FACE TO FACE WITH

Juergen Winkler, MD

Oceanside, CA

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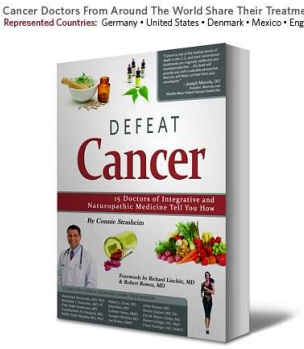

Note: In this book, 15 cancer doctors share the details of their treatment protocols and answer difficult questions about cancer. Each physician is given their own chapter in the book. The page you are viewing contains sample material; to read the rest of the book, you can place your order for the book from the publisher, Amazon, or Barnes & Noble. You can also buy the Kindle Edition.

CHAPTER 5: Juergen Winkler, MD, is Board Certified in Family Medicine (Doctor's Website). He completed his medical training at San Bernardino County Medical Center in 1991, and subsequently spent four years in the Air Force at two different bases. At KI Sawyer Air Force Base, he was Chief of the primary care clinic, where he improved patients' access to, and the delivery of, medical care within the hospital. Additionally, he managed its allergy and immunization clinic and also directed a headache clinic. After leaving the Air Force, Dr. Winkler went into private practice in Carlsbad, California for two years, after which time he began an eight-year career in homecare, where he made over 12,000 house calls to homebound geriatric patients in San Diego County. Since 2005, he has been working with Les Breitman, MD, in private practice at Genesis Health Systems: An Integrative Cancer and Medical Treatment Center, an integrative cancer and medical treatment center (formerly called the Alternative Cancer Treatment Center of Southern California).

Dr. Winkler has maintained an interest in alternative and complementary medicine since medical school, and in 1996 he joined the American College for the Advancement in Medicine. He is also a member of the American College of Osteopathic Pain Management & Sclerotherapy, Inc. He has special training in chelation therapy, Insulin Potentiation Therapy (IPT) for cancer treatment, and Mesotherapy for pain management. His treatment approach is based on nutrition, heavy metal detoxification, and immune system enhancement. In addition, he treats hormonal conditions associated with menopause, hypothyroidism, and andropause.

How I Became Involved in Integrative Medicine

While attending medical school at the University of Maryland at Baltimore, I became interested in alternative medicine, which was outside the paradigm of the conventional medicine that I was

being taught at school. Consequently, there was little time for me to pursue this interest, but when I had time, I would study nutrition, and occasionally, listen to lectures at the local school of Oriental medicine. Once in residency, I learned ear reflexology, hypnosis, and other alternative treatment modalities. I also attended lectures on acupuncture whenever I could.

Learning about different types of medicine and other perspectives was helpful for breaking up the very left-brained, didactic, allopathic medical training that I was being taught. It also helped me to maintain a balanced understanding of disease and healing. Although I have received training in conventional medicine, which is vital in today's world, I have sought to incorporate other perspectives into my training, in order to have a more balanced medical background.

After medical school, I moved to California to complete a family practice residency at San Bernardino County Medical Center. Whenever I had time, I pursued my interest in alternative medicine, while sticking to the core of learning conventional medicine, which I also really enjoyed. My residency program was a lot of fun, and I learned everything from pediatrics and obstetrics, to surgery and internal medicine. After my residency, and as mentioned in my biography, I went into the Air Force and over the following four years, was stationed at two different bases.

During my last year in the military, doctors used to send me all of their chronically fatigued patients because they learned that I was effectively helping patients with Candida and other chronic conditions with nutritional remedies. Some of the doctors around me weren't happy, though. They thought I was practicing witchcraft. But any medical doctor who goes beyond the perspective of conventional medicine is accustomed to their work being referred to in this way. Still, my patients liked that I could get heal them, even though my colleagues got frustrated because I wasn't practicing medicine "like I was supposed to." After the military, I went into private practice for a couple of years, and one of my goals during this time was to build upon my knowledge in nutrition, chelation, and all of the other alternative medical therapies that I had started studying in medical school and while in the military.

There's a strong fraternal order among doctors and it's especially strong among oncologists. Most oncologists are very "cookbook-like" in their treatment of patients. They have a regimented way of doing things, with no in-between. They have a book that they use to look up chemotherapy treatments for their patients, called the Guide to Chemotherapeutic Regimens. When prescribing a regimen, they just calculate their patients' weight and body surface area, and from those, determine what their treatments should be. That's how conventional medicine treats patients.

I wanted to break out of the cookbook model, so in 1995, after I had already been doing chelation and nutritional therapies, I joined the American College for the Advancement of Medicine (ACAM), an organization which focuses on integrative medicine (which involves combining alternative and conventional treatments, and tailoring those to the individual).

The doctors that I shared a practice with after the military didn't agree with my approach to medicine, so in 1997, I ended up practicing on my own, and doing homecare for eight years. I would see six to eight patients per day, so I probably made a total of about 12,000 house calls

during those eight years. I also became the medical director for Call Doctor Medical Group, a mobile medical group, and got involved with helping the elderly. One of my goals with the elderly was to focus upon restoring their functionality so that they could do things like cook meals, get dressed, and bathe. The ability to function is important, not only for the elderly, but also for those with chronic diseases, especially cancer, so I carried this concept over into my treatment of the chronically ill.

My mother-in-law developed pancreatic cancer about five years ago, and her battle with disease provided me with the incentive that I finally needed to move out of homecare, and start working more with cancer patients. So in 2005, I joined another doctor in private practice, Les Breitman, MD, and we developed our own IPT model for cancer treatment, which we have used in our practice over the past five years. Our goal when we treat cancer is to keep the disease at bay and/or put patients into remission, so that the disease won't interfere with their lifestyles.

Treatment Approach

We focus upon treating patients individually, and addressing the particular characteristics of their cancers, as well as their ability to detoxify. This includes stimulating the immune system to help it recognize cancer, and reducing blood flow to tumors (inhibiting angiogenesis). These, as well as other aspects of our treatment approach, are covered more in-depth in the following sections.

IPT—Insulin Potentiation Therapy

Insulin Potentiation Therapy is a simple medical procedure that uses the hormone insulin, followed by chemotherapy and glucose, to make chemotherapy drugs more effective, in smaller doses, with few to no side effects.

There are no double-blind, placebo-controlled, university-based, FDA, or pharmaceutical company-funded studies for IPT, or many of the other treatments that we do at our clinic. IPT was basically developed as a result of several doctors who better understood cancer physiology and how the body works, and who felt they could treat cancer patients with less toxic methods than what's found in conventional medicine.

A Mexican doctor named Donato Perez Garcia, MD, was the first to notice that insulin, when combined with certain medications and nutrients, was useful for treating various health conditions. For instance, he and his son, also a doctor, found that insulin, when combined with low dosages of chemotherapy, was very effective for treating cancer patients. Their results were impressive and they presented their data to the National Health Institute (NIH) in the early 1960s. The NIH promptly shelved the information and has since made it difficult for physicians to get funding to study the effects of IPT. Since then, a growing international organization has been developed, which teaches IPT to interested physicians.

In order to understand how IPT works, it's important to first explain cancer cell physiology and compare it to that of normal cells. Cancer cells have six times as many receptors for insulin on the surface of their membranes as normal cells, and ten times as many IGF-1 factors, or Insulin

Growth Factor-1 receptors. Insulin stimulates growth and the uptake of glucose into the cells for energy. It also transports amino acids and vitamins into the cell. Cancer has a high metabolism, and must feed itself. It prefers sugar and simple carbohydrates since it doesn't metabolize fats and proteins very well.

One reason we know that cancer cells have a higher than normal metabolism is because of PET scans, which reveal areas of increased metabolic activity in the body. These scans essentially involve injecting labeled sugar molecules into the body, which are then detected by scanners once they are inside the body. The sugar molecules go to areas of increased metabolic activity, which happen to be where the cancer is. To further understand how this works, consider the following example. Let's say you have a cage with a bunch of hamsters that are sleeping or crawling around, with the exception of one, which is very active, running on a wheel and burning a lot of calories. The active hamster represents a metabolically active tumor in a body of normal cells (which are the sleeping and crawling hamsters). Thus, tumor cells are more sensitive to sugar because they need more glucose for producing energy. So they pick up sugar by means of insulin, a lot faster and more aggressively than normal cells do.

When doctors drop their patients' blood sugar levels by giving them insulin, it creates a state in the body, called a therapeutic moment, in which the body elicits the release of adrenaline (epinephrine). This causes patients to feel hot, sweaty, and drowsy. When adrenaline and insulin are mixed together in a low blood sugar state, cancer cells and other inflamed cells become much more receptive to whatever substances are introduced to them through an IV, including chemotherapy. This means that doctors can give much lower doses of chemotherapy to their patients, and their effects will be greatly enhanced, or potentiated, by the insulin. Only one-tenth of the full chemotherapy dose is needed to obtain effective results, and it can be administered in a much shorter period of time than regular chemotherapy. In order for IPT to be effective, the patient's blood sugar levels must be dropped to 30-40 mg/dL (the normal range is 65-99 mg/dL). Despite this, the procedure is thoroughly safe. People do get a bit groggy, but after a while they get used to it, and after the procedure doctors can quickly restore their low blood sugar back to normal by giving them an infusion of glucose.

Chemotherapy Sensitivity Testing

Two patients with the same type of cancer can be sensitive to a whole different array of chemotherapeutic agents, so instead of grouping all of our patients together and giving them all the same agents, we do chemotherapy sensitivity tests. These determine the specific chemotherapy agents that their tumor cells may best respond to. There are two labs that we use for this purpose; one is in Greece, the other is in Germany. The lab in Greece is called Research Genetics Cancer Center (RGCC). Here, they extract circulating tumor cells from patients' blood samples, culture them out, and then expose them to different chemotherapeutic agents. Results are then calculated according to the percentage of cancer cells that are killed by the agents, which may be 50 or 80 percent of a culture—or none. Then they choose the agents that the cancer cells have the highest response rate to and recommend that these be used for treatment. The labs can also provide comprehensive information on the genetic makeup of people's cancers, which helps us determine appropriate therapies for our patients. Once we have this information, ideally, we will put together two different treatment regimens for each of our patients, with each

regimen consisting of three different medications, which we alternate. The purpose of doing this is to reduce the cancer cells' resistance to the drugs. It takes ten days for the results of the Greek test to come back. Another advantage of this test is that only a blood sample is required to do it, rather than tissue from the tumor itself, so unlike some types of chemotherapy sensitivity testing, it's safe to use in those with metastatic disease.

Most doctors in the United States won't even look at this type of testing, though. But those that do, find it helpful, and are discovering that drugs that most doctors ordinarily wouldn't even think of using to treat certain types of cancer are effective for those cancers. For example, many conventional doctors use a drug called Gemcitabine to treat pancreatic cancer, but the RGCC test demonstrates various breast cancers to also be sensitive to this agent, and recent breast cancer studies confirm this. We use agents that aren't commonly prescribed to treat certain cancers and yet we find that they work.

So not only have we been able to figure out how to best treat our patients through chemotherapy sensitivity testing and the IPT process, but we have also figured out strategies to make treatments more tolerable for them.

Additionally, we use a bioresonance device called the ASYRA on our patients, which detects areas of stress in the body, even before those areas of stress manifest as symptoms. We have found a strong correlation between the chemotherapy agents that patients test positive for with the Asyra, and the ones that they test positive for on the RGCC test. So the results that the ASYRA provides help us to determine useful chemotherapy agent combinations for our patients. The medical community needs to learn more about these devices, but they thus far appear to be quite useful.

Pre-Chemotherapy Nutritional Protocol

In addition to IPT, we give our patients pre-chemotherapy nutritional IV's, comprised of nine nutritional supplements, which we administer prior to IPT. These substances make the chemotherapy more effective by keeping the drug(s) in the cells longer. They also prevent the cancer from repairing itself after it has been damaged by chemotherapy, and reduce its resistance to the chemotherapy. Also, while the pre-IPT nutritional IV is intended to have its greatest effects at the site of the cancer, it has the additional benefit of boosting the immune system at the same time.

One of the substances that we use in the pre-cancer nutritional IV is glutamine. We give patients this amino acid both orally and intravenously before they start treatments. Other substances that we include in the IV are L-arginine, L-proline, resveratrol, quercetin, niacinamide, acetyl-L-carnitine, and L-theanine. We also give a green tea extract known as EGCG. Each one of those substances has a different effect upon the cancer and patients' symptoms. For instance, acetyl-L-carnitine reduces brain fog and glutamine boosts neutrophil, macrophage and other immune cell counts and is a source of food for them. Glutamine has additional anti-cancer properties, and protects the GI tract against the side effects of chemotherapy.

A lot of oncologists struggle to overcome the MDR-1(multi-drug resistance-1) gene in cancer. This gene codes for a pump in the cancer cell called the Pgp pump, which removes chemotherapy drugs from the cell. Nutrition can inhibit that pump and thereby reduce the cancer's resistance to chemotherapy.

We used to have patients who would become resistant to their chemo drugs somewhere between their eighth and tenth treatments, and we found that if we switched their drugs from time to time and did pre-chemo nutritional IVs, we got better results. So now we rotate their drug regimens, and use three different chemotherapy drugs at a time, so that their cancers don't have a chance to develop resistance to them. Since we have employed these strategies, it now takes 16-25 treatments before patients might become resistant to their treatments. Drug resistance is something that all IPT practitioners, as well as traditional oncologists, must address.

Tailoring Treatments to the Individual Patient

Whether or not we recommend IPT depends upon the patient that we're treating and the type of cancer that they have. For instance, we may recommend that a twenty-year-old with lymphoma see a conventional oncologist, because conventional medicine tends to have good results with lymphomas, leukemia, and testicular cancers. Lymphoid tissue replicates quickly and responds well to full-dose chemotherapy, so doctors can get away with using higher dosages of medication for this type of cancer. For an 80-year-old with ovarian cancer, which isn't a very metabolically active cancer, we may recommend IPT treatments once per week, or even less frequently, since older patients aren't as metabolically active and therefore, their cancers don't replicate as quickly.

As another example, recently, we had a patient come to our clinic who had just been released from the hospital. She had lost forty pounds over the course of six weeks. We wouldn't immediately give this kind of person chemotherapy until we figured out what her nutritional status was. We know that patients who have a weakened antioxidant and nutritional status are set up for failure in their treatments. If we were to give this woman low-dose chemotherapy through IPT, she would wind up in the hospital for a blood transfusion, because she would be too weak to tolerate the chemotherapy, even at lower dosages. Considering patients' unique situations helps us to determine appropriate treatment protocols for them.

Determining whether IPT treatments are effective for our patients is also very important, so we do a PET/CT scan on them after they have done six weeks of therapy. We also measure their tumor markers on a weekly basis, and observe the trend in the markers, which helps us to discern their response to treatment.

Conventional Chemotherapy versus IPT

When patients' cancers respond well to conventional medicine, as in cases of leukemia, lymphoma, or testicular cancer, we refer them to a conventional oncologist. We will continue to see them to give them nutritional support, which helps them to get through their conventional treatments and also reduces the side effects of those treatments. We can do IPT for these cancers

too, but the IPT organization of doctors as a whole supports conventional treatment for certain types of cancer. IPT does work on most types of cancer, though, so we will use it on patients with the above-mentioned cancers if they prefer to not receive conventional care.

When chemotherapy is given in smaller, gentler and more frequent doses we have observed that patients respond well with fewer side effects than if they had done full-dose chemotherapy. Some patients that have stopped conventional care due to its side effects have regrown their hair while undergoing IPT. We, along with other IPT doctors, have also observed that patients have less deterioration in their quality of life than if they had done conventional treatments.

The kinds of people who walk through our door are generally very educated and don't want conventional care, anyway. Many others have already been through conventional care. Either the side effects of their conventional treatments were intolerable or they didn't respond to the treatments. They are the type of people who make their own decisions regarding treatment (rather than allowing someone else to dictate what they should do), so we don't usually have to discuss whether IPT or conventional medicine is best for them. We don't participate in any insurance plans, so patients don't get assigned to us for treatment. They are here because they want to be here. We are a cash-based practice and most doctors who do the type of treatment that we do are also cash-based, because IPT is generally outside of the health insurance system. People look for us; we don't look for them. They call us because they don't want conventional treatment. At times, I may suggest that they see an oncologist to see if they can offer them an effective treatment option that we might be unaware of or unable to provide, and I have no qualms about making such referrals. I have no animosity towards mainstream medicine. I just prefer to do things "outside of the box." Fortunately, I believe that IPT may become a mainstream type of treatment as more and more people become aware of its benefits.

Treating Hormone Imbalances

It's important for us to treat our patients' hormone imbalances, especially if they have hormonally-driven cancers, such as of the breast, prostate, ovaries, and uterus. To determine hormonal status, we do 24-hour urine tests, which provide us with a comprehensive breakdown of the body's hormone levels, and clues about what we need to do to treat it. If women have hormonally-driven cancers, it's important that we get their estradiol (and some of their other hormones) into a less proliferative state. Estradiol is one of three types of estrogen that the body produces which contributes to cancer growth. Estriol, or E-3, is a less proliferative hormone than estradiol, E-2. E-2 is a great hormone for females to have at age thirteen when they are becoming women, but women in their 50s and 60s need more estriol, not estradiol.

Unfortunately, we live in a society where all of the chemicals and toxins that we are exposed to, such as phthalates and Styrofoam, are mimicking and creating more estradiol in our bodies. As a result, men are becoming more feminine, gaining weight, developing insulin resistance, and getting bigger chests. The chemicals which are stored in their fat are estrogen-aggravating which perpetuates the problem. Women face similar problems as a result of excess estrogen. Also, estrogens interfere with thyroid function, so the thyroid becomes more sluggish, and in turn makes the rest of the body more sluggish. Then the liver can't process all the estrogen and the result is a condition of estrogen dominance in the body, which worsens insulin resistance and

creates a tendency for people to put on weight. This then creates even more problems in the body. For example, when women become overweight, their bodies produce more testosterone, which leads to polycystic ovarian and masculine-type problems, such as facial hair and acne.

Doris Rapp, MD, an environmental doctor who has written several books and who is still practicing in Arizona, said at a recent conference that there is such a pollution problem in some of the lakes in England that some of the male fish are now carrying eggs! The male fish are no longer male fish.

Excess estrogen not only has an effect upon cancer, but upon the immune and nervous systems, as well. We have a model that we use in our practice; a triangle diagram, which illustrates the integration and interrelationship between the nervous, hormonal and immune systems. The nervous system sits on the top of the triangle, the immune system sits off to the right, and the hormonal system is on the left. We address and treat imbalances in each one of these systems so that they work together better as a whole.

The body's hormonal system is based primarily on the thyroid, adrenal gland, and sex hormones. It's important to make sure that all of these hormones are functioning properly, because they affect cancer growth and patients' overall health. We have many patients who have low thyroid and adrenal function, and their sex hormones are also in disarray. So, for example, we may look at their thyroid function and treat them for hypo or hyperthyroidism based on their body's basal temperature and symptoms, not just their test results. If patients have a body temperature of 96.8, are freezing cold, and have a pulse of 50 bpm, but their thyroid tests are normal—sorry, I don't think that their thyroid function is normal! If I give them thyroid hormone and they perk up, then it means that they had a thyroid problem, regardless of what their blood tests showed. It's because blood tests can be inaccurate that we prefer to diagnose based on the body's temperature and functioning.

When we do use thyroid tests to support a clinical diagnosis, we don't just look at T4 values, but also free T3, free T4, and reverse T3. It's important to properly balance all of these levels. We don't give thyroid hormone to people who have depleted adrenal glands, though, because then their livers will metabolize cortisol that's produced by the adrenals too fast, and they will get tired. So we first support their adrenal glands with adrenal glandular extracts, homotoxicology formulas, and products such as AdreCor, by Neuroscience, which contains various vitamins, amino acids, and the adrenal-balancing herb rhodiola rosea. One liquid glandular formula that we use is called CF Support, which contains proteins and peptides, as well as other growth factors and signaling molecules from porcine adrenal and mesenchyme tissue (the latter is a type of loose, connective embryonic tissue). We use a lot of other agents for adrenal and thyroid support, as well.

Treating Immune System Imbalances and Infections

We don't just do tests to determine the status of our patients' cancers and hormones; we also look for any other problems that might be impacting their health. Through additional testing, we often find that we need to detoxify them and clean up their immune systems. For instance, in the early stages of treatment, we measure their inflammatory mediators, such as cytokines, to

determine what's causing the inflammation in their bodies. We check the status of their immune cells, to see what, for example, the T-cells and natural killer (NK) cells are doing. We want their immune systems to be active and balanced, and will prescribe remedies to accomplish that. Many patients have chronic infections that weaken their immune systems and impair their ability to effectively fight their cancers.

The immune system is comprised of cells that are divided into two types; Th-1 and Th-2, the ratios of which should be balanced in the body. Basically, the body starts off with a Th-0 cell, which eventually differentiates to become a Th-1 cell or a Th-2 cell. These further differentiate to make lymphocytes, B cells, and T cells, among others. Understanding immune cell differentiation is complicated, but basically, there should be balanced numbers of all the immune cells in the body. We can determine what might be affecting the immune system based on the body's balance of Th-1 and Th-2 cells. We then use a whole array of supplements to balance and activate the immune system, including homeopathy and homotoxicology remedies from GUNA and Heel, which are very helpful for this purpose. If necessary, we complement our cancer treatments with these agents.

Another remedy that we use a lot of is AVE (also known as Ave'mar), which is fermented wheat germ, to boost NK activity, because NK numbers tend to be low in people with cancer. AVE also keeps cancer from taking up sugar, and thereby prevents its growth. It has a lot of other beneficial properties, as well.

Intravenous germanium is another substance that we sometimes give our patients. This is an immune balancer that stimulates Interferon gamma (a cytokine that's critical for innate and adaptive immunity against viral and intracellular bacterial infections and for tumor control), reduces cancer pain, and stimulates oxygen delivery to tissues. We also use herbal supports, such as ginkgo biloba, green tea extract, marshmallow, and slippery elm. These herbs support the gut, and thereby, immune function.

In addition to supporting the immune system with nutrients, we also look for other chronic diseases that patients might have in addition to cancer, because these weigh down the immune system. For instance, some people have chronic mycoplasma and get fevers every night. Others have Lyme disease and we have to treat them with antibiotics, or natural remedies that include homotoxicolgy formulas, which we can also do as part of their IPT treatments. By using IPT to treat infections, we are able to kill two birds with one stone, because IPT makes treatments for Lyme and other chronic infections more effective, too.

To determine which infections might be playing a role in our patients' diseases, we do tests that expose their cells to different fungi, bacterial or viral antigens, to see how they respond, which then gives us clues about what else might be triggering an immune system response. From the results of this testing, we may order more tests; a Lyme disease or a stool test, for example, to see specifically why the immune system is reacting in an unbalanced manner. We find that many patients have Epstein-Barr, herpes and cytolomegaloviruses, as well as other chronic viruses. In addition, some may have Lyme and mycoplasma infections, which are sometimes reactivated in the body by chemotherapy. If they have active viruses, then they usually also have heavy metal toxicity, which further weakens the immune system. Treatment at this point can become

complicated, because if they have infections and heavy metal toxicity, then they also tend to have methylation and other detoxification problems. All of these issues must be addressed if they are to fully heal.

Balancing Brain Chemistry

The brain, like the immune system, has its own balancing mechanisms, which can be categorized as excitatory and inhibitory. The inhibitory mechanisms put the body to sleep; the excitatory mechanisms keep it awake and functioning during the day. It's not good to have too many excitatory mechanisms without enough inhibitory ones and vice versa, because otherwise, people would be manic or in a coma! Most of our patients are running—to quote a colleague, Denise Marks, MD—"an SUV life on a mini coupe gas tank!" They run on "empty," which means that they have no inhibitory-supporting neurotransmitters such as serotonin, so their mood is down, and neither do they have enough excitatory neurotransmitters, so they have no energy. From urine tests, we can obtain information on our patients' brain chemistry, and then determine which amino acids will correct their neurotransmitter deficiencies. Green tea with L-theanine, for example, keeps people calm and has anti-cancer effects. Supporting the body's serotonin levels, with a combination of mainly 5-hydroxy tryptophan, zinc, B6, and other vitamins, helps patients to maintain a positive mood and good quality of sleep. Serotonin also helps to activate the rest of the brain; it's the gateway to the entire functioning of the brain and its chemistry. Balancing the hormones also has a positive effect upon brain chemistry.

Other Tests and Treatments to Heal and Support the Body

One test panel that we do is based upon a recent lecture that I attended, entitled "Cancer Is a Chronic Disease," which was given by a nutritionist at the Institute of Functional Medicine. This nutritionist stressed the importance of checking hemoglobin A1-C levels to monitor patients' glycemic control on their diets, as well as checking fibrinogen, C-reactive protein, and free copper and zinc levels. Testing copper to zinc ratios is important, as well. Most people with cancer have an excess of copper, and not enough zinc, and excess copper stimulates tumor blood vessel growth. So we prescribe different supplements to deal with each of these imbalances: Nattokinase for elevated fibrinogen levels, for example. To reduce inflammation, we treat infections and also use a hops derivative known as Kaprex, by Metagenics.

We also do high dose Vitamin C and K-3 IVs, and detoxification therapy using phenyl-butyrate. Vitamin C appears to a cancer cell as a sugar molecule and is quickly taken up by the cancer. Once the Vitamin C connects with an iron molecule in the cell, peroxide is released, which injures the cells internally. Cancer cells have a difficult time repairing from such damage. Vitamin K-3 augments the effects of Vitamin C and helps to inhibit cancer growth.

Phenyl-butyrate is a derivative of the short-chain fatty acid butyrate, and is thought to have anti-neoplastic activity as well as the ability to assist with cancer cell destruction. It can be given intravenously as part of IPT treatments or a detoxification protocol.

Finally, many of our patients have low Vitamin D levels, so we often prescribe 10,000-15,000 units of Vitamin D per day, along with ox bile and other enzymes to help digest fat, if they have trouble digesting these fats (since Vitamin D is fat-soluble). Some patients have a poor antioxidant status, as a result of not being able to digest fats and proteins (and hence their nutrients), so we add enzymes to their regimens which aid in protein and fat digestion. We also give them antioxidant support in the form of supplements. We have to literally restore everything in their bodies while they are being treated for cancer, and this can't usually be accomplished in a short amount of time. Thus, we must prepare them for the possibility of doing treatments with us for an extended period of time, perhaps many months.

In summary, we look at different parameters in our patients, and if we can improve those, then it makes their bodies into a more hostile environment for cancer. We have a regimen of supplements that we prescribe, depending upon their test results and symptoms.

Detoxification

We recently hired a nutritionist, who said to us, "Your cancer patients are springing up and down the hallway! They aren't acting like cancer patients. How can they feel that good?" When we get cancer patients that have already received conventional treatments, they do look sick, but within a month of coming to our clinic, they look like normal people again, because we revitalize them and spend a lot of time doing nutritional interventions to detoxify them and improve their quality of life.

We sometimes have to do detoxification treatments on our patients before we can start them on IPT, especially if they have had high dose chemotherapy and/or radiation prior to coming to our clinic. They may require several weeks of nutritional IVs before their bodies get built up enough to tolerate IPT. Conversely, some of our other patients have done Gerson-type cleansing therapies prior to coming to our clinic, which means that their lab values tend to be normal and we can get them started on IPT treatments right away.

Some of the agents which we use in our detoxification IVs include: high dose Vitamin C, glutathione, and phenyl-butyrate (as previously mentioned), all of which cleanse and restore the body. Phenyl-butyrate is particularly helpful for restoring immune function. It also reduces inflammation as it targets and boosts immune cell production. We can accomplish a lot of different things with phenyl-butyrate.

We also use homotoxicology remedies to clean out the cells and stimulate toxin drainage through the kidneys. Oral chelating and toxin-binding agents such as powdered zeolite are also important. What we use varies from person to person. People usually come in here with a laundry list of supplements already, so we also try to work with what they are already using, if it's beneficial for them.

Finally, we may recommend infrared saunas or far infrared mats for sweating out toxins. Infrared mats deliver heat that penetrates the body and induces detoxification of the impurities that have built up in the tissues over many years.

pH-Balancing Treatments

Since most cancers thrive in an acidic environment, we do cesium chloride therapy as part of our IPT treatments, to balance the body's pH levels. Cesium, being one of the most alkaline elements, has a high pH value and is also readily taken up by cancer cells, and raises their pH to a level at which they can no longer survive. We make sure, however, to monitor our patients' potassium levels while they are on cesium therapy, since it can also reduce these levels.

DMSO

We sometimes give our patients DMSO, a penetrating agent that augments the effects of chemotherapy by bringing it deeper into the tissues. It also has anti-inflammatory properties.

We use many other substances in our practice, but our choice of treatments depends upon our patients' lab test results and symptoms; whether, for example, they are exhausted, chemotherapy toxic, or emotionally depressed.

Magnet Therapy

Another type of treatment that we do is magnetic therapy, because it increases tissue oxygenation, improves immune function and re-polarizes the body. It's also relaxing. Ideally, I like my patients to have a magnetic bed that they can lay on at home, three times per day for fifteen minutes at a time. I use one myself, because I get muscle tension headaches and it quickly gets rid of them. Magnetic beds can also alleviate pain, increase energy, improve mood, and "reset" the brain—among other things. A book written by a chiropractor named Dr. Joel Carmichael, called Magnetic Resonance Stimulation: Using the Field to Maximize Your Health (2009) describes one type of magnetic bed, called the MRS 2000, which was developed in Germany and which we use on our patients.

Dietary Recommendations

During therapy, we put our patients on a healthy, low-glycemic diet that's high in fruits and vegetables. We don't recommend that they go on a raw vegan diet, except for short periods, because it's difficult to get enough protein on a low-glycemic vegan diet. Even Dr. Gerson (who recommends a vegetarian diet) used to put his patients on liver extracts so that they would get enough protein. That said, many cancer patients have a difficult time digesting proteins, so it's important for them to take digestive enzymes with their meals. It's also important that they get gluten and casein out of their diets. We allow them to have a little yogurt, or cottage cheese, (as prescribed by the Budwig diet), but drinking milk every day isn't a good idea. We encourage them to eat a lot of eggs, because eggs are rich in lecithin and protein. A whole live animal comes out of an egg, which means that there are a lot of healthy ingredients in eggs, including higher amounts of healthy fats and proteins. Fat is important for rejuvenating cell membranes. Seven percent of our eye cell membranes are new every day, which means that every two weeks we get a new eye cell membrane! Patricia Kane, PhD, mentions in the book, The Detoxx Book,

(which she co-authored with John S. Foster, Domenick Braccia and Edward Kane) that the visual contrast function of the eye is dependent upon the amount of inflammatory processes in the body, because inflammation gets into cell membranes and impacts the ability of the eye to see contrast. Contrast can be measured by reading a card (which is found in The Detoxx Book), the results of which can reveal whether there's inflammation that's upsetting the cell membranes. If so, then it's important to get more proper fats into the body so that the cell membranes can repair themselves. So we try to make sure that our patients get a proper balance of Omega 3-6-9 fats, as well as other nutrients.

Treatment Duration

The duration and number of treatments that our patients need vary. We had one woman with metastatic breast cancer who needed aggressive treatment for three months. Once her PET scan was negative, and her bone and liver lesions were no longer active, we began to taper off her treatments. We didn't stop them abruptly, because cancer cells are still present in the body after PET scans are negative. Other patients, who are highly toxic and have other problems such as viral and bacterial infections may require treatments for longer periods of time. One patient has been seeing us on a weekly basis for two years. Two years ago, she was on a ventilator and doctors had told her husband to let her go. He wasn't ready to do that, and she was very weak when she got here, but now, she's doing well. Recently, I hosted a women's health lecture, and she came to the clinic to give a testimony of her remission.

Logistics of Treatment

A lot of people travel to see us. Many come from Los Angeles, since we are an hour and half away from central LA. Others drive from further away, but because they may require nutritional IVs or other therapies a couple of times per week, we help them to set up Vitamin C IVs and other therapies at clinics which are closer to where they live. They can then go to these clinics in-between treatments with us. We know doctors who are part of ACAM, who can duplicate our vitamin and nutritional IVs, and who may be closer to our patients' homes than our clinic. Therefore, we are able to help patients who live in many different places.

Treatment Outcomes

Our treatment outcomes are variable, and often depend upon the patient. If patients take ownership of their healing process and say to themselves, for example, "This (type of treatment) is what I want. I have researched the procedure and I think it's the best," then they tend to do well. If they think, "I'm going to die, no matter what I do," then they won't do well. If they want the IPT therapy to work, that in and of itself will have a huge beneficial effect upon their healing.

If they say, "I'm scared that I'm going to die anyway. What can you do for me?" I have to ask them, "Well what can you do for yourself?" I try to talk to them about their anxieties, fears, and unresolved anger, because it's important for them to work through these difficult emotions. It's helpful if they have a counselor, pastor, or minister that they can talk to. At our clinic, my

colleague's wife comes in to pray and talk with our patients. We also know psychologists and counselors that we can refer them to see.

I have seen plenty of people who were initially given a death sentence who are still alive, several years after having done treatments with us. The results have been amazing. For example, I had one patient who didn't think that he would make it until Christmas, and nearly two years later, he's still on the planet. In conventional oncology, doctors will tell their patients that they are allowed six rounds of chemotherapy, and if that fails, then that's it—it's all that they have to offer them. At our clinic, we will keep doing treatments, while maintaining our patients' quality of life. Some of them get treatments before work, and then go to work for the rest of the week without any problems.

We have a lot of success stories, but some people pass away, too. A lot of family members are grateful towards us, though, even when their loved ones don't make it. They will say things like, "Thanks for treating her. We couldn't even get other doctors to see her, because she was so bad, but you did." And we typically find that during the time that they were alive, they had a better quality of life than they would have had if we had turned them away. It leaves tears in our eyes when family members are happy that we could do even this for their loved ones.

When people die, it's not always because of cancer. One of our patients was responding well to our treatments for metastatic esophageal cancer, but because he had a mitral valve in his heart that was deteriorating, he died of heart failure. Sometimes, patients get tired and weary of their treatments, although thankfully, nobody has ever died as a direct result of IPT. I don't think that conventional doctors can say that about their treatments. They give their patients high doses of chemotherapy, which ends up affecting their bone marrow. Then they wind up in the hospital, where they get a horrible septic infection and die. We've never had that happen at our clinic. We do see some bone marrow suppression, in perhaps ten percent of our patients (if that), but we do a lot of nutritional therapy so that they don't wind up having serious problems.

Roadblocks to Healing

The biggest roadblock to healing that we have come across is patients not being able to pay for their treatments, because insurance companies don't generally pay for what we do. If they do pay, they will often let the claims sit for six to nine months, before they bring them before a medical board to challenge our work by telling the board that what we are doing violates the "standard of care." They will do anything to not pay for treatments, and whenever they do pay, it often comes as the result of a lot of persuading. One patient of ours, a chiropractor, went and researched the beneficial effects of low-dose chemotherapy, and took the evidence that he found on IPT to his insurance company. As a result, they paid for 85 percent of his treatments! Another patient took his claim to the same insurance company, and the insurance company took his claim to the medical board. The board so far hasn't said anything to us, nor has the insurance company paid for his treatments.

If patients don't have money for treatment, they can go to church fundraisers or apply for assistance at the IPT for Cancer website: http://www.iptforcancer.com, where others have set

up tax-free donations for people with cancer. These donations are given to treatment providers, who then invest the money in their patients' treatments.

People with cancer struggle, but somehow, most of the time they come up with funds for treatment. The greater challenge might be when family members offer to help pay for treatments, but want to dictate the treatments that the person with cancer does. For instance, they will often tell their loved ones that they want them to go the conventional route, or do the type of treatment that they themselves prefer. So getting financial help from family can become a double-edged sword, which brings up another roadblock to healing—family and friends telling their loved ones that they are doing the wrong treatments, which is hardly encouraging. People with cancer should be able to choose the treatments that they want to do.

Also, just as some friends and family members want their loved ones to do conventional treatments when they would rather do IPT or other treatments, sometimes, it happens the other way around. I have patients who are here because their family and friends wanted them to see us because our therapies are less toxic, but the patients may be very conventionally-minded and unsure about what we do, which isn't good, either.

The other roadblock to healing is closed-minded, uneducated doctors. Doctors must take care to not give uninformed opinions about treatments. I don't give an opinion about things that I don't know about, but some oncologists will give their patients opinions about therapies that they know absolutely nothing about—like IPT. I want to say to them, "Why don't you ask us our opinion about IPT, since we are the ones doing it? We have been doing these treatments and we know what goes on with them." I wouldn't go to a patient and say, "What kind of results does your oncologist get using conventional therapy?" I would instead ask the oncologist about his or her therapy, or go look up that therapy on the Internet and learn about it myself. Oncologists shouldn't give opinions about treatments that they know nothing about, yet traditional oncologists and doctors are more than happy to do that.

Patient/Practitioner Challenges of Healing

The greatest challenge of healing, for both practitioners and patients, is creating an ideal environment where practitioners can educate their patients on the importance of lifestyle aspects of healing, such as diet, cooking, and exercise, and patients are able to comply with their recommendations.

Being able to create a mental environment that's stress-free and relaxing is another challenge to healing. For example, when people get a chronic disease, they find that they can't keep up with everyone else, so they automatically become reclusive. I mean, when you get the flu, you don't want to go out and have a social life, do you? You want to crawl into bed and wait until it's over. So if people are having chronic flu-like symptoms, it's too mentally exhausting for them to be social with others. I don't like to use a lot of anti-depressants in my practice, but I find it important to build up my patients' brain chemistry with nutrients, which helps them to combat the depression that sometimes accompanies isolation. Also, exercising every day is important, because it releases endorphins. If it makes people feel good, they will want to keep doing it, too. There is some evidence that correlates exercise with an increased lifespan in people with cancer.

So we encourage our patients to do gentle exercise for a half-hour daily. It's also important for them to do activities that they enjoy.

Ideally, we would put a clinic on an island, and take all of our patients there! Creating the perfect environment where patients can get well is the greatest challenge to healing.

Dangerous/Ineffective Treatments

A chemotherapy drug called Avastin has gotten much bad press, so I wonder about its safety. There have been concerns about people having strokes while taking it. I get concerned about the frequent usage of high dose chemotherapy and how debilitated patients get while doing it. I think it can be dangerous. When evaluating the benefits of any therapy, it's important for doctors to look at their patients' progression with that particular therapy, or statistics of people's overall survival with it. Oncology uses various techniques to monitor the effectiveness of conventional treatments, but there aren't good parameters for knowing whether patients should receive these treatments or not. If you look at people with cancer, you can tell whether they are healthy and robust, but there has to be some better objective criteria to determine whether or not we can treat them with chemotherapy, because we are giving them a poison. A wise doctor I know once said that poison given in small dosages is therapeutic, but in heavy doses, it's dangerous. Doctors have to know what drug to give, how much of it, and when the patient is ready for it. Some of the new chemotherapeutic drugs that are coming out on the market are very expensive and carry a high risk of serious side effects, such as anaphylactic-type reactions. These drugs include Erbitux, Vectibix, and Herceptin, just to name a few. Monoclonal antibodies (MABs) often cause reactions in patients and are potentially dangerous.

Are there cheaper, safer ways to treat cancer? Probably, but in the meantime, the majority of cancer patients are spending a lot of money on dangerous treatments, and whether the overall survival rate has increased as a result of these treatments is questionable. For example, there is a medication for renal cell carcinoma that is currently being talked about in the medical journals, which is supposed to extend the patient's life from an average of 22 months to 24 months. Well, if it were me, I don't know how willing I would be to spend thousands of dollars to take a drug that has severe side effects, and to spend those extra two months of my life laying around on the couch staring at the ceiling, miserable because I am in so much pain. Such a treatment doesn't improve the patient's quality of life (in fact, it does the opposite) or longevity. Now, if they came up with a drug that extended the patient's life from two to five years, then that would get my attention. Too often, we want full-dose chemotherapy regimens to do something positive, but they really haven't proven to be all that effective.

I don't want to criticize doctors in conventional medicine. They have spent a lot of time getting to where they are, but I think they have been a bit blindsided by the pharmaceutical industry. Drugs are all that they are taught, but medicine needs to be about more than just writing prescriptions for drugs. I want doctors to understand what people are about, because every person is different and has unique needs. No two people on the planet are exactly alike.

Last Words

Our protocols are comprehensive and based on the individual person. We treat the whole person. Our patients are human and we treat them as such. We spend a lot of time figuring out what's going on with them and their bodies. We address everything that we can: from diet, exercise, detoxification, inflammation, and angiogenesis to the nervous, immune and hormonal systems. We also address spiritual and emotional issues; and even dental care, because there are correlations between dental root canals and problems with the rest of the body. Do we have the answer to all of these issues? No, but we try to put them together in the best way that we can.

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