

Nutrition and Cancer: Further Case Studies Involving Salvestrol

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Abstract *A nutritional approach to the treatment of cancer can provide great benefit to patients. The nutritional approach focused on through these cases addresses deficiencies in dietary phytonutrients known as Salvestrols along with their co-factors. Salvestrols operate through a highly targeted mechanism that hinges on their metabolism by the universal cancer marker CYP1B1. This results in a very broadly applicable method in addressing a nutritional deficiency to the benefit of patients. Unfortunately modern farming practices have severely limited the availability of these specific phytonutrients in the modern diet. These phytonutrients are all phytoalexins and are not induced in abundance until the plant comes under attack from infection or predation. Six cases of recovery from cancer using this nutritional approach are discussed. To illustrate the breadth of this approach cases are presented representing five diverse cancers: breast; prostate; colon; liver; and Hodgkin's lymphoma. Two of the cases show how rapid and dramatic the improvement can be when nutritional deficits are addressed.*

Introduction

In 2002, Prof. Gerry Potter^{1,2} identified and outlined a nutritional rescue mechanism that linked specific compounds in some of the common foods we eat with cancer cell death. The rescue mechanism hinged on the metabolic activity of a certain cytochrome P450 enzyme, CYP1B1.^{3,4} Importantly, this enzyme was found to be expressed by all cancers, regardless of oncogenic origin, while being absent from healthy tissue.⁵⁻⁷ It is now widely regarded as a universal cancer marker.⁸

It was found that CYP1B1 metabolizes a specific class of dietary compound that Prof. Potter and Burke named Salvestrols. When Salvestrols are metabolized by CYP1B1, they create compounds that actually cause apoptosis in the cancer cell. In this way, Salves-

trols operate as natural prodrugs, completely targeted to killing diseased cancer cells while leaving the normal cells alone. Initial research indicates that this mechanism could operate both preventatively, killing off cells as they become cancerous, and therapeutically, killing off cells that are part of active disease.

The therapeutic and diagnostic implications of this mechanism have been discussed.⁹⁻¹² Within the context of a nutritional approach to treating cancer, this mechanism appears to significantly reduce cancer cells in the body and thus increase chances of a beneficial outcome for a cancer sufferer. It is also true that when one chooses to utilize Salvestrols in combating this disease a broader nutritional approach will aid in the efficient operation of this rescue mechanism. Co-factors such as biotin, vi-

tamin C, vitamin B₃, magnesium and iron are all known to be important. Other nutritional components, such as fatty acids, probiotics and selenium, also play important roles.

A variety of cases are presented in this article. Written and valid consent has been obtained from each patient whose case is described. Some represent situations where the patient has refused conventional treatment. Other cases highlight how patients will find themselves undergoing conventional procedures to complement nutritional approaches. The cases represent a cross-section of cancers: breast, prostate, colon, liver and Hodgkin's lymphoma. Hopefully these cases will help encourage patients and their physicians to incorporate nutritional medicine into their approach for a cure, regardless of their choice of intervention.

Throughout these cases the dosage of Salvestrols is given in number of Salvestrol points. Salvestrol points have been devised to help convey the selectivity of Salvestrols. Selectivity, rather than milligrams, is the important element in dealing with active disease. Salvestrols represent a class of compounds that differ in their selectivity, hence, representing capsule ingredients in milligrams of active Salvestrols conveys very little useful information.

Case #1. Stage 3 breast cancer

A 50-year-old female presented to her physician with pain in her upper chest area and tiredness. She was subsequently diagnosed with stage 3 breast cancer following ultrasound imaging. The diagnosis was confirmed through biopsy. Imaging revealed a 2.5 cm tumour in the left breast. She had a concurrent diagnosis of hypothyroidism.

Surgical removal of the tumour, along with chemotherapy and radiotherapy, were recommended. Chemotherapy was declined and a surgery date was scheduled for exactly one month after the diagnosis had been confirmed. In the interim, pain was managed with Tylenol® 3 (2 tablets at onset of pain).

Concurrent with obtaining the diagnosis, the patient began a course of Salvestrols. This comprised five Salvestrol Professional (350 point) capsules and five Salvestrol Gold

(350 point) capsules, spread through the day by taking a roughly equal number of capsules before each of the three main meals. This level of Salvestrol supplementation (3,500 points per day) was carried out for three months.

Further to the Salvestrol supplementation, the patient embarked on an organic, vegan diet (vegetables, greens, fruits, juices, wheatgrass and tea) and an exercise program of walking and yoga. Salvestrol specific co-factors were also taken; biotin, 300mcg; niacin, amount unknown; magnesium by way of a calcium/magnesium tablet, amount unknown; iron, 1 oz., amount unknown; and Vitamin C, 1,000 mg. In addition, her naturopathic physician added selenium (200 mg) to her daily supplementation.

During the one-month wait for surgery, breast self examination revealed that the tumour softened, the texture changed and the tumour progressively decreased in size. Surgery removed a 1.3 cm tumour (about half the diameter of the tumour at time of diagnosis one month earlier). The lymph nodes were free of cancer, as was the blood. A hematology panel showed all results were within normal limits. One month after surgery, the patient received radiotherapy once a day for 30 days, as a preventive measure.

After three months of Salvestrol supplementation, the dosage was reduced to a total of six capsules per day. This comprised three Salvestrol Professional (350 point) capsules and three Salvestrol Gold (350 point) capsules, spread through the day by taking one capsule of each before each main meal. This level of Salvestrol supplementation (2,100 points per day) has been maintained.

Eight months after surgery the patient was cancer free, pain free and experiencing less tiredness. At 13 months after surgery, the patient remains cancer free, pain free and experiencing little tiredness. Her diagnosis of hypothyroidism remains. It seems reasonable to conclude that the degree of tumour shrinkage that she experienced during the one-month wait for surgery is attributable to the Salvestrol supplementation, her focus on nutrition, exercise and Salvestrol co-factor supplementation.

Case #2. Stage 2 liver cancer

A 73-year-old Korean male was diagnosed with second-stage liver cancer following a scheduled examination to monitor his alcohol-related liver cirrhosis. The patient had lost a lot of weight and had noticed an unusual odour associated with bowel movements. A CT scan revealed three tumours; one in the centre of the liver in damaged tissue and two in healthy portions of his liver. No chemotherapy or radiotherapy treatment was prescribed due to the patient's age, the number of liver tumours and his concurrent conditions, as he suffered from both cirrhosis of the liver and pulmonary tuberculosis. In an attempt to downstage the tumours, a hepatic artery embolisation was performed.

One month following his diagnosis he began taking 12 (350 point) Salvestrol supplements per day, commensurate with his body weight. This comprised six Salvestrol Professional (350 point) capsules and six Salvestrol Gold (350 point) capsules, spread through the day by taking two of each capsule after each main meal. This level of Salvestrol supplementation (4,200 points per day) was maintained for four months. The level of supplementation was then lowered to 6 (350 point) Salvestrol supplements per day, comprising 3 Salvestrol Professional capsules and 3 Salvestrol Gold capsules (2,100 points per day). In addition to the Salvestrol supplementation, he began receiving intravenous vitamin C injections starting at 30 g per week. This dose was increased through the following weeks moving in large increments until reaching 100 g per week. This level was maintained for six months before it was reduced to an ongoing weekly injection of 40 g. Niacin was also added to his regimen about four months after his diagnosis. He initially took 250 mg per day for one month and then increased this amount to 500 mg per day for about five months. There were no significant dietary changes; however, he did commence a program of breathing exercises, chi exercises, meditation, stretching and stress avoidance.

Due to the variety of conditions that he suffered from, he received ongoing medical examinations. Eleven months after com-

mencing Salvestrol supplementation he was declared 'all clear'. Although the patient still suffers from pulmonary tuberculosis and liver cirrhosis, he feels very comfortable. Given that hepatic artery embolisation is not a curative procedure, this case leaves Salvestrol supplementation, high dose Vitamin C, niacin, exercise and mental outlook as the possible candidates to explain his recovery. He provides the following message: "Confidence and belief of being cured is important. People say everything comes from mind. Therefore, I think positive and stable mind is very important. I think we all need confidence that we can overcome any diseases. Anyone can do it!"

Case #3. Colon cancer

A 64-year-old female went to her doctor after feeling ill, looking ill and losing weight over a period of three years. She was encouraged to see her doctor by a registered nurse who suspected colon cancer.

At the time of her consultation, her abdomen was continually distended leaving her with a bloated feeling. She was experiencing chronic, sharp pain in her abdomen that was heightened after eating. This pain was sufficiently severe that she was unable to touch her abdomen or lay face down. She had lost 9% of her weight and had a poor appetite, leaving her underweight for her height. She was fatigued to the point of falling asleep by mid-day. She also experienced occasional nausea, vomiting and blood in her stool. Her skin colour had taken on a gray/green tone. Her doctor also suspected colon cancer and asked that she return for testing to confirm his diagnosis.

She chose not to pursue conventional treatment and did not pursue testing to confirm the diagnosis. She immediately started taking Salvestrols. This comprised nine Salvestrol Gold (350 point) capsules, spread through the day by taking three capsules with each meal. This level of Salvestrol supplementation (3,150 points per day) was maintained for three months. In addition to the Salvestrol supplementation she took a daily multivitamin, one 'colon green' capsule per day, one S-adenosyl L-methionine capsule per day and used externally applied castor oil

packs on the abdomen four days each week.

She reported feeling better after the initial three weeks of Salvestrol supplementation. Within five weeks of supplementation she looked noticeably better to friends and relatives. By seven weeks the abdominal pain had subsided, as had the distension. Three months after commencing Salvestrol supplementation, she was feeling so much better that she returned to her doctor to ask for testing to monitor progression of the disease. She was told there had been a misdiagnosis and that no tests would be ordered.

After a period of seven months of Salvestrol supplementation her weight had returned to normal and her skin color had returned to normal. In order to assess the progression of the disease she arranged for a privately funded ultrasound investigation. No cancer was found. From this point she has continued to take two Salvestrol Gold (350 point) capsules each morning (700 points per day). She has great confidence in Salvestrols and attributes her recovery to them.

Case #4. Prostate cancer

A 72-year-old male was given his second diagnosis of prostate cancer as part of the routine monitoring of his prior condition. This gentleman has a long-held belief that pharmaceutical approaches to disease treatment should only be considered as a last resort and preferred to look towards nutrition and nutritional supplements to restore his health. He had been diagnosed with prostate cancer three years earlier, and had successfully treated this occurrence with a combination of exercise, good nutrition, lycopene and a pollen-based supplement known as Protaphil®. He was subsequently pronounced “all clear” by his physician. After three years of remission his regular prostate specific antigen (PSA) test scores started to climb. To confirm a diagnosis of prostate cancer, a uPM3™¹³ urine-based genetic test for prostate cancer, from Bostwich Laboratories, was ordered to test for presence of the PCA3 gene that is profusely expressed in prostate cancer tissue. The results were positive for prostate cancer.

For this second diagnosis this gentle-

man combined Salvestrol supplementation with a variety of other nutritional supplements: vitamin C; Co-Q10; folic acid; garlic; lycopene; zinc; cranberries; 2 multivitamins without iron; and vitamin E. Unfortunately we are unable to verify the dosage of any of these supplements other than the Salvestrol. With breakfast on Monday, Wednesday and Friday this gentleman took one Salvestrol Gold (1000 point) capsule.

After a period of three months, a further PSA test was conducted and the result was within normal limits. He was again pronounced ‘all clear’. Upon receiving this news he started to take one Salvestrol Gold (350 point) capsule per day with his breakfast. He continues to be active, physically and mentally. He has had four further PSA tests at three-month intervals and they have all shown results within normal limits. He is now monitored annually. This gentleman has successfully defeated cancer twice without recourse to chemotherapy, hormone therapy, radiation therapy or surgery.

Case #5. Prostate cancer

A 79-year-old male received two elevated PSA test results with one week between tests. A digital rectal examination indicated the presence of a tumour on the left side of the prostate. Prostate cancer was diagnosed and a biopsy scheduled for confirmation. A Gleason Score of 6 (3+3) was assigned to the biopsy results. A full body scan was also carried out and results indicated that no metastases could be found.

Upon receipt of the confirmed diagnosis this gentleman began taking Salvestrols on a daily basis. This comprised five Salvestrol Platinum (1,000 point) capsules per day, with two taken in mid-afternoon and three taken near midnight (5,000 points per day). These were taken in concert with his previous, thorough and long-term daily supplementation of vitamins and minerals that included known Salvestrol co-factors such as biotin (625 mcg), niacin and niacinamide (1,145 mg), magnesium (606 mg), ascorbic acid (3,900 mg), and iron fumerate (20 mg). Vitamin D (800 I.U.), vitamin E (1,200 I.U.) and selenium (165 mcg) also formed part of the daily supple-

mentation. No dietary changes were made and no change in exercise level was made. In two months of supplementation the PSA test result indicated a level lower than that reported prior to his diagnosis. Prescription medications for diabetes, and ongoing heart and kidney conditions were maintained.

A period of three months elapsed between receipt of his biopsy results and a consultation with his urologist. The urologist referred the gentleman to the British Columbia Cancer Agency. Two months later, he was interviewed by an oncologist at the Agency, and chose the option of hormone therapy rather than radiation treatment. During the interview, the gentleman received an initial 10.8 mg injection of Zoladex® (Goserelin) to help control the tumour growth along with a prescription for repeat injections every 12 weeks. Casodex® (bicalutamide), an antiandrogen, was also prescribed, 50 mg daily for twenty-one days.

A significant spike in PSA test results was found during the month following this injection. In the second month following this injection the PSA test results began to decline. (Table 1, p. 22) During the following month the PSA test results indicated levels that led his oncologist, after carrying out a digital rectal examination, to suggest no further treatment as the cancer was said to be in remission. The gentleman would be followed every three months for one year then every four months for a further year.

Upon receipt of this news the Salvestrol supplementation was reduced to two Salvestrol Platinum (1,000 point) capsules per day, with both taken in mid-afternoon (2,000 points per day). Zoladex®, 10.8 mg, is an LHRH agonist intended for long term use, administered every 12 weeks.¹⁴ This case suggests that for those individuals that utilise LHRH agonists, concurrent use of Salvestrols or other nutritional therapy may bring about a quicker response and diminish the need for further hormonal injections.

Case #6. Stage 3 B Hodgkin's lymphoma

A 66-year-old man was admitted to hospital for quadruple by-pass surgery. After surgery the surgeon mentioned that he

noticed abnormalities in the lymph nodes that he encountered during the procedure and referred him to a cancer specialist for follow up. Examination revealed a variety of tumours in lymph nodes in his neck, chest, abdomen and groin. Some of these tumours were approaching 3 cm in diameter. The patient had suffered significant weight loss, loss of appetite and experienced pain in the area of his neck, stomach and groin. The pain was significant with the patient taking between 16 and 20 Tylenol® 3 tablets per day for pain control. An endoscopic examination was used to obtain material for biopsy. A diagnosis of stage 3 Hodgkin's Lymphoma was made. The patient was advised that his physicians felt that he had one to two years left before the disease would end his life.

One month later a course of chemotherapy was administered and maintained for six months (In British Columbia, Doxorubicin, Bleomycin, Vinblastine, and Dacarbazine is the standard chemotherapy).¹⁵ No radiation therapy was given. This individual found the chemotherapy very difficult to tolerate. After six months the chemotherapy was completed. A positron emission tomography scan revealed a lesion on his pancreas that proved to be benign. The imaging also revealed that of the original tumours those in his neck, abdomen and groin still remained with those in his neck and abdomen showing signs of continued growth during the course of chemotherapy. No further treatment was provided.

One month following the end of his chemotherapy this gentleman began taking a course of Salvestrol Platinum. This comprised four Salvestrol Platinum (1,000 point) capsules, with two capsules taken in the morning and two capsules taken in the evening (4,000 points per day). This level of Salvestrol supplementation was carried out for thirty eight days (two bottles of 75 capsules each were used). There was no other concurrent treatment, no dietary changes were made and no additional supplements were used. His appetite returned to normal quite quickly after starting to take Salvestrols and he began to regain the weight that he had lost.

Concurrent with completion of his

course of Salvestrols a follow up visit with his oncologist revealed that the tumours that had remained after his chemotherapy were gone. The oncologist told him that he was in remission. This gentleman has been followed up at intervals of three months, three times and each visit has confirmed that he is cancer free. He has not continued taking Salvestrols due to financial constraints brought on by the long-term nature of his medical condition. He attributes his remission to his use of Salvestrols and intends to continue taking Salvestrols as soon as his financial situation improves. In the interim friends have stepped in to provide him with a continual supply of Salvestrols.

Conclusion

These cases provide further indication that nutrition, and in particular nutrition that

capitalizes on the unique metabolic properties of CYP1B1, can bring about a very favourable outcome for cancer sufferers. Some of these cases outline the experience of individuals that did not utilise chemotherapy or radiation as part of their treatment plan. These cases help to highlight the beneficial role that nutrition can play.

These cases are brought to light here in the hope that they will provide cancer sufferers and their physicians with the confidence to explore nutritional approaches before, or concurrent with, conventional procedures to achieve a beneficial outcome.

Conflict of Interest

Dr. Brian Schaefer is a Director of Acquired Intelligence Inc, the Canadian and US distributor of Salvestrols. Professor Dan Burke is a shareholder of Salvestrol Natural

Table 1. PSA test results

Date	PSA Result	Other
19-Dec-06	6.00	
21-Dec-07	8.30	
15-Jan-08		GP digital exam
15-Feb-08		Urologist digital exam
21-Apr-08		Prostate biopsy
01-May-08		Start Salvestrol Platinum 1,000 5/day
09-May-08	7.20	
13-May-08		Full body bone scan – negative for metastases
02-Jul-08	5.50	
22-Jul-08		Biopsy consultation with urologist. Referral to BC Cancer Agency
02-Sep-08		Digital exam, 1 Zoladex® 10.8 mg injection, start bicalutamide 50 mg
03-Sep-08	15.50	
18-Sep-08	29.00	
08-Oct-08	6.70	
15-Oct-08	4.10	
12-Nov-08	0.58	
01-Dec-08		Interview with oncologist. Digital exam. No further treatment. Remission.
10-Dec-08	0.28	
07-Jan-09	0.23	

Products, the UK developer of the salvestrol technology. Professor Gerry Potter is a shareholder of Salvestrol Natural Products, the UK developer of the salvestrol technology.

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