



## Sir Isaac Newton – You Lost the War On Cancer

### News from the 9th Annual International IPT/IPTLD Conference

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By *Mary Budinger*

The demand for integrative oncology is on the upswing as both patients and doctors grow impatient with the failed war on cancer. Best Answer for Cancer Foundation's 2011 conference this past May had quadruple the attendance of the previous year, and 17 new doctors were trained in the protocols of Insulin Potentiation Therapy. The group is an international leader in the move away from a one-size-fits-all kind of treatment to an integrated, patient-centered approach.

“Cancer is a multi-billion dollar market and growing fast,” says Tomas Hode, PhD, who is working on an autologous vaccine. “Companies make a lot of money on something that doesn't work that well. Metastases are the major cause of death in cancer. Yet from 1972-2004, only 0.5 percent of the NCI-sponsored studies focused primarily on metastasis.”

Metastases (the spread of cancer from one spot to another) are a manifestation of treatment failure. The survival rate today for a metastatic cancer is about what it was in the 1970s.

Integrative oncology does not mean standard doses of chemo and radiation plus a sprinkling of vitamins and an acupuncture treatment. “Cancer is an entire system fallen ill,” says Dr. William Njuguna of Kenya. “That is why chemical attacks like chemotherapy cannot heal it. Therapy needs to reverse the body milieu.”

### **The Fragile Milieu**

The cancer establishment tells us to fight cancer. We march out the familiar three-pronged attack of surgery, chemo, and radiation – weapons of mass destruction to be hurled at an already debilitated immune system. The majority of the drugs are not taken up by the cancer cells; the massive dosage wreaks havoc on healthy cells and blood components. Good cells die along with the bad. We know that surgeries can cause metastases down the road, once chemo and radiation have killed the P53 tumor-suppressor gene. Indeed, cancer usually returns between six and 11 years, which is why the statistics measure five year survival rates.

When the initial treatment produces clear cancer markers, the patient is sent home and told to hope for the best. The cancer is declared “gone,” yet a very fragile immune system is left to fend for itself. Too often the body flounders and the cancer returns – harder to kill than before, and easier to metastasize.

It is becoming clear we've been losing “the war on cancer” in great part because the current paradigm is too focused on bombarding cancer cells rather than healing a depleted body. Doctors of every stripe can agree that cancer is a failure of the immune system.

*Tumors are wounds that do not heal.  
Every cancer medication should improve wound healing.*

- Rudolph Virchow, 1865

Cancer is a wily beast. It mutates so much it is tough to keep pace with it. “That is why we really need to stimulate the immune system,” said Martha M. Grout, MD, MD(H), of Arizona. “The immune system kills many cancerous cells every day. A tumor is partly ‘me,’ but not completely ‘me,’ so you need to include the body’s own immune system in the treatment. It is the only thing in our body that recognizes what is ‘me’ and what is not.”

Conference participants were universally of the opinion that if you kill off every single tumor cell but you don’t have a support system for the immune system, then the cancer is very likely coming back. The immune system must be nourished, made stronger than when the cancer took hold. As Dr. Hode puts it, “The immune system is potentially the best guard against metastasises.” Yet conventional therapy dispenses precious little information about the toxic world that assaults our immune system daily, information especially important for cancer patients.

### **Our Toxic World**

At least two recent reports have concluded that cancer is, in large part, an environmental disease.<sup>1,2</sup> The most recent, the 2010 President’s Cancer Panel, said it was “particularly concerned to find that the true burden of environmentally induced cancer has been grossly underestimated,” and that “grievous harm from carcinogens” has not been addressed adequately by the National Cancer Program.” Among the pollutants the Panel identified as causing cancer:

- Medical imaging radiation exposure
- Pharmaceuticals
- Pesticides
- The military’s 900 Superfund sites
- Chlorine by-products in public water supplies
- Manufacturing
- Lifestyle – modern conveniences such as dry-cleaning fluid, cell phones, and tanning booths

“For the first time in a hundred years, newborns have a shorter life expectancy than their parents,” Doris J. Rapp, MD, points out.

“Pesticides may be the worst thing in our environment. The government admits that 30 to 90 percent of fungicides, herbicides and pesticides cause cancer. We eat approximately 25 pesticides a day.

And with genetically engineered crops, we are using more than ever – and it’s still not working well. Forty years ago, insect crop damage was about seven percent of the harvest; now it is about 13 percent. No wonder cancer is still a leading killer. How sick and malnourished do people have to get before those in power do something?”

Dan Clark, MD, of Florida agrees with putting pesticides on the top of the list. “Alzheimer’s and cancer are both mitochondrial diseases. The thing that does the most the damage to the mitochondria (where cells convert fuel to energy) is pesticides.” And California’s Juergen Winkler, MD, concurs: “Pesticides and heavy metals – we find them in all our cancer patients.”



**Gus Kotsanis, MD (L)**  
**Doris Rapp, MD (R)**

We have more than 80,000 chemicals in our environment, but only about 15 percent have been tested for safety. Chemicals damage the body's systems, including the immune system. Over time, the damage can alter people's DNA and destiny such that they become a cancer statistic.<sup>3,4</sup> This is the argument for making prevention an integral part of any cancer strategy. Integrative oncologists take that to heart. Most say they don't consider the job done when the cancer cells are killed; they pay attention to the inner terrain during treatment and, most importantly in terms of preventing cancer's return, they teach their patients how to boost the inner terrain long after treatment is over.

The list of such efforts often includes teaching patients how to make permanent changes in diet; how to make ongoing use of chelation, colonics and other detoxifying tools; getting the hormones balanced; getting heavy metals and root canals out of the mouth; switching out common household and beauty care products for non-toxic brands; and how to come to grips with whatever emotional baggage may be contributing to a depressed immune system.

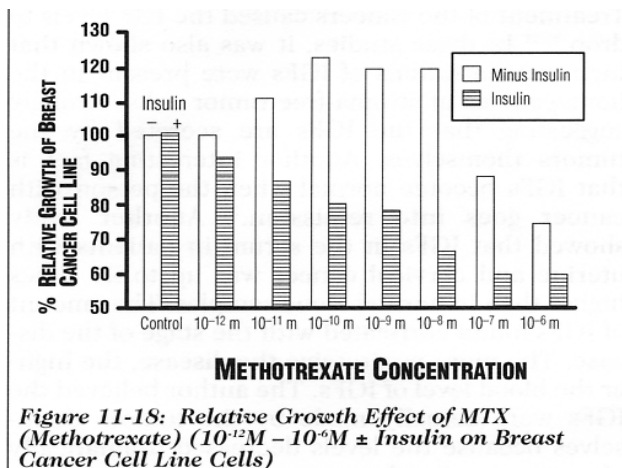
“Cancer does not appear out of nowhere; there is more to this than cells that suddenly go abnormal,” says Pieter DeWet, MD, of Texas and founder of the Center for Nutrition Preventative Medicine at the University of Texas Health Center. “To treat the symptoms is like shooting the messenger. The current paradigm does not trust the body's ability to heal itself. It is conceivable that cancer is a biological solution to internal imbalances created by unresolved inner conflicts in conjunction with other factors such as lifestyle, diet, environmental toxins, and infectious agents.”

### Targeted Delivery of Chemo

What if we trusted the body's own hormone, insulin, to allow us to target the chemotherapy drugs directly to the cancer cells, largely by-passing the healthy cells? This approach, called Insulin Potentiation Therapy (IPT), was first used for cancer in 1946; that same patient lived disease-free for another 30 years. IPT has been a successful cancer treatment used around the world ever since. Studies at George Washington University, the National Cancer Institute, and MD Anderson Hospital and Tumor Institute demonstrated that insulin potentiates (makes more effective) chemotherapy drugs.

IPT stands on the shoulders of Nobel Prize winning achievements. In 1921, insulin was discovered. About a decade later, Otto Warburg taught us that cancer cells differ from other cells in that their main fuel is glucose (sugar). This is a vulnerability that can be used to our advantage in therapy. When you administer insulin to drop a patient's blood sugar level, cancer cells become ravenous for any sugar (fuel) they can find left in the bloodstream. At the therapeutic moment – that is usually when the blood sugar level dips into the 40s – the cancer cells are screaming for sugar. Now administer the chemo drugs, and the cancer cells take in the drugs in their effort to get at the sugar. Think of it as the Trojan horse concept. It doesn't take long for the drugs to find their way into the cells; a few minutes later the patient's blood sugar level can be brought back up to normal.

A 1981 George Washington University study found that using insulin increased the killing effect of one of the key chemo drugs, methotrexate, by a factor of 10,000.<sup>5</sup> There was a small study done in Uruguay with multi-drug resistant metastatic breast cancer



that found that that the combination of methotrexate and insulin stabilized or shrunk the tumor far better than methotrexate alone.<sup>6</sup>

The use of insulin to target chemo works so well, patients need to receive only about *ten percent* of the usual dose. Best Answer for Cancer Foundation wanted to underscore the ability to target the chemo and initiated the term IPTLD – Insulin Potentiation Targeted Low Dose. The smaller dosage saves a lot of wear and tear on the immune system and vital organs. IPTLD patients typically do not have severe bouts of nausea, intestinal ulcers, or lose their hair as commonly happens in conventional therapy. IPTLD patients feel better during treatment and express appreciation that they have a better quality of life than their friends who undergo conventional treatment.

Insulin brings other assets to the table as well.

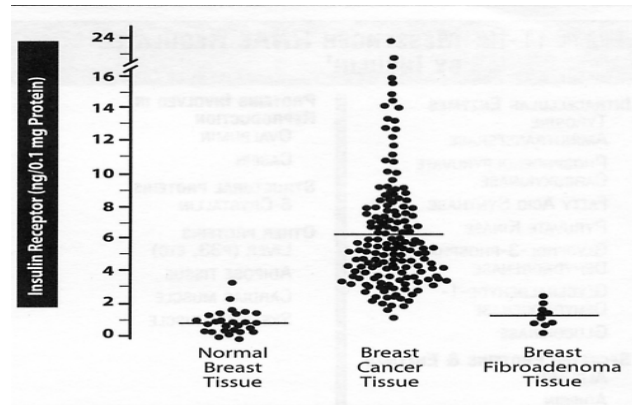
“In conventional treatment, only about 20 percent of the cells are being attacked at any one time,” explained Dr. Richard Linchitz of New York. “Insulin, however, sends cells into a growth phase so it sensitizes the cancer to treatment – makes the drugs more likely to kill the cells because more are dividing. Insulin increases S-Phase activity.”

A third way insulin helps is with detoxification. Insulin increases cellular permeability, meaning glucose goes in easier, and the low dose chemo goes in easier. The door swings both ways - toxins and debris from dying tumor cells also pass out much easier. Insulin facilitates the detoxification so necessary with cancer.

### **Chemo Isn't the Only Game In Town**

Cancer cells tend to become drug-resistant. It's helpful if the toolbox contains something other than just chemo. This is where vitamin C shines. It is commonly used by integrative oncologists as an adjunct cytotoxic agent to kill cancer cells.<sup>7</sup> The National Institutes of Health confirmed in 2005 that high doses of vitamin C given intravenously are able to kill a high proportion of cancer cells.<sup>8</sup> The mechanism of cellular death is high levels of intracellular hydrogen peroxide which are produced in response to the vitamin C. High doses of intravenous vitamin C also help the immune system because they can ward off bacterial and fungal infections.

PolyMVA® is another popular adjunct agent with an enviable safety record. It is a *bound* lipoic acid palladium complex that is highly selective for malignant tissue. Board certified oncologist Dr. James Forsythe conducted clinical trials with PolyMVA and terminally ill (stage 4) cancer patients. He reported the overall survival rate was 71% in the PolyMVA group; less than 10 percent of those patients would have been expected to survive two years if they had continued to receive conventional



**Figure 11-15: Insulin Receptor Content in Normal Breast Tissue, Breast Cancer, and Breast Fibroadenoma Specimens**

Source: Hauser R, Hauser M. *Treating Cancer with Insulin Potentiation Therapy*, Beuland Press, 2002



**Richard Linchitz, MD**  
Best Answer for Cancer  
Advisory Board

therapy alone. His work was compelling enough to convince the FDA in 2008 to approve the first cancer-related Investigational New Drug study utilizing a dietary supplement.

Whereas conventional therapy frowns on the use of antioxidants because they can neutralize chemo drugs, integrative oncologists use a number of antioxidants. Conventional therapy sees the need for the chemo agents to hang around for days to catch as many cells dividing as possible; IPTLD's targeted delivery system negates the need for that because insulin already encouraged cell division at the time the drugs were administered. It's better for the immune system to get the chemo out quickly. "If you have maximum oxygen utilization, you don't get cancer, period," Frank Shallenberger, MD, HMD, of Nevada explained at the conference. "I have never tested one cancer patient who had normal oxygen utilization; we can quantitatively measure that. When you put ozone into a bag of blood, the ozone disappears in seconds. There is no ozone in the blood when it enters the patient because it has already formed into peroxides. So you are infusing peroxides (German literature calls them ozonides) that hang around for several weeks. And there are great by-products to ozone therapy: it bumps up ATP (cellular energy) production as much as 40 percent, and is anti-bacterial/fungal/viral. One reason it works so well for my patients is because I am killing all kinds of bugs. Combining oxygen with antioxidants markedly increases the synthesis of TNF-alpha, which the body produces to interfere with growth of tumors."

Type of Treatment	Cytokine	
	IFN- $\gamma$ (IU/ml)	TNF- $\alpha$ (pg/ml)
Control (oxygen only)	0.2	11
<i>Exposed to oxygen plus ozone:</i>		
Saline	1.6	32
Ascorbic acid	0.3	9
Glutathione	1.1	10
Glutathione + ascorbic acid	0.3	9
Glucose	1.3	25

Source: Bocci, V; Valacchi, G; et al. [Studies on the biological effects of ozone: 7. Generation of reactive oxygen species \(ROS\) after exposure of human blood to ozone.](#) *J Biol Regul Homeost Agents.* 1998 Jul-Sep;12(3):67-75

Integrative oncologists also often make use of proteolytic enzymes to dismantle biofilms that cancers can use to cloak themselves and evade detection from the immune system.

"IPTLD is a very effective approach to killing cancer cells, but it is not a magic bullet," cautions Dr. Linchitz. "It is a logical approach and is best when combined with changes in nutrition (reduce sugar and high glycemic foods, choose organic to avoid increased need to detox), plus a biological dentistry assessment, supplements, lifestyle assessment, and the use of other therapies like ozone and hyperthermia."

## Emotional Baggage

The role of chronic stress in degenerative disease is well documented. Viktor Frankl, a 20<sup>th</sup> century Austrian neurologist and psychiatrist, demonstrated decades ago that those who survived the concentration camps in WWII were largely the people with a positive outlook. Research since then has gotten much more sophisticated.

Brenda Stockdale, author of *You can Beat the Odds: Surprising Factors Behind Chronic Illness & Cancer*, told the conference attendees that the mind-body link is basic biology. "People will say, 'Cancer runs in my family; I have bad genes.' But whether disease is expressed is not cut in stone. The coding on our DNA acts like an antenna scanning what it finds, and then coding the proteins. Your environment, diet – and your feelings, the way you respond to stress – can change how your body deals with weaknesses in your DNA."

Patients literally can hear the doctor differently when the stress hormones are out of their system, Stockdale says. Also, people can learn how to stop the flood of stress hormones so they are not fighting their own biochemistry.

Most of the IPT conference participants listed emotional baggage as an issue to be dealt with. Many integrative oncologists notice that the connection between the type of cancer and emotions can be so specific that some will say, for example, that a breast cancer is about a “nest conflict,” an emotional trauma related to a loved one living in the home. One prevailing theory is that cancers are triggered by a traumatic emotional conflict shock, usually within two years prior to the cancer showing up. But not all patients are willing to dig deep into their psyche.

“Cancer patients typically cannot talk about the traumatic event,” explained Dr. Pieter DeWet. “They may not even remember the event; it has been downloaded to the subconscious. The most critical part of healing is becoming fully aware of our unresolved inner programming and triggering conflicts. Awareness is responsible for 50-60 percent of healing.”

The biology of belief – the stories we tell ourselves about who we are and what our experiences are – are all important immune system regulators.

However, conventional medicine, with its Newtonian focus on finding one drug/one cure, has been slow to embrace the concept of emotional stress.

### **Patients Demand Change**

“The NIH is focused toward one magic bullet, but we are not going to defeat cancer looking for the magic bullet,” says Ann Fonfa of Florida, a cancer survivor of 19 years. “Most everybody now knows someone who has undergone conventional cancer treatment and they know how difficult it is. The majority of people who die of cancer die after taking mainstream cancer treatments. So many people get pushed into conventional treatment with the sales tactic of fear. That isn’t right. You really do have time to educate yourself. What you don’t have is the opportunity for buyer’s remorse later when you learn more and know better.”

Fonfa and other patients fed up with conventional treatment are looking to push changes through the system from the bottom up. “Patient advocates should have a voice in how the trials are designed, conducted, and outcomes presented so they are meaningful to people with cancer,” Fonfa says, and she often gets a seat at the table of various organizations. She is the founder of the Annie Appleseed Project.

“Are the powers that be asking the right questions?” she asks. “There is so little research on metastatic disease and yet that is what most people die from. I don’t feel the funds are being used in ways that that benefit patients. Researchers are not seeing nutrition, for example, as an integrated component of any study. Yet there are a few studies that have show a definite link. Just curcumin blocks nine cancer pathways all by itself.”

Annie Brandt is teaching patients how to take charge of their therapy. She personally used IPTLD and adjunct therapies when diagnosed with advanced stage metastatic breast cancer in 2001; eight months after utilizing IPTLD, she was cancer free and still is.

“Our thoughts, feelings, and interpretations of life’s events are as much a part of the cancer etiology as are our genetics, our circulating tumor cells, and our white blood cell count,” Brandt says. “When

conventional medicine's standard of care includes treating the whole being, I believe we will see a dramatic turn around in cancer survival rates, particularly for later stage cancers."

Brandt says that until then, those who want to be survivors need to create a personalized "healing platform." Think of it as a toolbox for life that patients can assemble which includes:

- Practices that change our susceptibility to cancer (e.g., serious diet changes, physical exercise, coffee enemas, digging into our emotional baggage and getting in touch with the spiritual side)
- Products that lessen the chemicals in our bodies and in our environments (e.g., non-toxic household supplies, air purifiers, water filters, supplements for detox and nourishment, reducing exposure to electromagnetic fields)
- Procedures and medical therapies that work together to heal holistically (e.g., IPTLD, vitamin C, polyMVA, hyperbaric oxygen, ozone, the use of photon and electron generators)



**Annie Brandt,**  
Founder and  
Executive Director of  
Best Answer for  
Cancer Foundation

"To understand that cancers are usually many years in the making is to understand how to begin to take control and change your life," Annie says. "Most doctors don't have time to educate us about these things so we must take the initiative."

## **Doctors Are Changing**

Guy DaSilva, MD, of Florida is trained in internal medicine, pathology, hematology, hematopathology, and molecular oncology. He was a long-time board certified oncologist who, by his own admission, "spent many years as a staunch protector of academic and conventional medicine" and "made buckets of money" practicing conventional cancer treatment. He was one of the 2011 Best Answer for Cancer Foundation trainees. Why did he want to learn IPTLD? "I have too much compassion not to."

Dr. "Billy" Njuguna practiced conventional oncology for four years before seeking his certification in IPTLD. "The pharmaceutical industry is making decisions of how things should be done, but they are far removed from patients and do not see the individual needs," he says. "I would estimate that 80 percent of the patients treated with standard oncology were not responding, they did not have much life expectancy, and we saw a lot of metastases. Then I attended a conference and a German doctor presented a protocol where he used amino acids and trace elements, lysine, 1000 mg vitamin C, and extract of green tea. I went for training at the Cochrane Institute. I had a very open mind by the time I heard about IPTLD and got my certification in 2008. I could not go back to standard oncology."

Gus Kotsanis, MD, of Texas and Sean Devlin, DO, MD(H), of Nevada cleared their calendars and made time to provide the first 12 hours of training at the conference. The IPTLD program is a minimum of 40 hours, ending in a full credentialing process. It is open to MDs and DOs in good standing, and NDs in good standing who practice with an oncologist.

## **Shifting the Paradigm**

No one appears to contest the efficacy of this treatment; patients much prefer it. The problem is that the powers that be have nothing to gain. "If this is so great, why hasn't this been studied more?"

proposed Dr. Linchitz. “Drug companies fund the vast majority of cancer studies and it doesn’t make sense to fund a study that would promote the use of only 10 percent of your product.”

Isaac Newton (1624-1727) defined physics as a system for measuring gross quantities and forces on a physical plane. Some would say Newton contributed more to the development of science than any other individual in history. But Newton's physics also produced answers that were often too rigid. He did not embrace the concept of a soul, for example, because it cannot be straightforwardly measured or dissected.

Today’s language of discovery and the scientific definition of reality have expanded dramatically. However, in many ways, the field of medicine is yet to come out of the Newtonian era.

“If you are a scientist trained in the Newtonian paradigm, you’re not seeing the complicated picture that is cancer,” Dr. Martha Grout explains. “The Newtonian way says there is one cause for one effect and it gets very complicated to look at multiple causes and then it gets too expensive or complicated to research multiple approaches to healing. Cancer is complicated – it is a multi-factorial disease. The simplistic one-size-fits-all approach is obsolete.”

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<sup>1</sup> Brody, J G; Moysich, K P; et al. [Environmental Pollutants and Breast Cancer](#). Silent Spring Institute. *Cancer*. May 14, 2007. 109 (S12): 2667-2712

<sup>2</sup> President's Cancer Panel. [Reducing Environmental Cancer Risk – What We Can Do Now](#). 2008–2009 Annual Report. April, 2010

<sup>3</sup> Colborn, T; Dumanoski, D; Myers, J P. *Our Stolen Future*. Dutton. 1996

<sup>4</sup> Greater Boston Physicians for Social Responsibility. [In Harm's Way](#). May, 2002

<sup>5</sup> Alabaster, A; Vonderhaar, B; Shafie, S. Metabolic modification by insulin enhances methotrexate cytotoxicity in MCF-7 human breast cancer cells. *Eur J Cancer Clin Oncol*. 17:1223-1228

<sup>6</sup> Lasalvia-Prisco, E; Cucchi, S; et al. Insulin-induced enhancement of antitumoral response to methotrexate in breast cancer patients. *Cancer Chemother Pharmacol*. (204) 53:220-224

<sup>7</sup> Padayatty, S J; Riordan, H D; et al. [Intravenously administered vitamin C as cancer therapy: three cases](#). *CMAJ*. 2006 March 28; 174(7): 937–942.

<sup>8</sup> Chen, Q; Espey, MG; et al. [Pharmacologic ascorbic acid concentrations selectively kill cancer cells: Action as a pro-drug to deliver hydrogen peroxide to tissues](#). *Proc Natl Acad Sci U S A*. 2005 Sep 20;102(38):13604-9. Epub 2005 Sep 12.