CLINICAL EXPERIENCE WITH LOW DOSE NALTREXONE PROTOCOLS FOR VARIOUS CANCERS

2007

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THIOCTIC (ALPHA-LIPOIC) ACID IN THE TREATMENT OF AMATOXIN POISONING

Mr. JA
PANCREATIC CANCER

- 46 YO MALE ENGINEER FROM NEW MEXICO, PRESENTED TO ER WITH VAGUE ABDOMINAL PAINS, OCT, 2002

- CT PERFORMED

- REVEALED A DENSE MASS IN THE HEAD OF THE PANCREAS AND AT LEAST 3 LESIONS IN THE LIVER

- FINE NEEDLE BIOPSY OF LIVER METASTASIS REVEALED POORLY DIFFERENTIATED ADENOCARCINOMA
FOLLOWING DIAGNOSIS MR JA WAS SENT TO ONCOLOGIST FOR CHEMOTHERAPY

21 DAY COURSE OF GEMCITABINE AND CARBOPLANTIN

PATIENT BECAME VERY LEUKOPENIC, THROMBOCYTOPENIC

ONCOLOGIST STOPPED TREATMENT AND OFFERED NO HOPE FOR SURVIVAL
JA SOUGHT SECOND OPINION FROM WELL-RESPECTED TEXAS UNIVERSITY ONCOLOGY CENTER

AFTER COMPLETE WORK-UP AND REVIEW OF RECORDS AND BIOPSIES PATIENT WAS TOLD THAT HIS CONDITION WAS HOPELESS
MR JA PRESENTED TO MY OFFICE

HE TOLD ME THAT HE HAD A YOUNG SON AND MUST NOT DIE

I TOLD HIM THAT I AM NOT AN ONCOLOGIST, HOWEVER, I WOULD TRY TO FIND A PROTOCOL THAT MIGHT PROLONG HIS LIFE
MR. JA MEDICAL PROGRAM

- DIET, NUTRITIONAL, AND PALLIATIVE SUPPORT
- PRESCRIPTION DRUGS
- MODULATION OF IMMUNITY
FIRST TRY

HEALTHY LIFE STYLE PROGRAM

ALPHA-LIPOIC ACID (STABILIZE NF KAPPA B TRANSCRIPTION FACTOR, RESUSCITATE MITOCHONDRIA, ETC)

ALPRAZOLAM, ETC FOR ANXIETY

NOT MUCH CHANGE IN PATIENT’S CONDITION
ADDED

- LOW DOSE NALTREXONE 4.5mg Qhs
MR. JA AFTER SECOND WEEK OF TREATMENT

- BEGINNING TO FEEL NORMAL AGAIN

- ON JANUARY 3, 2003 A REPEAT CT SCAN WAS DONE
  (3 PLUS MONTHS AFTER DIAGNOSIS)
JANUARY 3, 2003
STABLE HEPATIC LESIONS
MR. JA

- THE COURSE OF EVENTS WERE UNEVENTFUL
- PATIENT BACK AT WORK FULL-TIME FEELING NORMAL (January 2003)
MR JA

- As the patient continued on his treatment plan, followup CT scans were ordered at regular intervals.
- They revealed no significant changes.
FEBRUARY, 2006
40 MONTHS POST DX
JA APRIL 2007
STILL ALIVE AND WELL AND WORKING
55 MONTHS SINCE DIAGNOSIS
NO COMPLAINTS

TREATED WITH LDN 4.5mg. Qhs PLUS A HEALTHY LIFESTYLE AND DIET, AND SUPPLEMENTED WITH ALPHA-LIPOIC ACID AND VITAMINS
THE LONG-TERM SURVIVAL OF A PATIENT WITH PANCREATIC CANCER WITH METASTASES TO THE LIVER

Berkson BM, Rubin DM, and Berkson AJ
Integrative Cancer Therapies
Volume 5, Number 1, March 2006
MRS. JK
PANCREATIC CANCER

80 YO FEMALE FROM SAN FRANCISCO
PAINLESS JAUNDICE OCTOBER 2005
DIAGNOSIS NOVEMBER 2005

ALSO POSSIBLE CAD
CT SCAN (NOVEMBER 2005) SHOWED PANCREATIC HEAD TUMOR WITH POSSIBLE LIVER INVOLVEMENT Ca19-9 WAS 356

PLACEMENT OF INTERNAL BILIARY SHUNT BIOPSY WAS UNSUCCESSFUL, REFUSED CHEMOTHERAPY
ARRIVED AT MY OFFICE JANUARY 2006

PET SCAN
MRS JK
JUNE 2006

PET SCAN

MRS JK

APPROXIMATELY 7 MONTHS POST DX
MRS. JK

1. DEVELOPED SOME SWELLING OF ABDOMEN IN JULY 2006, STOPPED TX AND RETURNED TO CALIFORNIA

2. BECAME VERY ILL IN OCTOBER 2006 CYTOLOGY OF ASCITIC FLUID SHOWED POORLY DIFFERENTIATED ADENO CA

3. SHE DIED IN LATE OCTOBER 2006 12 MONTHS FOLLOWING DIAGNOSIS
MR. RC
PANCREATIC CANCER

- 69 YO MALE FROM EX POLICEMAN FROM CHICAGO
- POST PROSTATE CANCER AND POST B CELL LYMPHOMA
- PANCREATIC CANCER WITH METASTASES
- DIAGNOSIS JULY 2006 WHIPPLE PROCEDURE
- ON NARCOTICS
ARRIVED AT MY OFFICE IN OCTOBER 2006

- WEANED OFF NARCOTICS AND TREATED WITH LDN 4.5mg Qhs
- NOT VERY ADHERENT TO LIFE STYLE OR DIET, HOWEVER, TOOK LDN QHS
FEBRUARY 2007
MR RC
APRIL 2007
10 MONTHS FOLLOWING DX
MR. TM
B CELL LYMPHOMA

62 YO MALE IN CONSTRUCTION BUSINESS
AODM, HYPOTHYROID, HYPERLIPIDEMIA

BIOPSY-
B CELL NON-HODGKINS LYMPHOMA
　FOLLICLE CENTER CELL ORIGIN
DIAGNOSIS MADE APRIL 2004
MR. TM
TREATMENT PROGRAM

- ARRIVED DECEMBER 2005

- 4.5 MG LOW DOSE NALTREXONE QHS (WIFE FORCED HIM TO TAKE THIS)

- NOT ADHERENT TO LIFE STYLE, DIET, AND VITAMIN REGIMENS
PERSONAL OPINIONS

- FOUR INTERESTING CASES
- LDN IS WELL-TOLERATED

- SOME OTHERS ARE ALIVE AND DOING WELL
- OTHERS ARE NOT DOING WELL, OR HAVE DIED.

B. BERKSON MD, MS, PhD
LOW DOSE NALTREXONE/ ANTIOXIDANT PROTOCOL MAY HAVE THE POSSIBILITY OF EXTENDING THE LIFE OF A PATIENT WHO IS CONSIDERED TERMINAL