

Reassessing Approaches to Integrative Oncology with an Emphasis on the Contributions of Mirko Beljanski PhD

Michael B Schachter MD, CNS

Schachter Center for Complementary Medicine

2 Executive Boulevard; Suite 202

Suffern, New York 10901

845-368-4700; www.schachtercenter.com

Beljanski 20th Anniversary NYC

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Thesis

Alternative treatment protocols have the potential to be **competitive if not superior** to conventional treatments. They should be considered as a **primary, not merely supplementary option** for treatment. Alternative Treatments are also, helpful to **prevent cancer**

Understanding of Cancer and Cancer Treatments are **Changing**

- **Conventional Cancer Treatments- Generally not very effective, except in rare cases**
- Predominant conventional understanding of cancer needs to be questioned
- There is **massive resistance** to change from the conventional medical establishment, pharmaceutical companies, insurance companies, institutes of medical education and the media



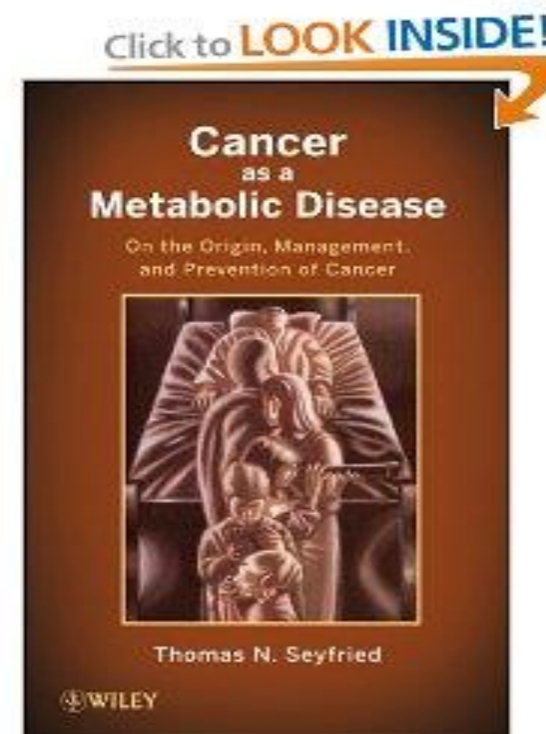
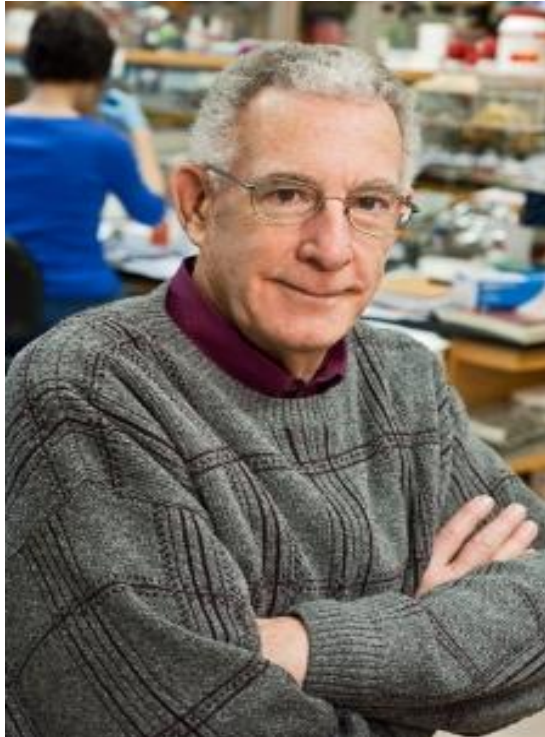
What is Cancer According to the National Cancer Institute (NCI)?

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

Fundamental Difference Between Cancer Cells and Normal Cells

- An emerging **rebirth** of an old idea about cancer has recently been emerging
- Energy of most biochemical reactions in the body come from **ATP molecules**
- **Normal cells** produce energy primarily by using **oxygen (90%) and 10% by glycolysis without oxygen)**
- **Cancer cells** produce **about 50%** of their energy (ATP molecules) by **glycolysis**, and **50% using oxygen**. The inability of cancer cells to maximally utilize oxygen in the presence of oxygen is called the **Warburg Effect**; in 1948-shown to occur in the **mitochondria**
- Originally proposed in the **1920's by Otto Warburg MD, PhD** in Germany
- This metabolic variation is the **main difference between normal and CA cells**: the genetic mutations, unrestrained growth and invasiveness are **secondary** to this difference

2012 Book: Cancer as a Metabolic Disease by Thomas Seyfried PhD; **Warburg Theory Creeps into Conventional CA Approach**



See Lecture at: <https://www.youtube.com/watch?v=sBjnWfT8HbQ>

Cancer is a disease associated with damage to **mitochondria** and **not the nucleus of the cell**; shown in video

Conventional Cancer Therapies

- Emphasis is on removing or killing cancer cells with little attention to adverse effects on normal cells
- Surgery
- Radiation
- Chemotherapy (Also Insulin Potentiation Therapy)
- **Targeted therapies (Most new drugs: Inhibit enzymes or receptors that are involved with cancer growth) BIG DISAPPOINTMENT; BUT LOTS OF HYPE**
 - Generics ending in “mab” are monoclonal antibodies like Rituximab (Rituxin) or trastuzumab (Herceptin)
 - Generics ending in “nib” are small molecules like Imatinib (Gleevec) or tamoxifen

Targeted Therapies

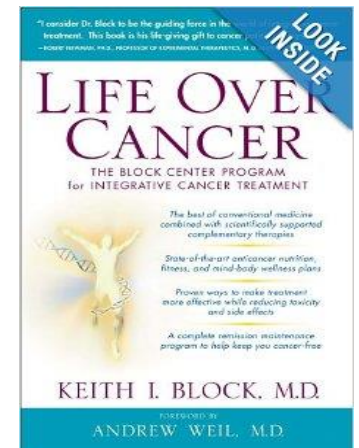
- **Chemotherapy** generally **kills any fast growing cells** in the body, including cancer cells, hair follicle cells, cells in the GI system, blood cells and others; except in rare cases, chemotherapy doesn't work well and has many adverse effects
- **Targeted therapies target molecules that are involved with abnormal growth** and proliferation of cancer cells; so far none of these treatments (except for one new class) extend life in common cancers and they are **extraordinarily expensive**
- **Immunotherapy** (subtype of targeted therapies) show some promise; Drugs called **checkpoint inhibitors** show promise by removing the brakes on the immune system; so that the body's immune system attacks the cancer cells; a few examples of extending the lifespan; **brakes are there to prevent autoimmunity**
- Still have many side effects and a few doctors outside the USA (e.g. **Dr. Kleef** in Vienna Austria) is using **much lower dosages** and at the same time stimulating the immune system with **hyperthermia** and IV vitamin C and IV Alpha Lipoic Acid

Integrative Cancer Treatment: Elements

- **Combines conventional treatment with a variety of non-conventional treatments**
- These may include:
 - Nutrition and nutritional supplements
 - Psychological and spiritual support
 - Energy medicine like acupuncture, homeopathy, magnetic
 - Lifestyle Issues: Sleep and exercise
 - Dental issues (mercury amalgam filling, root canals, others...)
 - Oxygen therapies (HBO, ozone, others)
- **Advocated by CTCA and departments in many cancer treatment centers like Memorial Sloan Kettering; but largely window dressing**

Concerns about Integrative Oncology

- Goal is to combine the **best of both worlds**: conventional and integrative
- Conventional (surgery, radiation, chemotherapy and the newer targeted therapies) are a **given**
- Nutrition, nutritional supplements and lifestyle changes are suggested to help **reduce adverse effects of conventional treatment**
- Illustrated by **Keith Block MD** (of Chicago) and his **book *Life Over Cancer***



Current Practice of Oncology: A Disaster

- Based on **FDA approved treatments, standards of care from oncology organizations**
- Insurance companies **reimburse for standards of care**
- **Almost no education** regarding nutrition, nutritional supplements and lifestyle education to oncologists and physicians in general; **MDs don't care about lifestyle**
- **Reimbursements to hospitals, oncologists** and other physicians based on standards of care and not on integrative approaches
- **Clinical trials are economically motivated and very expensive; only pharmaceutical companies pushing for patented drugs are tested (e.g. vitamin D vs analogues)**
- **No clinical trials for alternative approaches & oncologists only accept clinical trials**
- **Lifestyle changes, nutrition and relatively non-toxic approaches are driven by patients' internet research and their own experiences with family members who have had horrendous results with conventional treatment; paid for out of pocket**
- **Question: How to change the system to have alternative treatments reimbursed?**

Expanding the Role of Non-Toxic Alternative Treatments in Cancer Care

- What if patients did better if they **combined some alternative approaches with conventional treatment?**
- If patients **received vitamin C drips** along with chemotherapy and did show better results than just chemo, **how could coverage be assured?** Now, generally not covered or ordered by conventional oncologists
- What if patients did better when they **combined various herbs and supplements like Vitamin D, Vitamin A, broad spectrum vitamins and minerals, herbs like Curcumin, Boswellia, the Beljanski herbs like Pao pereira (Pao V FM) and Rauwolfia vomitoria (Rovol V)**, how could they receive coverage for these treatments?

Let's Really Think Outside the Box

- Although the **results of integrative oncology are probably better** than using conventional alone, **might alternative treatment alone** be better than the combo 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?**

Mirko Beljanski PhD & the Beljanski Foundation

- **Useful Supplements to Support Cancer Patients**
 - **Extracts with anti-cancer and anti-inflammatory properties (Pao V and Rovol V)**
 - **RNA primers** that increase WBCs & Platelets, which may help cancer patients undergoing chemotherapy and radiation (**Real Build**)
 - Special extract which may reduce fibrosis from radiation (**Ginkgo V**)
- See: <http://www.beljanski.org/engl/>
- Beljanski generally suggested using his products in conjunction with conventional treatment, but **they can be used alone as well!**
- The Beljanski Foundation has done excellent research work over past 20 years



1923-1998



Sylvie Beljanski

Two Substances with **Anti-cancer Properties**

Crosses Blood-Brain Barrier



Pao Pereira

Good for Hormone Related Cancers



Rauwolfia Vomitoria

Beljanski's Research with Cancer Cells and Transplanted Cancers in Animals & Humans

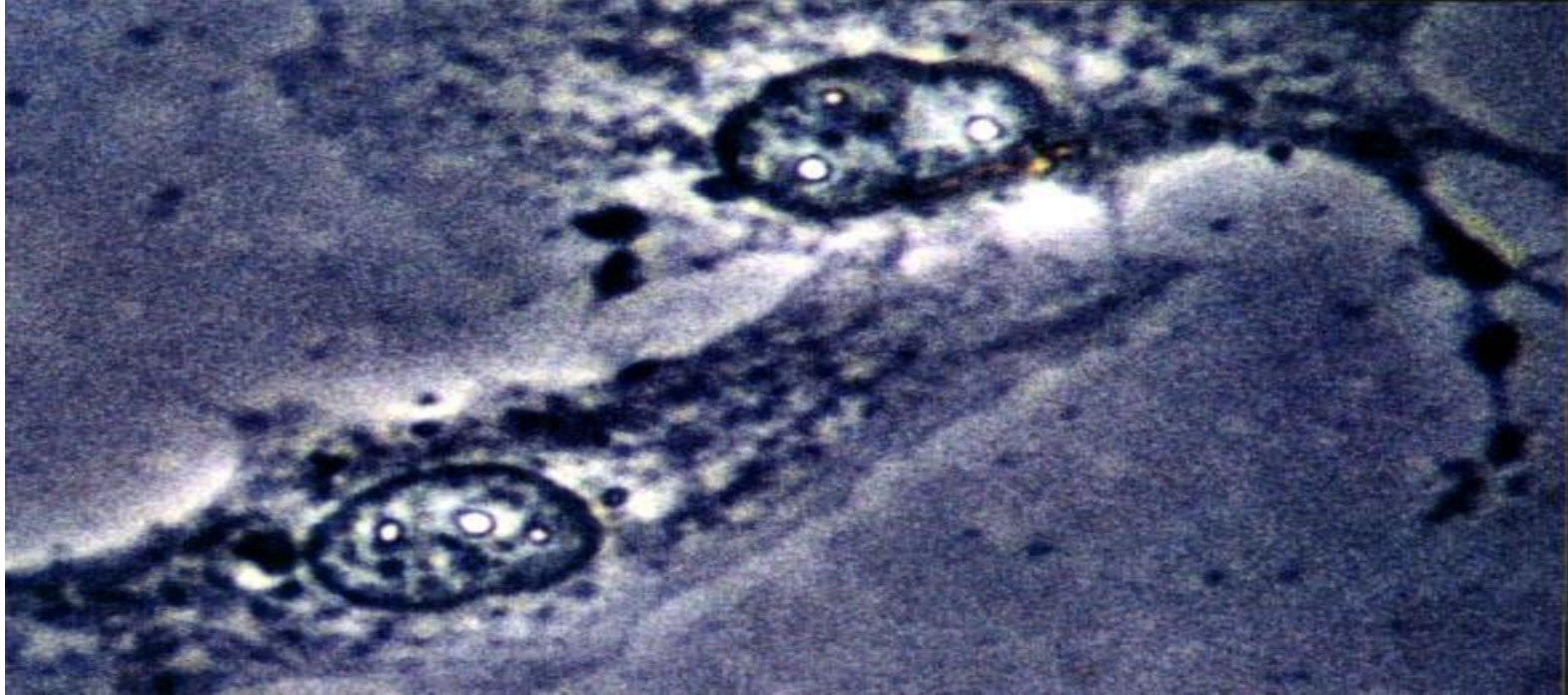
- Beljanski was able to show anti-cancer activity with the herbs Pao pereira (Pao V FM) and Rauwolfia vomitoria (Rovol V) **in a wide variety of cancers**, including breast, liver, brain, thyroid, prostate and lymph system
- Some studies showed synergistic effects with conventional chemotherapy and one of the herbs
- These were non-toxic and many cancer patients reported very positive, non-toxic effects instead of, during or after conventional treatment
- See <http://www.beljanski.org/engl/> **Click on Survivors Stories**

Pao Pereira and **Normal** Brain Cancer Cells



Pao Pereira extract remains outside of the healthy cell.

Pau Pereira and Brain **Cancer** Cells



Pao Pereira selectively penetrates brain cancer cells

D.B. Born 10-6-60: Oligodendroglioma-Lived 17 years after his diagnosis (Very unusual)

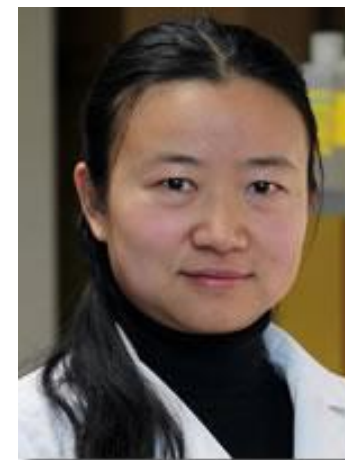
- Dx **Inoperable Oligodendroglioma** 3-92, after 1st seizure 9-91; **1st seen 3-92**
- **Extensive Complementary and Alternative Treatment at Schachter Center** very successful-Worked full time and fathered 2 kids (C drips, B17, enzymes, cartilage, Pao Pereira etc..)
- Conventional Tx-Thyroid and Seizure Meds
- Surgery Jan 2000-Refused chemo & radiation
- Started to show some increase around 2005; went to Dr. Stanislaw Burzynski and did not do well; developed a stroke
- **Passed on around 2007**, lived much longer than expected

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**
- Dr. Qi Chen will be speaking today and I anxiously await reports of her latest research



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. No clinical trials with humans
- **Both showed anti-cancer activity in vivo and in vitro**
- **Chemotherapy agents also used** in studies: carboplatin for ovarian cancer and gemcitabine for pancreatic cancer
- Although both showed anti-cancer activity in both cancers, the combination of chemotherapy and of carboplatin showed synergistic effects in ovarian cancer, but each of the herbs were better than gemcitabine for pancreatic cancer and the combo didn't seem to add anything
- 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!!!**

Use of Pao pereira and Rauwolfia vomitoria at the Schachter Center

- For cancers involving the **central nervous system (brain)**, we frequently recommend Pao V FM capsules 2 or 3 capsules 3 times daily
- We should all be considering both Pao and Rau for ovarian and pancreatic CA
- The combination of Pao and Rau is available from Natural Source as Prostabel; This product may be used to help manage a variety of cancers, including ovarian, pancreatic, breast cancer, prostate cancer and many others. We frequently recommend 2 capsules three times daily, but dose will depend on size of the person and other variables
- Patients receiving **any hormone related therapy like Lupron or aromatase inhibitors should avoid Rauwolfia vomitoria**; in those cases only Pao V FM is used at a dosage of about 2 capsules 3 times daily

Beljanski Extract of Ginkgo Biloba: Ginkgo V

- Totally different characteristics **from** commercially available Ginkgo Biloba
- Golden leaves in the Fall, rather than green leaves
- Extracted with water, not organic solvents using complicated procedure
- **Does not affect circulation or bleeding**, as does other Ginkgo preparations
- Enzyme regulator and **protects against fibrosis from radiation and surgery; we recommend this for many patients who are or have undergone radiation therapy or surgery; usually 4 to 6 capsules daily**
- **Available as Ginkgo V in capsule form that can be swallowed as a nutritional supplement**

Thrombocytopenia or **Low Platelets** from Certain Types of Chemotherapy

- Platelets are cell fragments that **normally stop bleeding**
- **Thrombocytopenia** refers to low platelet counts
- The number of platelets in the body is **limited**; they are **destroyed** by a number of **chemotherapy drugs** and to a lesser extent from radiation
- Low platelets increase the risk of **bleeding and death**
- Oncologists **suspend or halt chemotherapy** treatment when **thrombocytopenia is severe**
- **Conventional oncology has no treatment for thrombocytopenia**

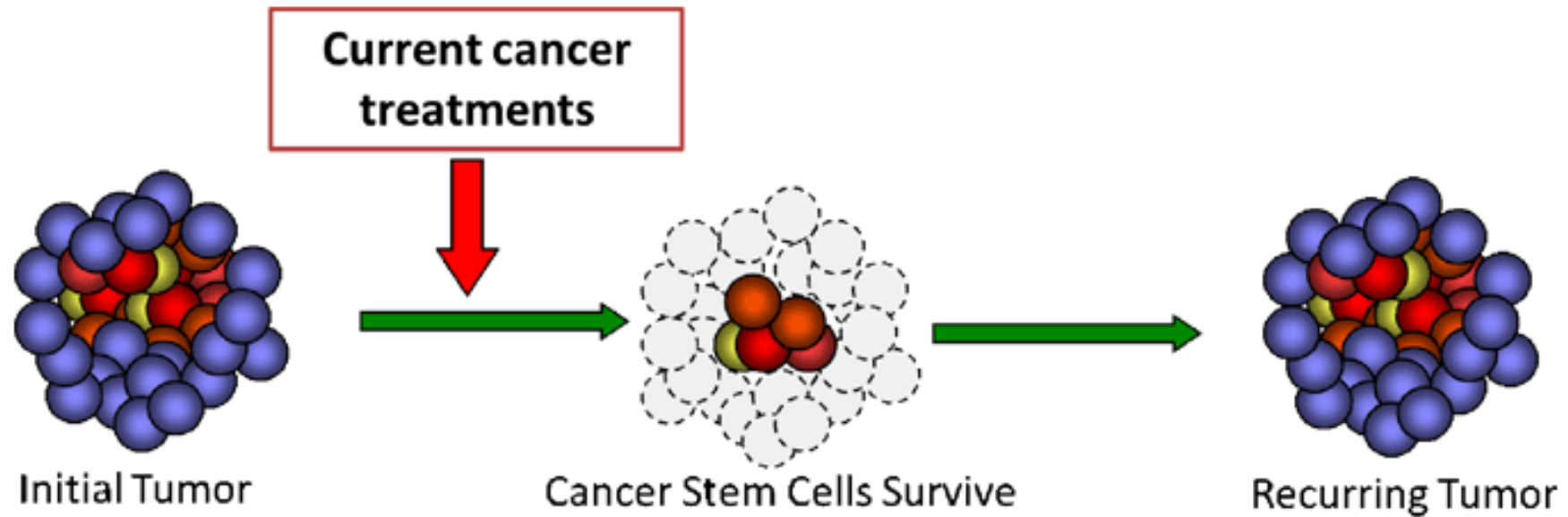
Beljanski Product: **Real Build** to help prevent low WBCs and Platelet during Chemotherapy

- Consists of **RNA primers from non-toxic E. coli available as a nutritional supplement**
- Available as a **powder in cones**. You flip up the top and place the **powder under the tongue for sublingual absorption; DO NOT ATTEMPT TO SWALLOW THE WHOLE CONE; Should be taken a few hours away from food or other supplements**
- **Used to increase all kinds of white blood cells (not just leukocytes like Neupogen or Neulasta) and platelets; but NOT RBCs.**
- Not associated with any toxicity; dosage may be several times a week to more frequent if necessary; Learn more from Dr. Grutsch of CTCA today
- Major limiting factor is the cost and not covered by insurance
- Oncologists don't know about it and don't use it; even those at CTCA

Cancer Stem Cells: Importance Recently Recognized

- Cancer stem cells are **stem cells that have become cancerous**
- **Behave differently from other cancer cells that are not cancer stem cells**
- Cancer cells constitute only **1 to 5%** of solid cancers
- Cancer stem cells are the **only ones** that **metastasize**
- **Resistant to radiation and chemotherapy**
- Cancer stem cells have been discussed only over the last 15 years of so; they are slowly changing conventional cancer approach
- Shrinkage of tumor not good parameter for assessing treatment results; **upsets how oncology done today**
- Studies on ovarian and pancreatic cancer at U of Kansas suggest **prevention of metastases; thus cancer stem cells are affected by them**

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 bleeding

Many **Natural Substances Block Inflammatory Stimulation** of CSTs

- **HERE ARE A FEW:**

- Curcumin
- Thymoquinone from black cumin seed
- Sulforaphane and other glucosinolates and isothiocyanates from cruciferous vegetables
- Vitamin D
- Boswellia
- Parent Essential Fatty Acids (LA and A Linolenic Acid)
- Stabilized aloe vera extract
- **Beljanski extracts (Pau Pereira and Rauwolfia Vomitoria) have anti-cancer and anti-inflammatory properties (to be discussed today against CA stem cells)**

Integrative Evaluation of the Cancer Patient at the Schachter Center

- **Approach is very different from that of the conventional oncology approach of killing cancer cells at all costs**
- **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 (status of D and Iodine)
- Assess dental issues (amalgams, root canals, etc)
- Discuss **conventional treatment options** (pros and cons)

Integrative Cancer Therapies May Include

- **Dietary** suggestions-cornerstone-**whole foods, organic** when possible (reduced toxins-increased nutrients-phytonutrients as information)
- Avoid poor quality food and toxic exposures
- Lifestyle changes-Exercise-Stress Management-Sunlight Exposure-Sleep
- **Oral nutritional supplements**
- **Injectable programs** like C drips, ALA drips
- Prioritize changes to be made
- Help patients get **off medications** when possible
- Use **acupuncture, PT, chiropractic** and other non-toxic approaches to manage pain and support the immune system
- Major goals are to use **non-toxic substances to kill cancer cells and stimulate the body's defenses to attack the cancer cells**

Breast Cancer Patients

- **Many breast cancer patient being managed at the SCCM**
- Many living 5, 10 or 15 years after diagnosis
- Many have done lumpectomies and then **turned down chemotherapy, radiation therapy and anti-estrogen therapy; radiation does not improve chances of longevity or reduce distant mets;** yet it is the standard of care
- With some variation, generally followed the recommended protocol changes in lifestyle
- Many received ongoing C infusions once/wk to once a month
- Many receiving the two anti-cancer herbs (PP and RW)
- Various other supplements **like B17 or Salvestrols**, iodine, D, etc...

Prostate Cancer Patients

- The Schachter Center is following **many patients with prostate cancer, some for more than 10 years**
- **Most have prostate biopsies, but Some have refused prostate cancer biopsies, but Doppler ultrasounds, MRI's, PSA's and PAP's strongly suggest prostate cancer**
- In spite of an amazing amount of hype, there is **little evidence that any local treatment of prostate cancer (surgery, external beam radiation, brachytherapy, cryosurgery, HIFU, etc) significantly has a positive effect on longevity**
- Most have followed our general program, taken vitamin C infusions, oral supplements (Beljanski, B17 or Salvestrols, D, Iodine and many others)
- Overall, they do very well and do not have morbidity associated with the local treatments (urinary incontinence, sexual problems, others)
- Many are living **more than 10 years** from their original diagnosis

Sometimes Conventional Cancer Therapy is Helpful- Patient with CLL

- First seen at SCCM in 2012 at age 52
- Rep of pharmaceutical industry
- Diagnosis of chronic lymphocytic leukemia 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**
- Retires at the beginning of 2015
- In August 2015, **finally accepted chemotherapy (Treanda)** along with our program with great results; no more blood transfusions, platelets normal; Minimal side effects

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

- At age 65, now 70, a male computer consultant first consulted with us in 2011
- Diagnosis was **metastatic NSMC 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

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
- **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, working and acting in a play**

Summary of Approach to **Prevent Cancer** and **Improve Treatment Results**

- No major improvements in preventing and treating cancer until there is much **more emphasis on changes in lifestyle, healthier nutrition, exercise, stress management, sunlight, nutritional supplements** and de-emphasis on conventional medication to solve all problems
- **New models are needed for reimbursing health care** with an emphasis on prevention and lifestyle, rather than expensive patentable drugs that don't really work well
- Raise the consciousness of people about why and how cancer develops and is currently treated and that the **cancer establishment does not have all of the answers**

More Information

- **See:** www.schachtercenter.com. On the home page, click on the box in the upper right hand corner of the page for recent PPT presentations and notes that discuss in more depth many of the subjects mentioned here. Also a link to today's PPT presentation will be there. At the Schachter Center site, you can also access a published paper from 2013, which discusses various topics in more depth, such as oral and IV vitamin C, iodine and the Beljanski products. See: <http://www.schachtercenter.com/CSJARTICLE0001.PDF>
- An article which discusses B17 and published in 2010 can be found at: <http://www.schachtercenter.com/IntegrativeOncologyISIMJournal.pdf>

Schachter Center on 2nd Floor; Suffern NY in Rockland County-45 min from NYC

