air, water, food, energies like cell phones and microwaves)
- Dietary program-emphasizing whole nutrient rich foods, avoid processed foods, especially those with added sugar and those containing artificial chemicals; see http://schachtercenter.com/avoid_list.htm
- **Oral nutritional supplements**, including vitamins A, C, & D, Iodine, selenium, various minerals that are balanced, various herbs; supplements that harm cancer cells, but not normal cells; Examples of non-toxic substance used include: curcumin, Boswellia, modified citrus pectin, low dose naltrexone & others
- Exercise program
- Program to normalize sleep
- Optimal exposure to sunlight

Alternative Treatment Program-2

- Avoidance of **synthetic medications** as much as possible
- Detoxification-Bowel, Liver, Skin, Saunas, consider coffee enemas to stimulate liver detoxification
- **Intravenous** relatively non-toxic infusions, such as intravenous C, alpha lipoic acid, autohemic ozone therapy, IV ultraviolet blood irradiation, IV peroxide and others
- **Energy treatments-BEMER Therapy**, Homeopathy, Acupuncture
- Attempt to deal with attitude, stress and spiritual elements
- Deal with dental issues, such as root canals, mercury amalgam fillings, avoidance of fluoride
- Help with decisions relating to conventional treatment
- Trick is to **prioritize** for the particular patient

Bio-electromagnetic Energy Regulation(BEMER); Beneficial Magnetic Exposures

- Potential game changer for all sorts of medical and/or psychiatric problems
- Increases **microcirculation** all over the body
- This **increases oxygen to all tissues and removes wastes throughout the body (detoxification)**
- Treatment is simple and comfortable involving **laying on a mat for 8 minutes twice daily**; usually one feels only relaxed during the treatment
- BEMER devices generate “weak” magnetic fields, which are used as a vehicle to deliver a special pulsed signal (patented BEMER signal) over the entire body
- Free trial at our booth



Some Bemer Youtube Video Links

- Improved blood circulation with Bemer: 2 + minutes
https://www.youtube.com/watch?v=0h6_N_HLkgo
- Bemer explained in 15 minutes: <https://www.youtube.com/watch?v=d9p2-iGMDOo>
- Improved blood circulation with Bemer: 2 + minutes
https://www.youtube.com/watch?v=0h6_N_HLkgo
- Autism: <https://www.youtube.com/watch?v=-e6RIZJQsT8>
- Brimhall and Huxtable- <https://www.youtube.com/watch?v=eVKE6em6W4I>
- Joshua Berka ND <https://www.youtube.com/watch?v=PySjhviD4Bs> The Academy of Bioenergetics
- Why BEMER is simply the best
<https://www.youtube.com/watch?v=TO9aMAzydDM>
- How Bemer Therapy can Help You
https://www.youtube.com/watch?v=6R_ZqIHxa6U

Integrative vs Alternative Cancer Treatment

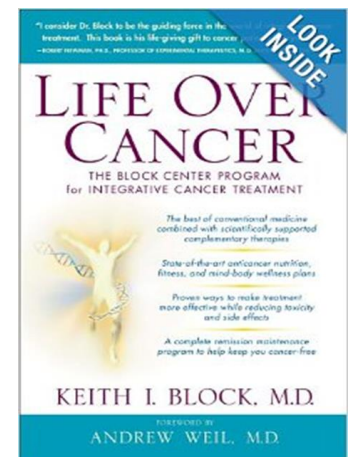
- Focus of integrative oncology is to **improve results of conventional treatment (e.g. radiation and chemotherapy)** by improving diet, adding supplements, acupuncture, etc...
- **Conventional approach is taken as a given**
- I have no doubt that cancer patients who combine conventional and alternative treatments will generally do better than those doing only conventional treatment
- But, might they do even better **by NOT doing the conventional therapy at all in some cases?**
- The question most often asked is will the nutritional supplements interfere with conventional treatment?
- Rarely asked is: Will the conventional treatment make alternative treatment results worse?

Keith Block MD: An **Integrative Oncologist**

- Keith Block MD of Chicago, integrative oncologist
- Uses the best of conventional medicine combined with “scientifically supported complementary therapies”
- His book *Live Over cancer* advocates proven ways to make treatment more effective while reducing toxicity and side effects
- Works closely with conventional oncologists



Keith I Block MD



Four Ways of Killing Cancer Cells without harming Normal Cells

- **Takes advantage of fact that cancer cells differ from normal cells and may have different responses to certain substances:**
 - Cancer cells have large amounts of the enzyme **CYP1B1**, not present or very low in normal cells; allows **salvestrols** to stimulate cancer cell death, but cause no harm to normal cells
 - Cancer cells are high in the enzyme **beta glucosidase** which is low in normal cells; this enzyme splits off 2 sugar molecules from **amygdalin (Laetrile or B17)** which then results in release of cyanide and benzaldehyde, which are capable of killing cancer cells (but normal cells are unharmed)
 - **Pancreatic enzymes** preferentially attack cancer cells and not normal cells (work of Gonzalez, Beard and Kelley)
 - **High dose vitamin C intravenously** forms hydrogen peroxide outside the cells; gets into normal cells and CA cells; Normal cells contain the enzyme **catalase**, which converts peroxide to oxygen and water; but cancer cells lack catalase and hydrogen peroxide forms the toxic hydroxyl radical that can kill the cancer cell

Salvestrols: A Relatively Non-Toxic Approach to Controlling Cancer Cells

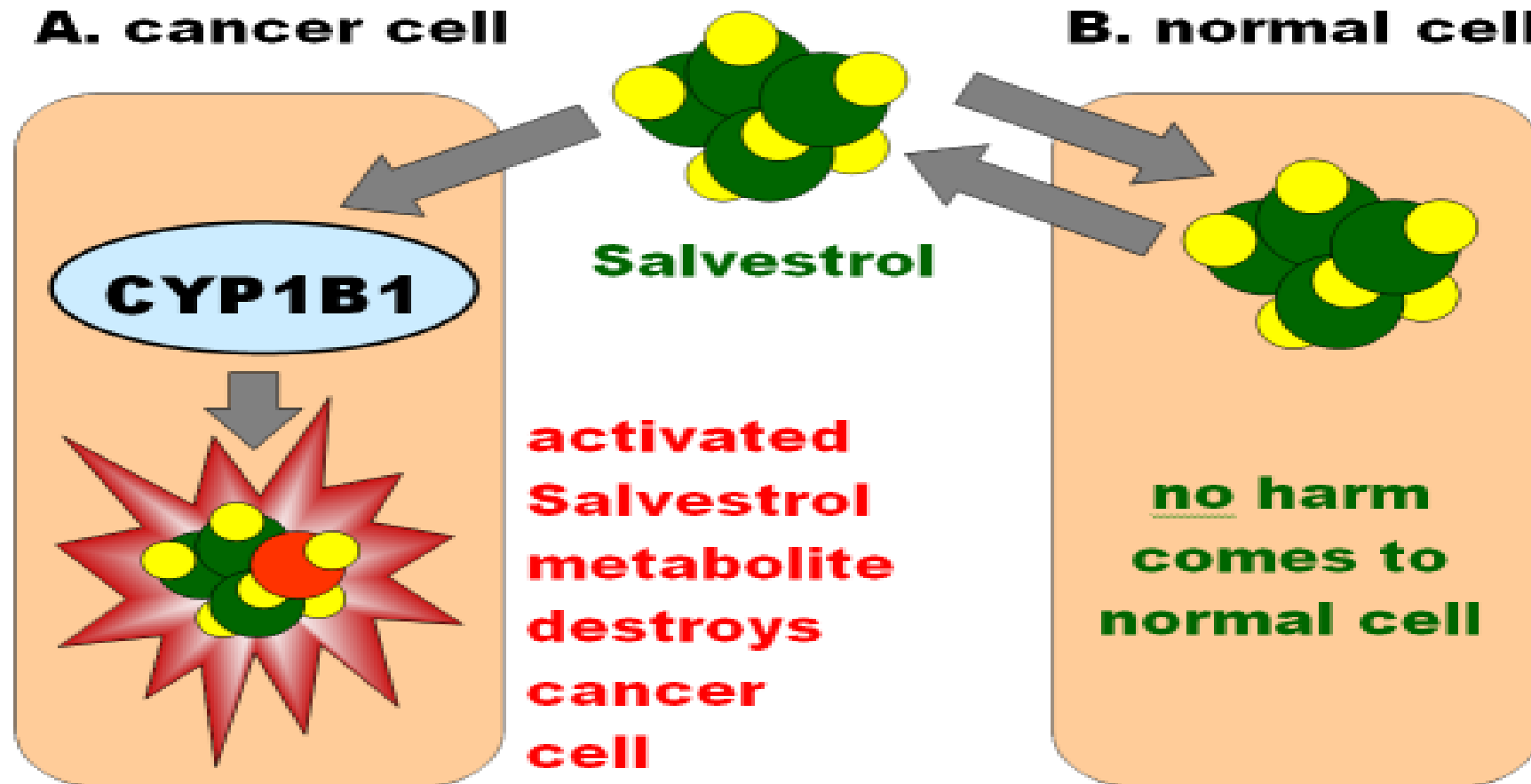
- Prof. Dan Burke did research in the UK
- Authored over 200 published research studies
- Early 1990's-Discovered the enzyme protein **CYP1B1 present in cancer cells** and not in normal cells (ultimately found this to be true in 26 different cancers); he wondered why



CYP1B1 & the Discovery of **Salvestrols**

- Hypothesis: **CYP1B1 protects against cancer**
- Research found a group of relatively inert substances found in organic plants (fruits, vegetables & herbs)
- Substances when mixed with CYP1B1 form metabolites that inhibit cancer cell growth
- Most people suffer from a deficiency of salvestrols, which predisposes them to cancer
- Salvestrols have no effect on normal cells which do not have CYP1B1
- Various substances inhibit CYP1B1 and should be avoided when taking salvestrols
- Research done by Dan Burke, Jerry Potter and Anthony Daniels

Effects of Salvestrols on Cancer Cells & Normal Cells

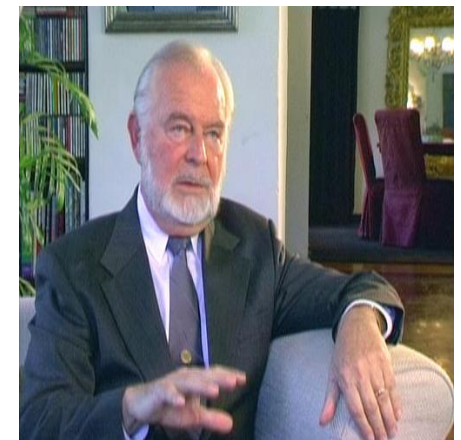
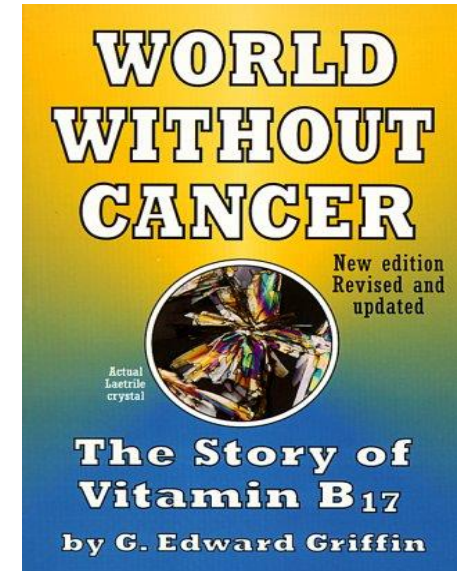


CYP1B1 Inhibitors and Substances to Avoid when on Salvestrols

- **Amygdalin=Vitamin B17 = Laetrile** or sources like bitter apricot kernels
- **Resveratrol** in high doses
- Citrus flavanone **naringenin** from grapefruit, especially grapefruit juice
- **Carbon monoxide** (present in cigarette smoke)
- Various **herbicides and pesticides**, such as **Roundup** and some household chemicals
- **Herbs**, such as: **Cannabis, St. John's Wort, Ginkgo biloba, Gin Seng, Hesperidin**
- **Artificial Sweeteners** interfere with the absorption of salvestrols
- **Calcium D Glucarate** may reduce absorption of salvestrols
- **Metformin** Drug used for diabetes and cancer
- There are undoubtedly others
- Need to **avoid CYP1B1 inhibitors** for best results with salvestrols

Amygdalin = Laetrile = Vitamin B17

- From mid 70's through 2012, most of our cancer patients used B17; some still do
- I watched narrated film strip: 1974; stimulated my interest
- Film strip available on YouTube at:
<https://www.youtube.com/watch?v=QeYMduufa-E>
- Trailer of movie: Laetrile at Sloan Kettering:
<https://www.youtube.com/watch?v=nGXzLuxwqQs>
- NY Times article on this movie:
https://www.nytimes.com/2014/08/29/movies/second-opinion-on-the-dispute-over-laetrile.html?_r=0
- <http://www.schachtercenter.com/IntegrativeOncologyISIMJournal.pdf> My article on our website discussing B17



Amygdalin with 2 Sugar Molecules bound to Benzaldehyde & Cyanide



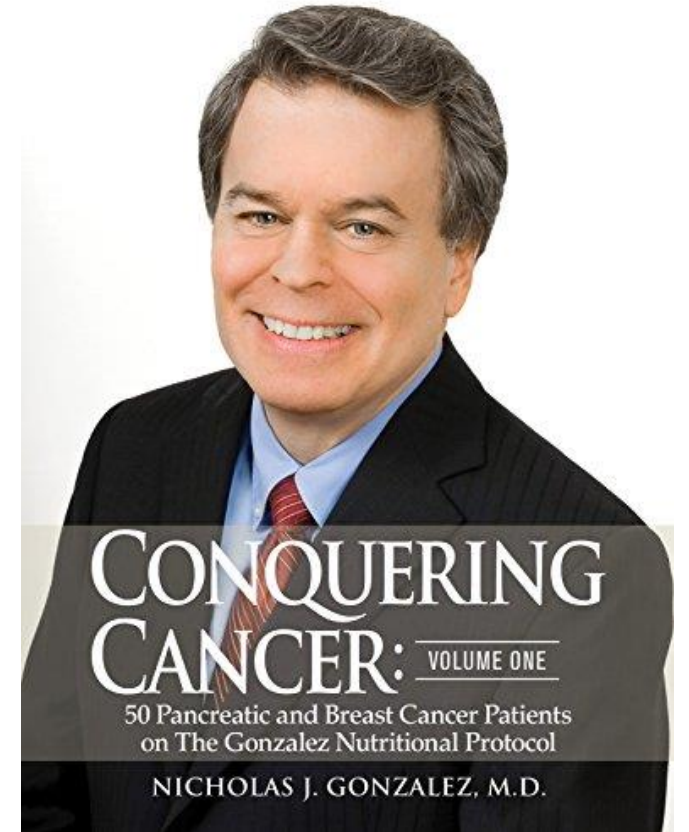
The Enzyme Glucosidase Splits 2 sugar molecules (S-S) from Benzaldehyde (BZD) and Cyanide (CYD) in Cancer Cells

Amygdalin=Laetrile=Vitamin B17

- B17 is a cyanide containing nitriloside
- Nitrilosides found in many foods-such as prunasin family (bitter apricot kernels, apple seeds, peach seeds, pear seeds), millet, buckwheat, cassava and others
- Structure-2 sugars, benzaldehyde, cyanide
- Non-toxic when molecule intact
- Cyanide and benzaldehyde are toxic when released
- **Cancer cells have enzymes to release cyanide** and benzaldehyde, whereas normal cells **DO NOT** (beta glucosidase)
- Can't be used with salvestrols because B17 inhibits CYP1B1, so that salvestrols won't work
- Can monitor the correct dose with the **serum thiocyanate**

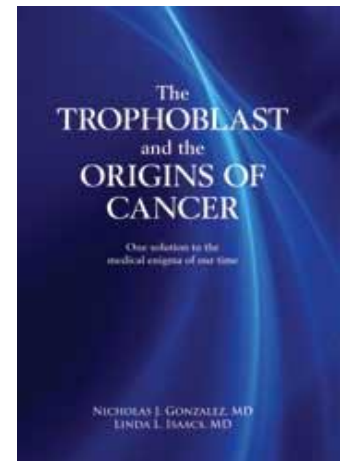
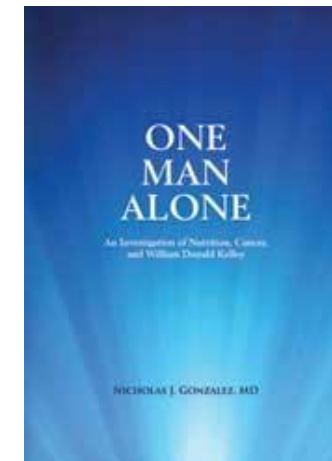
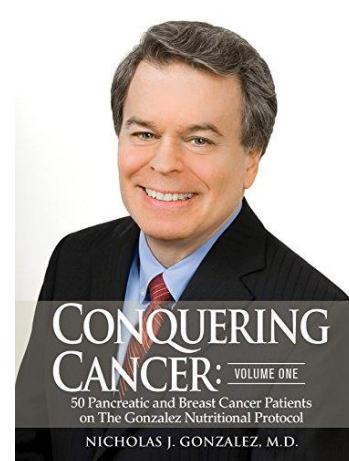
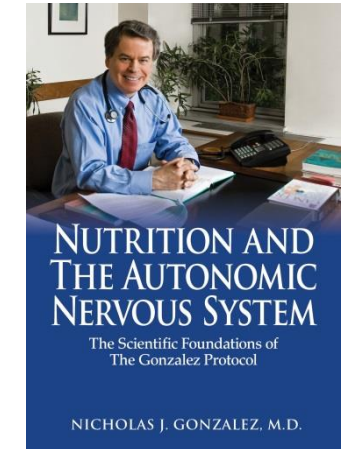
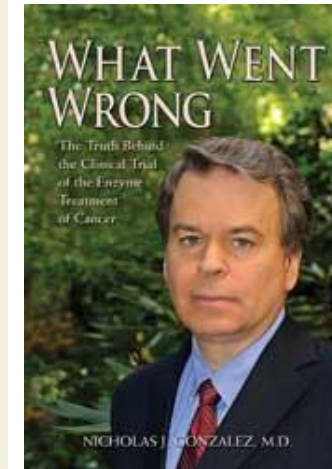
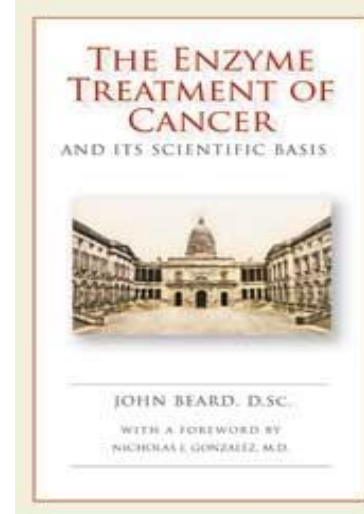
Conquering Cancer: 50 Case Histories

- Incredible case histories of patients using the Gonzalez, Isaacs, Kelley protocol; book published after his death
- Dr. Gonzalez died of unknown cause in July 2015: See: <http://thegonzalezprotocol.com/foundation-video/>
- Description of 50 cases of pancreatic Ca and metastatic breast Ca with long-term survival (many 10 to 20 + years)
- Used his own individualized program with each patient (Individualized diet, detoxification like coffee enemas to detox the liver); **pancreatic enzymes to kill cancer cells** and a large supplement program



Books by Nicolas Gonzalez MD or Related to His Work and Further Information

- Website showing books by Nicolas Gonzalez MD and related to his work: <http://www.dr-gonzalez.com/books.htm>
- Coffee Enemas: <http://www.drlindai.com/detox.html> and <https://www.youtube.com/watch?v=qycZ3mfmQBM>
- Treatment Protocols: <http://www.dr-gonzalez.com/treatment.htm> and <http://sawilsons.com/library/interview-with-dr-gonzalez-part-1/>



Linda Isaacs MD: Long Term Associate of Dr. Gonzales: See: <http://www.drlindai.com/>

- Dr. Isaacs and Dr. Gonzalez worked together in private practice in NYC starting in the 80's
- She continues their work
- Patients must be highly motivated to do their difficult program
- Pancreatic enzymes kill cancer cells
- Question: Might elements of their protocol be used with some elements that they didn't use (B17 or Salvestrols)?



Low Vitamin D Levels Associated with Cancer

- 3,000 studies indicating that serum 25 Hydroxy vitamin D levels inversely associated with cancer; Check 25 Hydroxy D; Optimal around 70 (Ref Range 30 to 100); Rarely checked by Cancer Centers
- 75 epidemiologic studies suggest low D levels associated with increase in CA
- Vitamin D upregulates (generally anti-inflammatory and anti-cancer genes) or downregulates (pro-cancer & pro-inflammatory) genes (about 3,000)
- Number of genes affected keeps rising!!!
- See video: DINOMIT Theory of Cancer (17 minutes)
<http://www.youtube.com/watch?v=3GM0CnO6-ds>

Article: **The Anticancer Effects of Vitamin K**

Alternative Medicine Review; Vol. 8, No. 3; 2003

- Associate of Jonathan Wright MD
- Two forms of vitamin K2 (MK4 & MK7)
- Most interesting to me is his **review of K2 (MK4)**, including in vitro studies, a few controlled trials and case histories
- Most supplements contain K2 (MK7) rather than MK4
- <https://www.researchgate.net/publication/10591470> The anticancer effects of vitamin K
- https://en.wikipedia.org/wiki/Vitamin_K



**Davis Lamson ND;
Colleague/Jon
Wright MD**

Evaluate Iodine Status and Supplement Carefully

- Check **random urine iodine**; most Americans are deficient in iodine; WHO says below 100 is deficient
- Iodine needs to be supplemented carefully
- Safe and effective protocols for iodine administration exist
- Milligram quantities of iodine necessary for anti-cancer effects; virtually all of our cancer patients take an iodine supplement
- See my published paper at our website for a well referenced section on Iodine:

<http://schachtercenter.com/CSJARTICLE0001.PDF>

Mirko Beljanski PhD(1923-1998)

- Useful Supplements to Support Cancer Patients
 - **Extracts with anti-cancer and anti-inflammatory properties (Pao V and Rovol V)**
 - Two other useful non-toxic supplements to help cancer patients
- See: <http://www.beljanski.org/engl/> and a section of my paper at: <http://schachtercenter.com/CSJARTICLE0001.PDF>
- Sylvie lectured at this conference during the next hour in another room



Sylvie Beljanski

Two Herbs with Anti-Cancer Properties



Pao Pereira (Pao V)



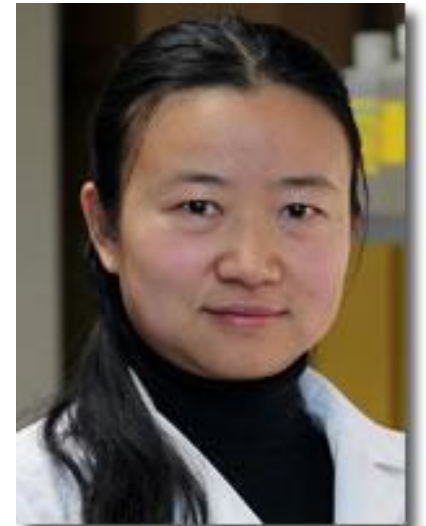
***Rauwolfia Vomitoria
(Rovol V)***

University of Kansas Integrative Medicine Department

- Straddle the conventional and alternative approach to cancer
- Research involving IV vitamin C for cancer along with chemotherapy; See: <http://www.kumc.edu/> and search for integrative medicine
- Series of papers involving pancreatic and ovarian cancers with and without chemotherapy; research supported by the Beljanski Foundation: <http://www.beljanski.org/engl/> Uses modern technology



Jeanne Drisko MD



Qi Chen PhD

Pao Pereira and Rauwolfia Vomitoria for Ovarian and Pancreatic Cancer

- Studies both in vitro (cancer cells) and in vivo (animals with cancer), published in 2013 and 2014; herbs showed anti-cancer activity
- Chemotherapy agents also used in studies: carboplatin for ovarian cancer and gemcitabine for pancreatic cancer
- Herbs were as good or better than chemotherapy agents without adverse effects
- Using the herbs allowed for lower dose of carboplatin for ovarian cancer; so the toxicity of the drugs was less
- **But, oncologists, even at the University of Kansas not using these herbs!!!**
- Recent soon to be published research shows herbs to be effective against cancer stem cells which I will discuss

High Dose Oral Vitamin C: a Simple, Relatively Inexpensive Protocol for CA Pts

- 10 grams or more of C extends life of cancer patients by more than 4 times
- Study in the 70's and 80's length of life in 100 terminal CA patients receiving at least 10 grams daily of vitamin C compared to 1000 patients who didn't (8 year study)
- http://www.peakenergy.com/news/VitaminC_Cancer_w_Comments.pdf
- <http://vitamincfoundation.org/alerts.php>



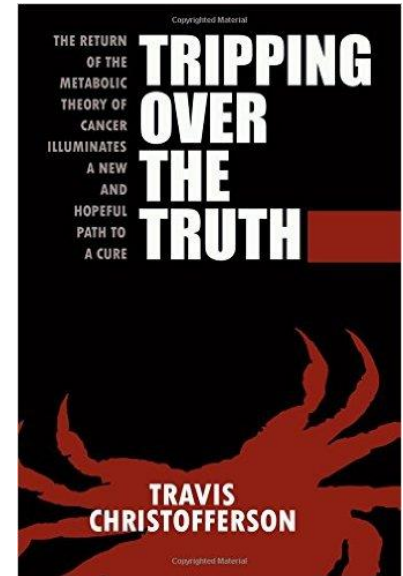
Linus Pauling PhD and Ewan Cameron MD: Champions of Oral C for Cancer

High Dose IV Ascorbate (Vitamin C) Drip to Treat Cancer at Schachter Center

- Used at our Center-more than 40 years
- Dosage of Vitamin C-25 to 100 Grams (our usual maximum dose is 60 grams per infusion); B17 IV can be given after the C drip as a separate infusion
- Administered over 2-3 hours
- Treatment usually one to three times a week; but can give daily
- When used with chemotherapy (given by other MDs)-patients report that they feel much better; (See: <http://www.oicc.ca/uploads/iv-vitamin-c-health-professional.pdf>)
- IV B17 can be given in a separate infusion after the C drip
- Sometimes given with IV Alpha Lipoic Acid in a separate infusion

Possible Reasons for Poor Results of Conventional Cancer Treatment

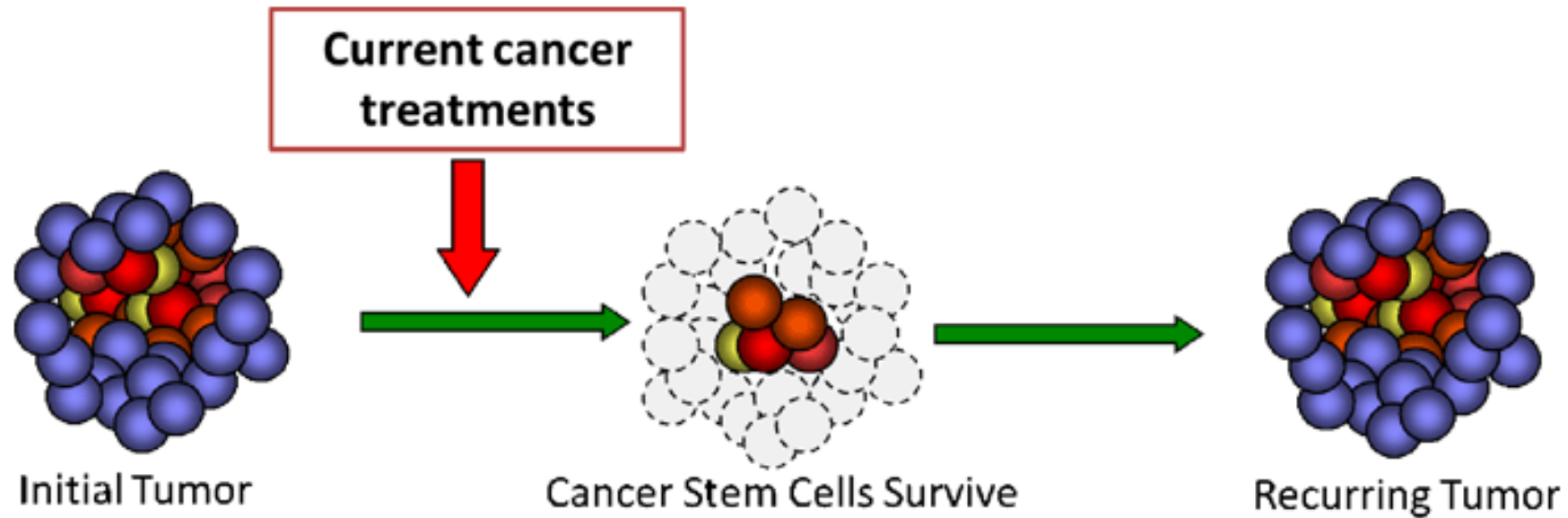
- Existence of **cancer stem cells** and failure to appreciate them and what to do about them
- Misunderstanding about the **nature of cancer** which has resulted in ineffective treatments
- This second point is discussed in the 2014 book, *Tripping Over the Truth* by Christofferson, which shows how the less than useful theory of the somatic mutational theory of cancer fails to lead to useful treatments



Cancer Stem Cells: A Major Reason for Failure of Conventional Treatments

- Cancer stem cells are stem cells that have become cancerous; major reason for conventional failures
- Behave differently than other cancer cells
- Cancer cells constitute only 1 to 5% of solid cancers
- Cancer stem cells are the **only ones that metastasize**
- They are **resistant to radiation and chemotherapy**
- Cancer stem cells discussed only over the last 15 years Major reason that shrinkage of tumor is not a good parameter for assessing treatment results; upsets how oncology done today

Cancer Stem Cells Survive and Thrive with Conventional Therapy



How To Inhibit Growth of Cancer Stem Cells

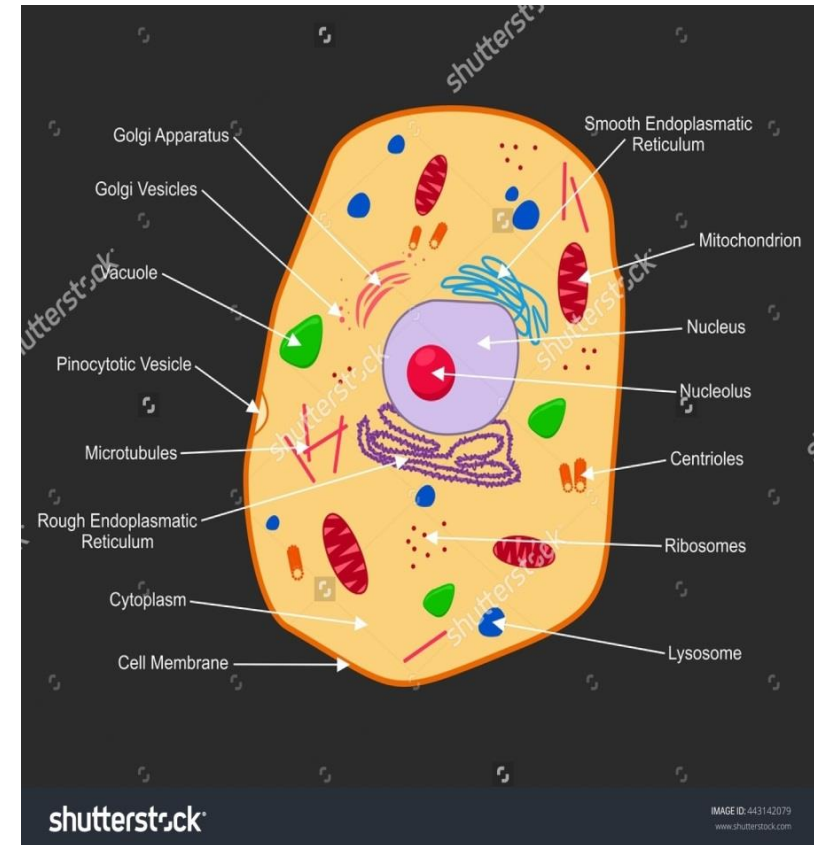
- If chemotherapy and radiation do not sufficiently attack cancer stem cells, what does stop them?
- **Anti-inflammatory agents** inhibit cancer stem cell growth
- Recent research shows that anti-inflammatory drugs like aspirin, NSAIDS and Celebrex inhibit cancer stem cell growth
- But, they all have bad adverse effects like causing excessive bleeding
- Many **natural substances** have anti-inflammatory effects and little to no side effects in appropriate doses (Curcumin, black cumin seed, Sulforaphane and other glucosinolates and isothiocyanates from cruciferous vegetables, Vitamin D, Boswellia and many others)
- Shouldn't natural anti-inflammatory supplements be used in any anti-cancer protocol? Unfortunately, they are rarely included.

The Nature of Cancer According to the National Cancer Institute (NCI)?

- <http://www.cancer.gov/about-cancer/understanding/what-is-cancer#differences-cancer-cells-normal-cells>
- Collection of related diseases
- Cells grow uncontrollably, invade tissues and resist dying, even when old
- **Cancer is a Nuclear Genetic disease** characterized by mutations in
 - Oncogenes-Genes that accelerate growth
 - Suppressor Genes-Genes that suppress growth
 - DNA repair genes

Schematic of Cell

- **Nucleus:** Location of chromosomes
- **Mitochondria:** Super Powerhouses of Cell: Make ATP with aerobic metabolism (uses oxygen)
- **Cytoplasm of Cell:** where **anaerobic** metabolism takes place (doesn't use oxygen); also called glycolysis



Alternative Understanding of Cancer

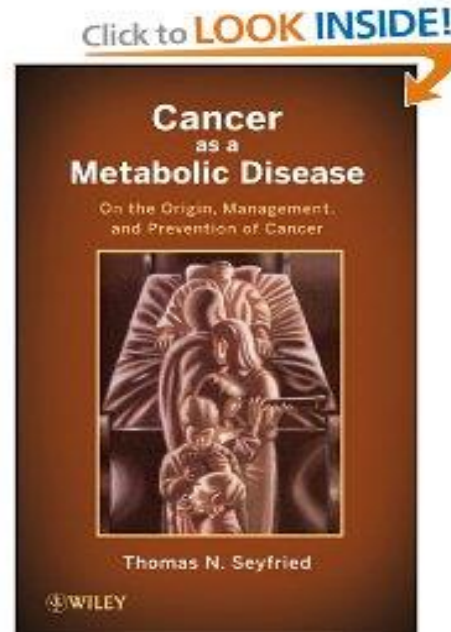
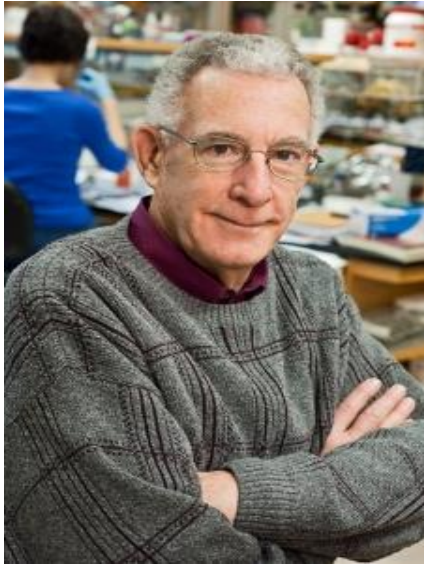
- Seeing cancer as a genetic disease results in limitations of treatment as evidenced by the failure of conventional oncology to make significant gains over the past 70 years
- Cancer may be viewed primarily as disease due to **damage to mitochondria of the cell** & not the nucleus; nuclear changes are secondary to damage to the mitochondria
- Leads to profound differences in treatment
- Originally proposed by Otto Warburg MD, PhD in the 1920's

Otto Heinrich Warburg, MD, PhD

- Won Nobel Prize in Physiology or Medicine in 1931
- Described the fundamental difference between normal cells and cancer cells
- Cancer cells have **difficulty using oxygen** to produce energy (ATP)
- Cancer cells form as a result of **low oxygen environment**



Book: Cancer as a Metabolic Disease by Thomas Seyfried PhD



Nuclei of cancer cells when inserted into normal cells do not result in cancer cells; but mitochondria of cancer cells in normal cells DO result in cancer cells

See Lectures at:

<https://www.youtube.com/watch?v=sBjnWfT8HbQ> &

https://www.youtube.com/watch?v=SEE-oU8_NSU

Brief Review of Some SCCM Cases

- Patient with **Giant Cell Cancer** of one of metacarpal bones in his hand told surgical removal was the only answer: **completely disappeared** with B17, C drips, magnet therapy and many therapies discussed here: Expert in giant cell cancer at major cancer center told he had never seen anything like this: **20 year follow-up**; Now-60 years old and fine
- 54 year-old woman-with **biopsy proven ER + breast cancer dx 4 years ago**; surgery, radiation, tamoxifen recommended; **did only alternative treatments**: No evidence of worsening of disease; feels great; we have many of these cases; some living longer than 10 years
- 63 year-old woman first seen in 2003 with breast cancer: had surgery, but no other conventional treatments-Did intensive non-toxic treatment and did well for 12 years; then stopped dietary changes, supplements etc.. **Recurrence 12 years later**

Case History of Lung Cancer, Stage IIIB with Surgery Alone: Long Term Survival

- 57 year-old woman consulted us in 2007 after having a lobe of her left lung removed for **Non-Small Cell CA of lung**
- Found incidentally on pre-op for shoulder surgery
- Told she was stage IIIB because of the 3.1 cm size
- Advised to have chemotherapy: She refused.
- Large doses of oral Vitamin C, B17, vitamin D, many other supplements, good diet, IV C drips from once a week to once a month
- Retired recently at age 66. Feels great. Continues current program, 9 years after diagnosis of Stage IIIB lung cancer
- Question: **If she had chemo, would she have done as well? Would she be alive?**

Sometimes Conventional Cancer Therapy is Helpful-Patient with CLL

- First seen at SCCM in 2012 at age 52
- Diagnosis of chronic lymphocytic leukemia (CLL) in 2010 clinically well, but numerous nodules throughout body
- Didn't want chemotherapy
- Treated with our protocol of dietary suggestions, oral supplements, LDN, IV C drips; but developed problems
- In 2013, began to require **blood transfusions** every few weeks because of severe anemia and low platelets, but refused chemo
- Retired at the beginning of 2015
- In August 2015, finally accepted chemotherapy (Treanda) from an oncologist, along with our program with great results; no more blood transfusions, platelets normal; Minimal side effects. Able to stop chemo in less than a year

Benefits of Sometimes **Combining** Conventional and Alternative Treatments

- At age 65, now 70, a male computer consultant first consulted with us in 2011
- Diagnosis was metastatic Non-Small Cell lung cancer with bone metastases to spine and possible liver mets (Stage IV)
- **Had radiation** to bone to reduce pain
- **CEA** at time of diagnosis was around **300**
- Referred to us by oncologist (“won’t hurt”)
- Tarceva (erlotinib) started along with our program

Case History: Combining Conventional and Non-Toxic Support Program-2

- Our program: C drips with amygdalin (B17, Laetrile-both oral and IV), D, K2 (MK4), extensive supplement list
- Continues to work and function, 6 years after first being seen
- CEA down to 5 by end of 2011 (from over 300 at start of treatment) and has remained like this until now
- Tarceva (erlotinib) stopped working and the chemotherapy agent Alimta started
- Jaw infection successfully treated with surgery & 40 HBO treatments. How much did this help cancer Tx?
- **Continues to do well**

National Center for Complementary and Integrative Health (NCCIH) and the National Cancer Institute (NCI) View on Alternative Cancer Therapies

- <https://nccih.nih.gov/health/cancer/camcancer.htm>
- “A substantial amount of scientific evidence suggests that some complementary health approaches may help to manage some symptoms of cancer and side effects of treatment. For other complementary approaches, the evidence is more limited”
- Unproven products or practices should **not be used to replace or delay conventional medical treatment for cancer. This is the integrative oncology view.**
- **I disagree with this last principle**

Summary

- More and more patients are becoming **educated as to options** regarding a cancer prevention and treatment program
- Many are choosing to forego the standard of care with careful monitoring
- Others combine the standard of care with an alternative program
- **We attempt to help educate the patient and partner with them to navigate their care**

Access this PowerPoint Presentation and Others from our Website

- First go to our website: www.schachtercenter.com
- Then click on the **red box** in the upper right hand corner of home page labeled: **NEW Links to PPT presentations**
- You should see **PPTs to several lectures plus this one.**
There is some repetition, but each one has unique points, some in much more detail of certain topics unable to cover in depth today

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