

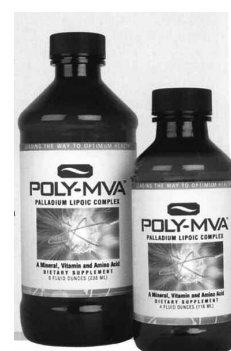
# Adjunctive Cancer Therapy

In this twenty first century, the word “cancer” still strikes terror in the hearts of most people particularly those who have seen a loved one suffer from it. Cancer in its various forms is the second leading cause of death after heart disease. The medical community of the world, both conventional and alternative, has a moral obligation to unite in their fight against cancer. An integrative composite system employing therapeutic modalities from all medical disciplines would be the best tool for improving patients’ chances for survival.

The following are several researched alternative cancer treatment modalities employed by different health professionals all over the globe. They have been shown to enhance conventional chemotherapy and radiation treatment, decrease side effects of these base therapies and dramatically increase survival times in virtually all stages of most cancers:

## **Poly MVA**

This compound is a non-toxic polynucleotide reductase named POLYDOX (USA trials), Poly-MVA (Canada and Mexico) or LAPd by some researchers. The MVA stands for minerals, vitamins, and amino acids. LAPd stands for Lipoic acid / Palladium complex. Lipoic acid is a natural powerful antioxidant that is both water and fat soluble, which permits the Poly-MVA to pass across the cell membranes and the blood brain barrier, which is impossible for most drugs, including chemotherapy.



Cancer cells have deranged respiration producing less water in the cell and utilizing more sugar, and one-twentieth the oxygen of normal cells and no oxygen radical pathways. Thus when synthetic DNA reductase enters these cells, protein radicals are formed which denature the tumor cell’s proteins. Since “normal cells” are capable of converting the radicals into energy and water, no harm can occur. The most dramatic responses were noted with brain tumors. Other tumors that respond well are breast, ovarian, prostate, colon, and lung cancer, among others. The original human trials were done in Canada by a late oncologist, Dr. Rudy Falk, usually in conjunction with standard chemotherapy for more than five years. He reported benefits including pain reduction or control, improved appetite and weight gain, and increasing energy. Some patients are still using low doses of Poly-MVA and have no signs of cancer after ten years of use.<sup>1</sup>

## **Hyaluronic Acid (HA)**

It is a naturally occurring substance and as part of the extra cellular matrix is present throughout all tissue and surrounding cells. Because of the altered status of the tumor, its anaerobic metabolism, and its abnormal vasculature, only a small portion of the tumor is affected by cytotoxic drugs. However, simply by mixing them physically with HA, they loosely combine and will target the sites where HA is deficient and across the blood brain barrier. Clinical studies showed that the use of HA as a carrier/targeting vehicle can enhance the effect of some, if not all, drugs such as NSAIDs, immunosuppressive agents, cytotoxic anticancer drug therapy and drugs for the relief of atheromatous blood vessel disease.<sup>2</sup> Investigations have moreover shown that tumors possess several HA receptors (CD44, RHAMM, etc.). This fact explains that HA will help cytotoxic drugs act specifically with the tumor cells, thus reducing their side effects on other normal cells.<sup>3</sup>

## **Vitamin C**

A growing number of studies in vitro as well as in vivo suggest the use of high dose intravenous vitamin C as an adjunctive therapy for cancer patients. Because of a relative catalase deficiency in tumor cells, they are more susceptible to the effects of high-dose ascorbate induced peroxidation products. Concentrations of ascorbate high enough to kill tumor cells can be achieved in humans. They should be around or higher than 400mg/dL. Addition of Lipoic acid to the infusion bag decreases the dose of vitamin C required to kill 50% of the tumor to 120mg/dL. Several clinical experiences demonstrate the ability of vitamin C to arrest progress and shrink tumors. <sup>4</sup> Clinical studies have shown that osmolality of less than 1.7 Osm. is well tolerated by most patients. This enables administration of up to 60 grams of Vitamin C in a 500 mls. sterile water bag (1.21 Osm.). Addition of magnesium and Vitamin B6 did inhibit oxalate stone formation in stone formers. Patients should also be screened for red blood cell G6PD deficiency to prevent hemolysis. <sup>5</sup>

## **Ozone Therapy**

Ozone referred to as O<sub>3</sub>, is produced in a generator using pure oxygen. In Major Auto Hemotherapy (MAH), where blood is drawn, mixed with ozone for few seconds and reinjected, the ozone instantaneously interacts with the double bonds to form peroxides. They are referred to as ozonides and are capable of stimulating energy production and basal metabolic rate, which are usually diminished in chronically ill patients. MAH also causes mononuclear cells to increase their production of cytokines including IL-1, IL-2, IL6, TNF-a, TGFb1, etc. Clinical studies also show that MAH stimulates the activity and production of all anti-oxidant buffering systems mainly the glutathione peroxidase system, which if defective, will render even mega doses of Vitamin C and E useless as antioxidants. The improvement in the immune system is also demonstrated by increased natural killer cell activity. In vitro studies have shown that cancer cultures treated with ozone along with 5-FU did not develop resistance to chemotherapy, as did the untreated colonies. This adjunctive therapy with chemotherapy and radiation therapy is further enhanced if MAH is used at the same time with Ultraviolet Blood Irradiation Therapy (UBIT).

## **Immunotherapy**

Let's summarize what happens when a cell turns cancerous. First a macrophage (White blood cell monocyte) comes in contact with the tumor cell, which has a different type of membrane that signals the macrophage to take a bite of it. It then starts to transform into a dendritic cell. It begins to mature and start to develop tumor markers on its surface to be recognized by other immune cells. When mature, the dendritic cell travels to a nearby lymph node and hands off the tumor cell information to the Cytotoxic T lymphocytes (CTLs), which start to divide, circulate throughout the body, and kill any tumor cells they come in contact with. In order for cancer to occur, the immune system must have failed. So what went wrong? Extensive research has revealed that the dendritic cells are there in and around the tumor, but they are immature. They don't have the co-stimulatory molecules necessary for the successful hand off of the tumor cell membrane information to the CTLs. Moreover because they are immature, they are much less likely to migrate to lymph nodes to make the hand off.

Through the Tumor tissue specimen or urine collection, a comprehensive cancer vaccine could be prepared which is comprised of:

- Tumor-specific antigen injections
- Cytokine injections to stimulate dendritic cells maturation.
- Heat shock protein/tumor specific antigen injections that act as “antigen chaperones” to the dendritic cells.<sup>7</sup>

Clinical responses were reported in greater than 40% in breast cancer patients of all stages, 63% in melanoma, and a 67% response in non-Hodgkin’s lymphoma patients. Other cancers including colorectal, lung, mesothelioma, ovarian, pancreatic, prostate, and thyroid have also shown significant clinical responses to the immunotherapy.<sup>8</sup>

**Other natural or homeopathic immune modulators include:**

•Ney Tumorin: is a biomodular homeopathic German medication for the treatment of cancer. It activates the immune system on one hand and also influences directly the differentiation of the tumor cell. It has a zytostatic effect due to its ingredients such as liver and placenta.<sup>9</sup>

•Ney Thymun: a first line homeopathic choice in thymus therapy. Only on contact with thymus factors do precursor cells derived from the bone marrow develop into mature, immunologically competent cytotoxic T lymphocytes. Clinical studies have shown that Ney thymun increases the functional power of T lymphocytes, stimulates natural killer cells, produces an increase in autogenic interferons, and inhibits the growth of melanoma cells.<sup>11</sup>

•Cellular Forte with IP-6: contains a synergetic combination of both Inositol and Inositol Hexaphosphate IP-6 to produce two IP-3 cells that are central to sending chemical messages and regulating the growth of cells. In vivo studies have shown that the highest activity of natural killer cells could be achieved by a combination of inositol and IP-6.<sup>12</sup>

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