

croquer la vie

parlons du cancer autrement



Dr. Akbar Khan

www.medicorcancer.com

Spa Eastman
Jan 2016

Jan 2016, Spa Eastman

**INNOVATIONS IN
CANCER CARE:
L'ART DE LA MÉDECINE
THE ART OF MEDICINE**



Jan 2016, Spa Eastman

Declaration:

Clinic is owned by a family member of Dr. Khan.

Services and treatments are provided at a cost.

(But Medical doctor's clinical services are free to Canadians).



The Medicor Cancer Centres Team



Medicor Office, Toronto



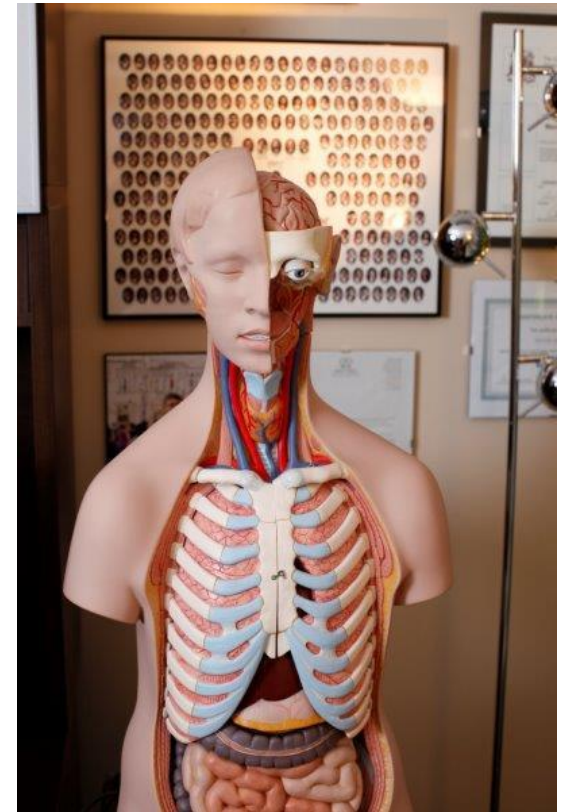
Medicor Office, Toronto



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MD and ND Working Together



TOPICS

INTEGRATIVE CANCER CARE

HUMANE GENTLE CANCER THERAPY (METABOLIC THERAPY AND OTHERS)

CANCER DETECTION/PREVENTION



WHY INTEGRATIVE CARE (ND+MD) ?

- NDs are experts on diet, lifestyle factors, natural medicines, non-toxic therapies
- Extensive scientific data support the use of these therapies, incl. human studies
- Who will teach MDs about this research?
- Who will conduct large (costly) clinical trials in order to be recognized by MDs?



INTEGRATIVE CARE – RESEARCHED EXAMPLE

Intravenous Vitamin C Administration Improves Quality of Life in Breast Cancer Patients during Chemo-/Radiotherapy and Aftercare: Results of a Retrospective, Multicentre, Epidemiological Cohort Study in Germany

CLAUDIA VOLLBRACHT¹, BERTHOLD SCHNEIDER², VAN LEENDERT⁴,
GABRIELE WEISS¹, LEO AUERBACH³ and JOSEF BEUTH⁴

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²Institute for Biometrics, Medical University Hannover, Germany;

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⁴Institute for Naturopathy, University of Cologne, Germany

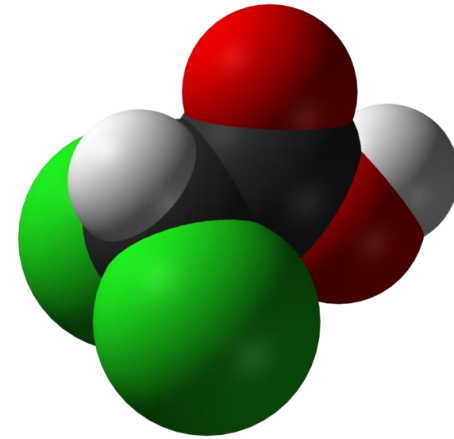


WHY INTEGRATIVE CARE (ND+MD) ?

- 2011 observational study of 53 patients treated with standard chemo, radiation and vitamin C 7500mg IV weekly, 72 just chemo and radiation (no IV vitamin C)
- Almost ½ as many side effects from cancer therapy after adding IVC!
- No negative interactions with chemo / rad.



DCA – METABOLIC THERAPY

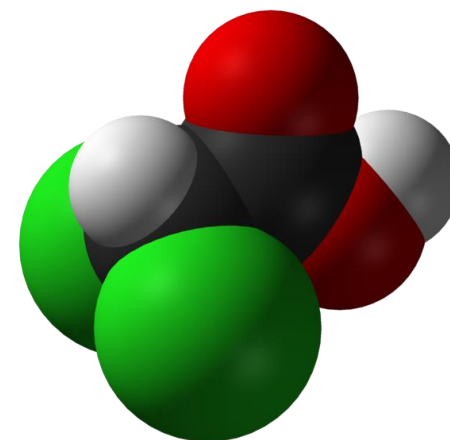
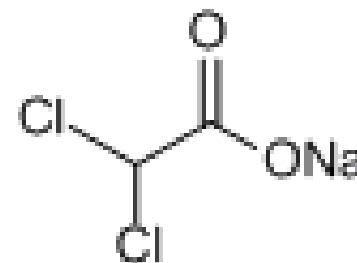


Metabolic Cancer Group at HHI Conference 2014



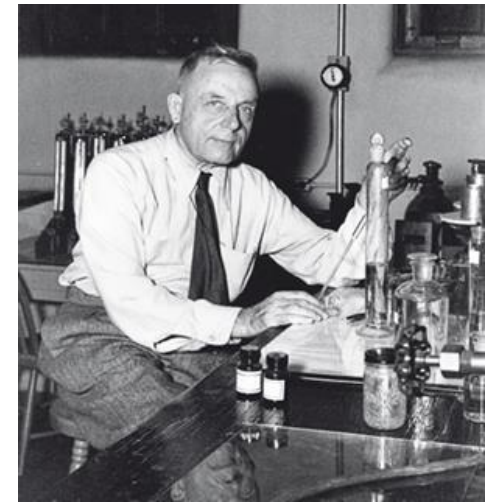
DCA – WHAT IS IT?

- a by-product of water chlorination
- dichloroacetic acid, sodium salt
- small molecule, like a chemical combination of “salt and vinegar”



DCA – HOW DOES IT WORK?

- inhibitor of enzyme PDK results in a shift from glycolysis to glucose oxidation
- Cancer cells: aerobic glycolysis / Warburg effect
- reduces mitochondrial membrane potential $\Delta\phi_m$, triggering apoptosis (“natural cell suicide”)



DCA – PUBLISHED HUMAN RESEARCH

- **glioblastoma** - tumour shrinkage in 2 / 5 patients treated with DCA alone 
- non-Hodgkin's **lymphoma** - case of complete remission after chemo failure, DCA alone 
- **cholangiocarcinoma** - case, response to DCA with omeprazole and tamoxifen 
- **unknown primary (sarcoma?)** - dramatic pain reduction 
- **met renal SCC** - cured by DCA + palliative XRT
- **angiosarcoma, pancreatic neuroendocrine carcinoma and colon carcinoma** - treated successfully with intravenous DCA 



*Wikipedia has blocked all of these publications

DCA – COMMON SIDE EFFECTS

- Approx. 40% have no side effects
- **All reversible, incidence depends on dose**
- **Neurological and G.I. primarily**
- Peripheral neuropathy ~20%
- Fatigue / Sedation ~ 20%
- Confusion/reduced memory ~20%



DCA – SUMMARY

- DCA may be effective for any cancer type
- DCA may be effective for chemo-resistant cancers
- DCA has no known life-threatening side effects and is not immunosuppressive (unlike chemo)
- Increasing side effects possible with stable dose (so cyclic therapy appears to be best)



DCA – SUMMARY

- About 60-70% of stage 4 patients benefit (cancer reduction / stabilization / decr growth)
- Main limiting side effect is neuropathy
- Natural neuropathy prevention is essential
- QOL benefits of DCA are significant
- Remission of stage 4 cancer possible (~1%)



DCA THERAPY - CASE REPORT

- Breast cancer patient first diagnosed at age of 26, previously well (except factor V Leiden)
- FEC-D chemo before surgery, modified radical mastectomy, radiotherapy to chest wall
- Strongly estrogen receptor +, HER2 -
- TAM x 6 mo.
- Despite all conventional therapy, developed extensive liver metastases after 2 years



DCA THERAPY - CASE REPORT

- Liver tumours progressed despite new chemo
- Consulted re: DCA therapy
- Severe nausea / vomiting (hosp. admission)
- Liver / abdominal pain, > 5 / 10
- Cancer resistant to chemotherapy
- Very abnormal liver tests before therapy (AST=395, ALT=681, GGT=619)



DCA THERAPY - CASE REPORT

- High bilirubin (the start of liver failure)
- Low cell counts (HB=114, PLT=121, WBC=2.5) likely due to marrow infiltrated by cancer
- Started **DCA** 500mg 3 times a day with natural supplements for nerve protection
- Combined with anti-cancer **diet** and **natural therapies** from ND Marlene Boudreault



Étude de cas

- Facteur V de Leiden
- Perte de poids
- Masse musculaire diminuée



Diète

- Digestion difficile et grande fatigue
- Restriction calorique : alimentation vivante et macrobiotique, hypotoxique
- Environ 1500 calories/jour
- Eau, chlorophylle, aloès
- Tisanes: basilic sacré, ortie, camomille, gingembre, chaga



Diète (suite)

- Herbe de blé , 2 onces 2x/jour
- Jus de légumes verts (16 onces) et +
- Soupe aux avocats
- Smoothie vert avec protéines végétales au besoin
- Lécithine de tournesol



Produits de santé naturels

- Champignons Reishi (système immunitaire)
- Multi-minéral liquide
- Mélatonine
- Vitamine C –liposoluble (1,000mg)
- Estro sense
- Juniperus communis ou Hepamed
- probiotique



Produits de santé naturels

- Les suppléments sont modulés selon l'état général et les résultats sanguins
- L'homéopathie, l'acupuncture sont en support le plus souvent possible
- Différentes techniques de relaxation
- Hobby: La peinture , moyen d'expression thérapeutique



DCA THERAPY - CASE REPORT

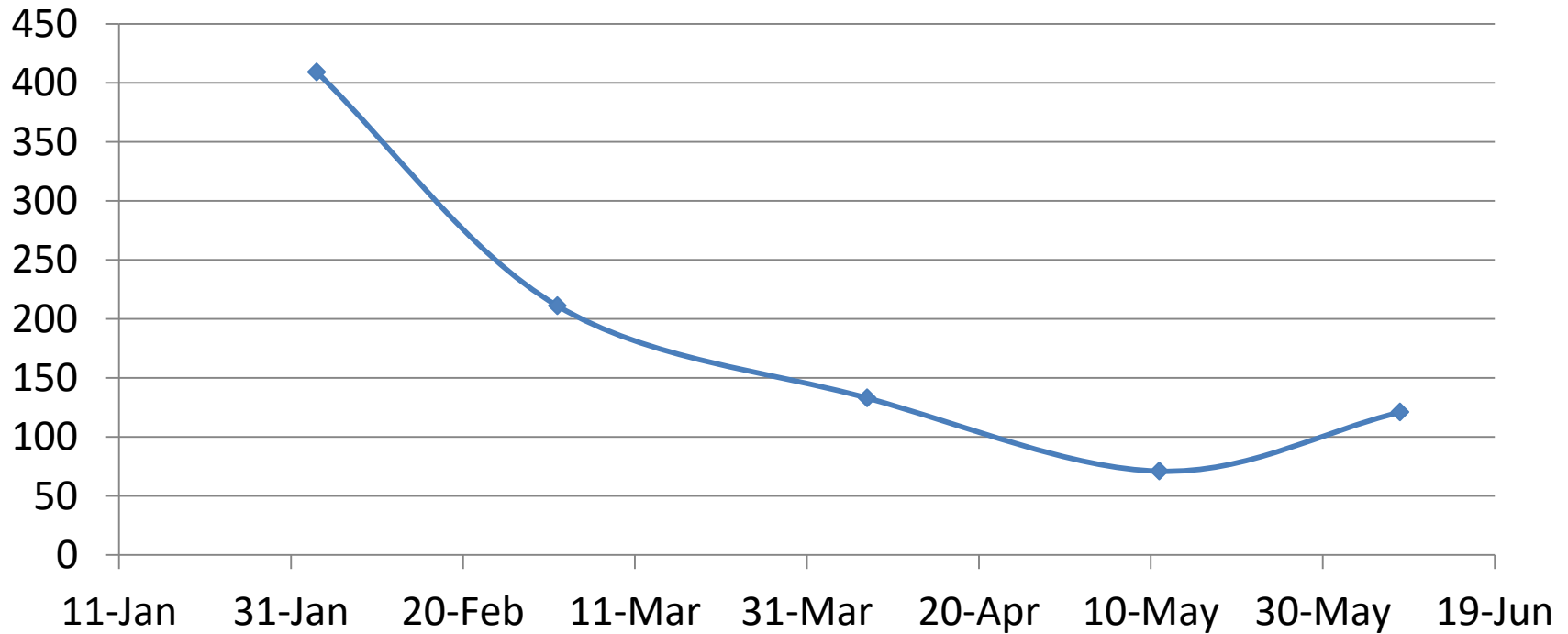
RESULTS:

- CA15-3 dropped by 30% and stabilized
- All liver tests began to improve, returned nearly to normal in a few months
- Bilirubin returned to normal
- Blood cell counts began to improve



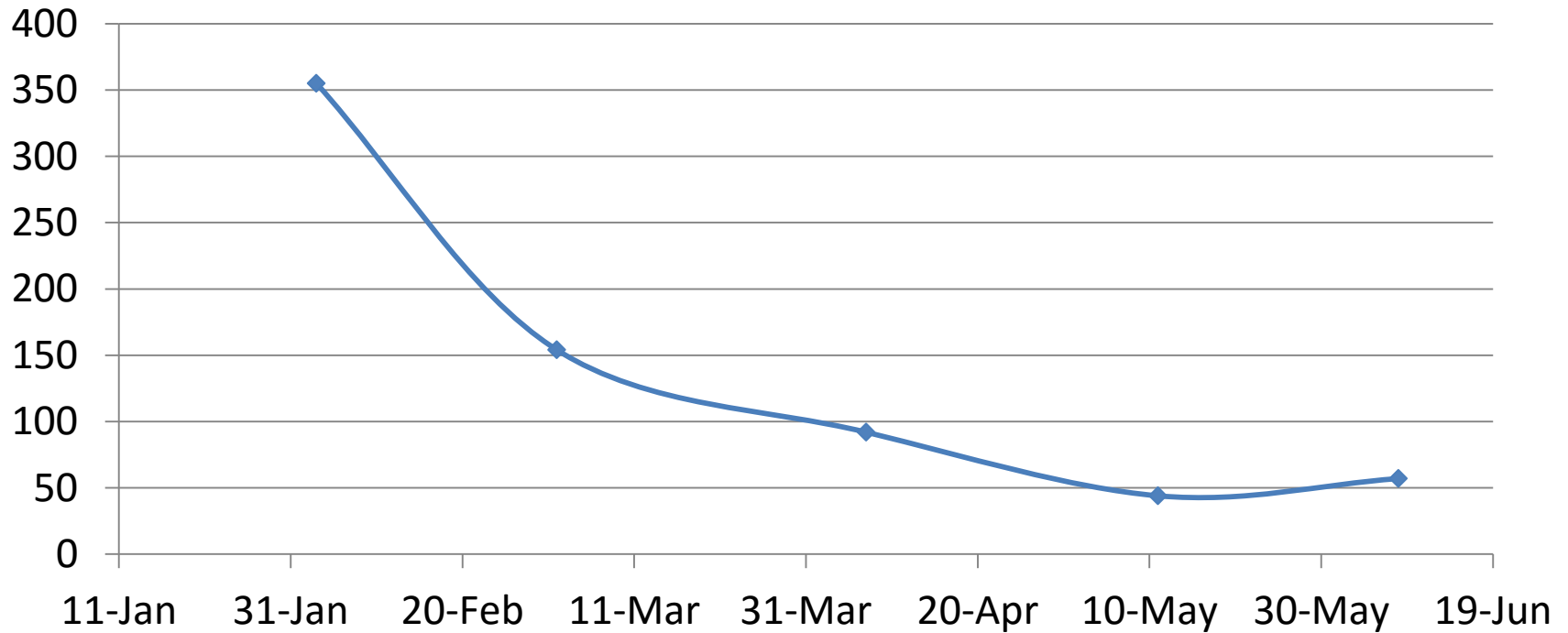
DCA THERAPY - CASE REPORT

AST



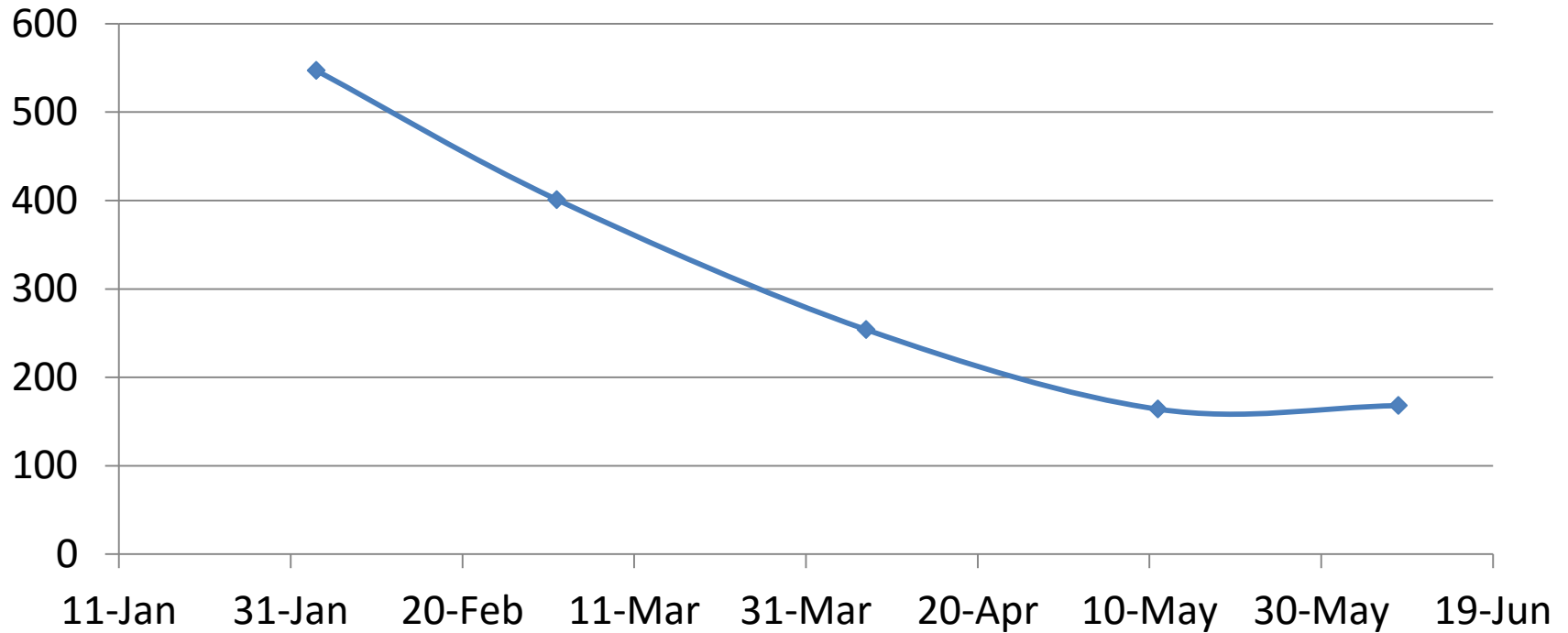
DCA THERAPY - CASE REPORT

ALT



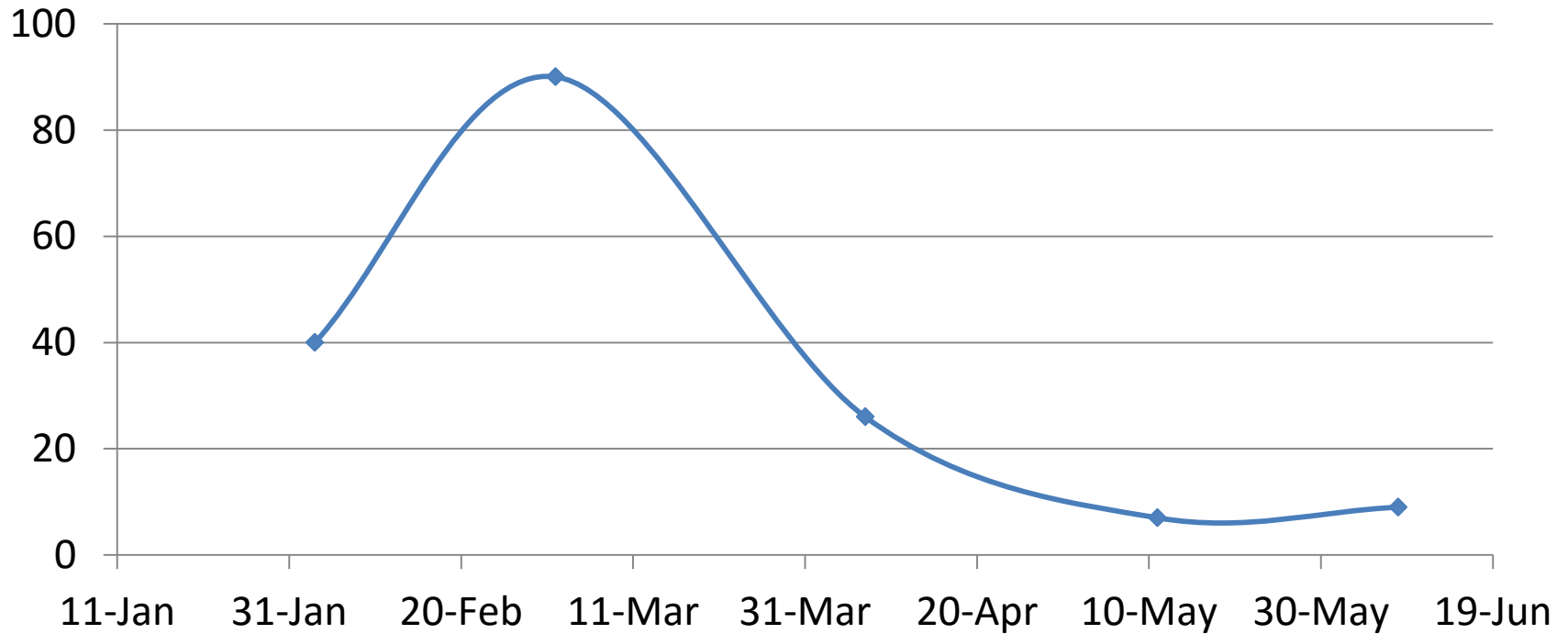
DCA THERAPY - CASE REPORT

ALKP



DCA THERAPY - CASE REPORT

BILI



LDN



LDN – WHAT IS IT?

- Low Dose Naltrexone (opioid antagonist)
- Binds opiate receptors and prevents signalling
- Naltrexone comes in 50mg tabs commercially for treatment of alcoholism
- Blocks endorphins (natural opiates) all day to prevent “high” from drinking
- “Low dose” naltrexone is 4.5mg or less



LDN AND OPIATES

Endorphins (related to morphine):

- Pain modulation
- Immune regulation
- Cell growth regulation
- One natural endorphin (**methionine-enkephalin**) regulates growth of cancer cells



LDN – HOW DOES IT WORK?

- Discovered by Dr. Bernard Bihari
- Use of “low dose” naltrexone causes brief opiate receptor block
- Feedback mechanism results in increased production of endorphins within the body
- LDN’s blocking effect is quickly lost (few hours), resulting in an endorphin boost



LDN CASE REPORT

Long-Term Remission of Adenoid Cystic Tongue Carcinoma with Low Dose Naltrexone and Vitamin D3 – A Case Report

Akbar Khan



Medical Director, Medicor Cancer Centres Inc. 4576 Yonge St., Suite 301 Toronto, ON M2N 6N4, Canada.

Abstract

Naltrexone (ReVia[®]) is a long-acting oral pure opiate antagonist which is approved for the treatment of alcohol addiction as a 50mg per day tablet. The mechanism of action is complete opiate blockade, which removes the pleasure sensation derived from drinking alcohol (created by endorphins). Low Dose Naltrexone ("LDN") in the range of 3-4.5 mg per day has been shown to have the opposite effect – brief opiate receptor blockade with resulting upregulation of endogenous opiate production. Through the work of Bihari and Zagon, it has been determined that the level of the endogenous opiate methionine-enkephalin is increased by LDN. Met-enkephalin is involved in regulating cell proliferation and can inhibit cancer cell growth in multiple cell lines. Increased met-enkephalin levels created by LDN thus have the potential to inhibit cancer growth in humans. Phase II human trials of met-enkephalin, case reports published by Berkson and Rubin, and the clinical experience of Bihari confirmed the potential role of LDN in treating pancreatic and other cancers. However, large scale trials are lacking and are unlikely to be funded given the current non-proprietary status of naltrexone. A case report is presented of successful treatment of adenoid cystic carcinoma as further evidence of LDN's potential as a unique non-toxic cancer therapy.

Key Words: Naltrexone, Cancer, Adenoid cystic, Vitamin D

Introduction

Naltrexone (ReVia[®]) is a long-acting oral pure opiate antagonist which is approved for the treatment of alcohol addiction in 50mg per day dosing [1]. The mechanism of action is complete opiate blockade, which removes the pleasure sensation derived from drinking alcohol (created by endorphins). Dr. Bernard Bihari, a neurologist who practiced

Case Presentation

A 58 year old male (Mr. Michel Charest from Montréal, Québec) presented to his family doctor with new swallowing problems, hemoptysis and nausea. There was a history of smoking 1/2 pack of cigarettes per day for about 15 years, alcohol intake of 2 standard drinks per day, high cholesterol and a remote history of jaundice. The only medication taken was atorvastatin. The

LDN CASE REPORT

- 60 year old male from Montréal, adenoid cystic cancer at base of tongue, no node mets, ~3cm dia
- Told to have radical surgery: glossectomy + laryngectomy + chemo + radiation
- Patient refused due to poor expected QOL post-op

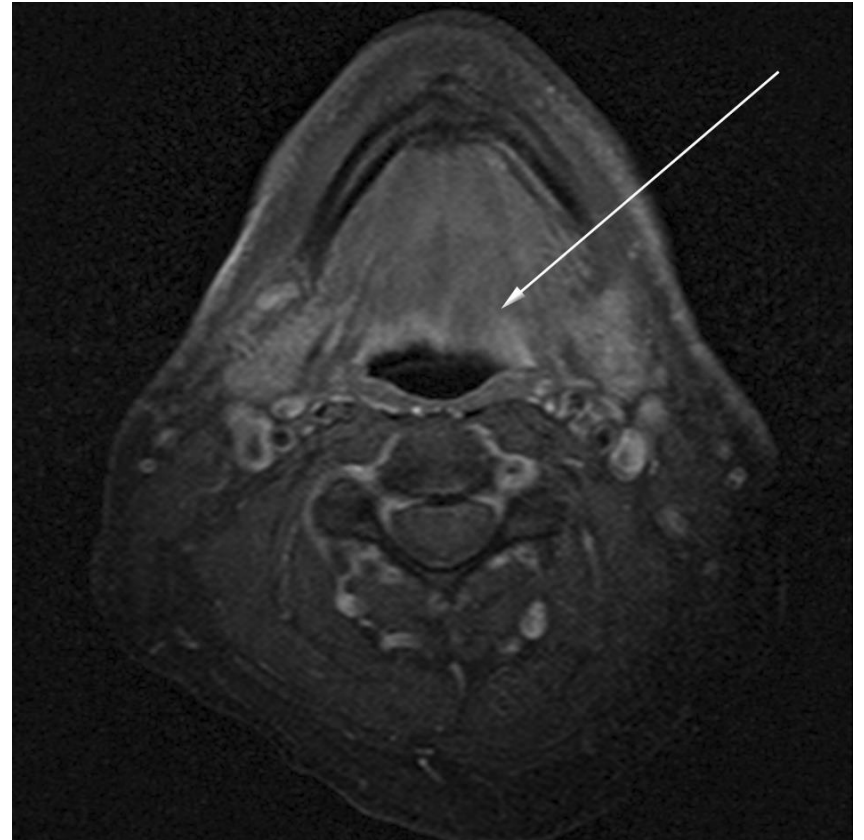
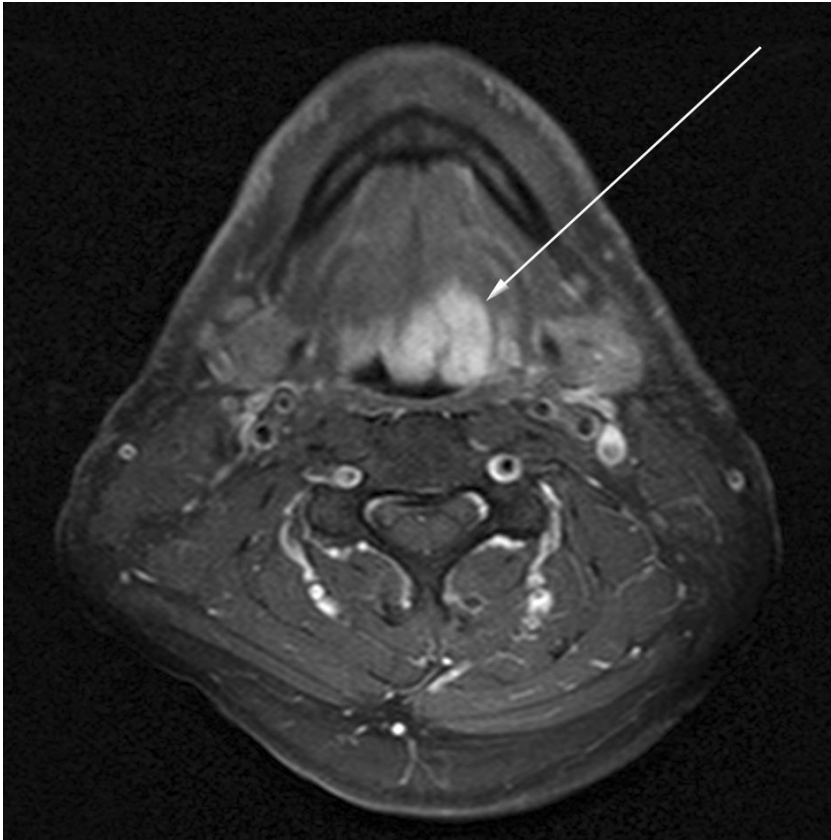


LDN CASE REPORT

- Started LDN 3mg at bedtime
- Added vitamin D 5000U per day (for cell differentiation, enhanced immunity)
- Increased LDN to 4.5mg at bedtime
- No side effects
- MRI after 2 years – complete remission



LDN CASE REPORT



OVER 5 YEARS CANCER-FREE NOW

PREVENTION



www.prevent-cancer.ca

PREVENTION

- Even with all the cancer treatments we have today, there are too many new diagnoses
- We are not winning the war on cancer
- We need to focus on **PREVENTION**



www.prevent-cancer.ca

VITAMIN D

- Involved in immune regulation
- Prevents infections
- Prevents/improves auto-immune diseases
- Reduces inflammation
- Prevents cancer
- Treats cancer (1 published study)



www.prevent-cancer.ca

VITAMIN D – MECHANISMS

- Potent cell regulatory effects
- Mediated through binding to vitamin D receptor (an intracellular protein)
- Receptor–ligand complex interacts with DNA sequences
- Activation / suppression of gene transcription



www.prevent-cancer.ca

VITAMIN D – MECHANISMS

- Large # of genes regulated by this mechanism
- Cell cycle regulators p21, p27, c-fos, c-myc
- Anti-proliferative and differentiating effects
- Inhibit invasive potential of cancer cells
- Inhibit tumour-induced angiogenesis
- DO ONCOLOGISTS CHECK VIT D LEVELS?



NO, BUT NDs DO!

VITAMIN D – MECHANISMS

- ...vitamin D deficiency is implicated in most of the diseases of civilization.” “...a meta-analysis of 18 randomized controlled trials [showed that] supplemental vitamin D significantly reduces all-cause mortality...” “Treatment of vitamin D deficiency in otherwise healthy patients with 2,000-7,000 IU vitamin D3 per day should be sufficient to maintain year-round 25(OH)D levels...



*John J. Cannell, MD and
Bruce W. Hollis, PhD*

ONCOblot



ONCOblot

- A blood test designed to detect tiny amounts of a group of proteins called ENOX2
- ENOX2 proteins are proteins produce only by cancer cells, not by healthy cells
- ENOX2 proteins are shed from cancer cells and can be found in the blood



ONCOblot

- Cancers arising from different organs produce their own unique groups of ENOX2 proteins
- Therefore, the test allows **precise detection of the presence of cancer**, and also **identifies the organ it came from (25 different types currently)**



ONCOblot – CANCERS DETECTED

bladder, breast, colorectal, esophageal, gastric, hepatocellular, kidney, leukemia, lung (non-small cell, small cell), lymphoma, melanoma, mesothelioma, myeloma, ovarian, pancreatic, prostate, sarcoma, squamous cell carcinoma, thyroid (follicular, papillary), uterine (cervical, endometrial, other) and testicular germ cell



ONCOblot

- Detects as little as 2 million cancer cells, a 1 to 2mm tumour – about the size of a pin head
- Mammogram requires about 100 – 1000x more cells to reliably detect cancer
- No tumour, but more than about 2 million cancer cells floating in the blood or lymphatic system, ONCOblot will detect



ONCOblot - ACCURACY

Sensitivity

- Detects “stage 0” (localized) cancer e.g. DCIS with over 90% accuracy!

Specificity

- Over 99%
- Current data: if ONCOBLOT says you have cancer, it has a 0.07% chance of being wrong!



ONCOblot - ACCURACY

Correct organ:

- 96% accuracy (4% chance of getting the organ wrong, especially if disease volume is low)



ONCOblot

ULTRA-EARLY DETECTION – allows us to catch cancer **years before** standard testing

Transform cancer from a fatal disease into a disease easily **treatable** with gentle / natural therapy, or **curable**.



ENOX2-based early detection (ONCOblot) of asbestos-induced malignant mesothelioma 4–10 years in advance of clinical symptoms

D. James Morré^{1*}, Brandon Hostetler¹, David J. Taggart¹, Dorothy M. Morré¹, A. W. Musk^{2,3,4,5}, Bruce W. S. Robinson^{2,3,4} and Jenette Creaney^{2,3}



ONCOblot – NEW PAPER JUST PUBLISHED

- Blood serum samples collected on patients exposed to asbestos (high risk of cancer)
- Total 17 patients studied
- 7 patients: blood samples available years before cancer diagnosis: 100% accuracy in detecting mesothelioma in these patient
- 4–10 year early warning of cancer diagnosis!



ONCOblot – WHO SHOULD BE TESTED?

- Recently diagnosed with “cancer of unknown primary”
- Treated for cancer and told it is cured or in remission (excluding basal cell skin cancer)
- Had a test / scan / biopsy suggesting cancer, but it was not definite



ONCOblot – WHO SHOULD BE TESTED?

- Suspicion of cancer / undiagnosed mass, biopsy refused due to risks involved
- Close family member who has / had cancer, especially at a young age
- Genetic mutation associated with increased cancer risk (for example BRCA gene)
- Carcinogen exposure in the past



ONCOblot – WHO SHOULD BE TESTED?

- Former smoker
- Childhood cancer survivor (treated with chemo / radiation)



ONCOblot – CASES

- 45 year old female, colon cancer, surgery, “we got it all, no chemo needed”, scans all clear
- ONCOblot: **positive** for colon cancer
- Action: treatment with LDN + natural medicines and monitor with **Maintrac CTC** count



<http://www.maintrac.de/diagnostics/faq.php?lang=EN>

Maintrac CTC count

- Counts number of live cancer cells in the blood
- Done in Germany
- About \$600
- Identify recurrence before it happens!
- Monitor therapy when scans are “all clear”



ONCOblot – CASES

- 55 year old male, construction worker, mass on palm of right hand, surgery, “not cancer”
- Regrowth, surgery, “not cancer”
- DNA test: possible sarcoma
- ONCOblot: **positive** for sarcoma
- Action: treatment with DCA + natural medicines and monitor with MRI



ONCOblot – CASES

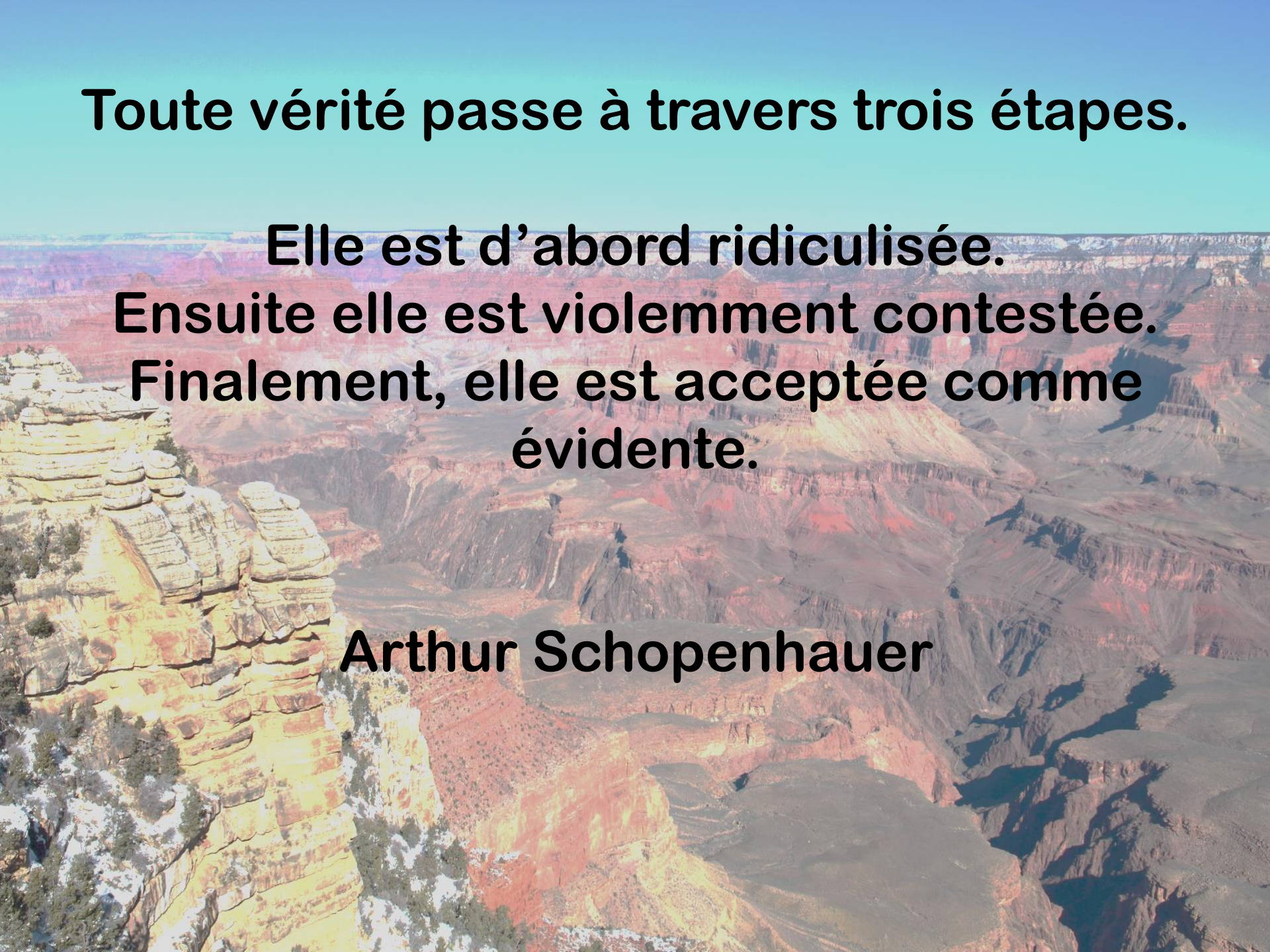
- 50 year old male, younger brother diagnosed with prostate cancer
- PSA = 1.5, family doctor – repeat PSA every 6 months, “no cancer”
- ONCOblot: **positive** for prostate cancer
- Action: treat with LDN + HonoPure, PSA falling, refer urologist, refused to order U/S



ONCOblot – CHALLENGE

- Conventional doctors all talk about early detection, but they don't know what to do with the results!
- NDs are best equipped to deal with ONCOblot results



A high-angle, wide-view photograph of the Grand Canyon. The foreground on the left shows a steep, layered rock face with some sparse vegetation. The middle ground and background reveal the vast, winding canyon with its numerous plateaus, buttes, and deep, shadowed valleys. The rock colors range from light tan to deep reds and oranges. The sky is a clear, pale blue.

Toute vérité passe à travers trois étapes.

**Elle est d'abord ridiculisée.
Ensuite elle est violemment contestée.
Finalement, elle est acceptée comme
évidente.**

Arthur Schopenhauer

GOOGLE: « Medicor » «Cancer» «Prevention»



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