

Healing CANCER

The Top 12 Non-Toxic Cancer Treatments
To Help You Beat Cancer

SIMON & ENRIDA KELLY

"The definitive selection of non-toxic cancer treatments... a *must read* for cancer patients, their families, and all those interested in the most potent cancer prevention strategies."

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Cancer Options,
Harley Street,
London

FOREWORD BY
**Etienne
Callebout
M.D.**

IS IT POSSIBLE TO HEAL THE BODY OF CANCER?

Within these pages we seek to answer this most important and fundamental question with integrity and honesty. **Healing Cancer** presents accurate and responsible guidance on the latest and most important non-toxic cancer treatments, based upon the immense knowledge and experience generously shared by the world's leading professionals in this field. It is ideal for readers new to alternative cancer therapies, as well as those seeking information on the latest breakthroughs.

- Hear from 7 of the world's leading experts on non-toxic cancer treatments
- Read about the most important cancer treatments for the future – and how to use them today
- Find out how to obtain independent information about your chances with conventional therapies
- Discover essential facts about chemotherapy – and details of a test that will enable you to find out in advance if it is likely to work
- Obtain detailed information about each non-toxic therapy discussed including cost and availability
- Gain information about leading unconventional cancer clinics, and how to utilise the therapies they offer

"An exceptionally valuable book...ideal for cancer patients determined to do as much as possible to overcome their cancer."

DR JULIAN KENYON, THE DOVE CLINIC FOR INTEGRATED MEDICINE, UK

"A book of vital importance...Healing Cancer is the only cancer book around that addresses all the major alternative therapies in a way designed to help cancer patients make definitive decisions about therapy, treatment and products."

DR MILO D. SIEWERT, MD DC ND

The authors, Simon & Enrida Kelly, run a private health practice in West London offering a range of naturopathic health therapies.

Health, Family & Lifestyle/

Scientific, Technical & Medical

Cover design: DigiCan, Scotland

UK £14.95*

US \$24.95*

*recommended price

ISBN 0-9544636-8-4



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Dr Lechin's Neuroimmunomodulation Approach to Cancer

Extract From: Healing Cancer: The Top 12 Non-Toxic Cancer Treatments To Help You Beat Cancer

Dr Lechin's Neuroimmunomodulation Approach to Cancer is based around manipulating neurotransmitters in the brain so as to directly affect the functioning of the immune system. It shows extremely promising results, is non-toxic and can proceed in conjunction with other non-toxic anti-cancer therapies. Furthermore, it is based on solid science and research, including the neurochemical profiling and treatment of over twenty-five thousand individuals suffering from a variety of illnesses and diseases. Dr Lechin, a Venezuelan doctor and researcher, has pioneered this technique over the last thirty years. As of writing, he is seventy-five years of age, still running a busy clinical practice and carrying out associated research. Dr Lechin's Neuroimmunomodulation Approach to Cancer (as well as other somatic and psychological illnesses) represents the culmination of his life's work.

Dr Lechin has documented (along with complete clinical records including X-ray evidence) many instances of recovery from cancer, using neuroimmunomodulation techniques. However, though Dr Lechin has published over one hundred and seventy research papers detailing aspects of his approach, in common with other 'cutting edge' researchers, he has found it difficult to find wider acceptance of his findings and associated therapy. He writes:

'Up to the present we have treated some three thousand advanced cancer patients. Most came to our institute when all conventional therapies had failed. We have presented our results in the most important cancer hospitals of the US...

...It is not our intention to announce a cure for malignant diseases, but to demonstrate the close association existing between uncoping stress situation, Th-2 immune profile, and malignant disease. When we lectured, by invitation at conferences in several US oncology hospitals and universities, oncologists were greatly impressed. However they asked us for a package treatment like chemotherapy and radiotherapy. They could not accept treatments based on neuropharmacological, neuroendocrinal or neuroimmunological manipulations. Their hospitals are not provided with neurochemical laboratories. These specialists felt unable to design appropriate neuropharmacological therapy according to neurochemical + immunological findings. Unfortunately this obstacle is still present. For our part, we continued applying our therapeutical approach on cancer patients attending our institute and gave up reporting our experience to medical journals

because they lacked adequate reviewers and asked for double blind studies...'¹

Seventy-five of Dr Lechin's published papers detailing the approach with a variety of conditions can be accessed through PubMed at:

www.ncbi.nlm.nih.gov/entrez/query.fcgi?CMD=Display&DB=PubMed

If you are not able to use the above link, you can go to the home page of the National Center for Biotechnology Information at: www.ncbi.nih.gov and enter 'Lechin F.' in the search box, change the search drop down box so it reads 'PubMed', and click 'Go'. The papers will then be brought up. (If you wish to read the associated abstracts, you can change the drop down box next to the 'Display' button to 'Abstract'—and then click the 'Display' button.

Dr Lechin is working hard at communicating his findings to clinical doctors around the world so they can begin using this promising and revolutionary approach to illness. To this end, he has recently published a book detailing both the theoretical foundations of the neuroimmunomodulation approach to illness as well as detailing how doctors can implement it as a therapy for their patients. It is a detailed and technical book, specifically aimed at the practicing physician and is titled Neurocircuitry and Neuroautonomic Disorders: Reviews and Therapeutic Strategies (published by Karger).

The basis of Dr Lechin's approach is a profiling of an individual's main neurotransmitters, particularly in terms of the ratios they are present in relation to each other. Neurotransmitters are chemicals secreted by various parts of the brain and are responsible for the functioning of parts of the body such as the immune system and the endocrine system.

The main neurotransmitters profiled by Dr Lechin are noradrenaline, adrenaline, dopamine, free serotonin, total serotonin, and tryptophane. The profile usually includes other immune and biological markers measured through standard blood tests. (It is important to note the above neurotransmitter profiling is carried out using blood serum measurements—not urine type measurements as are more commonly available).

An individual's neurotransmitters are measured at various times during a challenge test, i.e. an individual is given a substance (e.g. busisphone) that causes a change in neurotransmitter levels for a couple of hours. Neurotransmitter levels are measured at various times during the challenge test, and then plotted on a graph. When analysed, the results provide in-depth information about how an individual's immune system is functioning. Further, an individual's profile can be compared with known profiles of both health and illness.

For instance the ratio of Noradrenaline to adrenaline has been found to be very significant. From the thousands of profiles carried out, it has been es-

established that when the ratio is low (e.g. less than 2:1), it usually indicates an individual is badly adjusted (physiologically) to stress's in their life. Dr Lechin has named a profile such as this, 'uncoping stress profile'. It should, however, be borne in mind that the reading of challenge test results in conjunction with all the other measurements takes significant skill and expertise. Dr Lechin would therefore like to see an increase in relevant training for doctors so that they can interpret and understand neuropharmaceutical data. His view is that only then will we be able to use neuropharmaceutical agents in a beneficial and individually tailored way. In contrast, at the present time, for illnesses for which such drugs are employed (e.g. mental health issues), they are administered in a 'one size fits all' manner—specified by drug manufacturers.

The actual therapy focuses on 'nudging' a patient's neurological profile towards one that is found in healthy individuals. The particular benefit for cancer patients (usually Th2 profile—apart from Hodgkin's lymphoma and pancreatic adenocarcinoma) of pushing their profile towards a healthy state includes enhanced cellular immunity. That is, as their profile is normalised, they will likely show increased activity of their immune system—for example, increased killer cell activity, which in turn is beneficial in terms of the body being able to deal with tumours and rogue cancer cells that might metastasise.

A typical therapy for a Th2 profiled patient might include some or all of the following (it is worth noting that Dr Lechin only uses very low doses of the following medicines and that they need to be taken at fairly precise times of the day):

- i. NA (Noradrenaline) precursors (L-tyrosine, L-phenylalanine)
- ii. NA-releasing agents
- iii. Small doses of β -blocking agents
- iv. NA uptake inhibitors
- v. NA + dopamine enhancer drug
- vi. Small dosages of 5HT precursor before bed

The impact of the medications are monitored closely and adjusted as needed. After a period of time, an individual should be re-profiled to check how their neurochemical profile has altered in response to therapy. As discussed above, the experience of Dr Lechin and his team has shown that as an individual's profile normalises so they move towards a state of normal health.

Dr Lechin has published several studies on his work with cancer patients. In a 1987 paper Dr Lechin presented visual evidence from twenty-two representative cases—demonstrating how tumours had responded to therapeutic medication provided. (All patients stopped other cancer therapies before beginning Dr Lechin's protocol). A similar 1989 paper also providing photo-

graphic evidence of the improvements of individuals on the therapy is equally impressive.

Another paper entitled ‘Successful Immunopharmacological Therapy of thirty-seven Metastatic Cancer Patients’ reports:

‘All patients improved significantly, with improvement rated as follows:

- i. Total remission of tumour and metastases (nine cases)
- ii. Significant (50%) reduction of metastases and survival up to the present time (thirteen cases)
- iii. Halt in metastases progression plus survival up to the present (seven cases)
- iv. Slowing of metastases progression plus three-fold increase of life expectancy (eight cases)

All patients, including those of Group IV, remained symptom less throughout treatment...’

Lastly, it is worth noting that Dr Lechin has applied the above therapeutic principles to many other illnesses with successful results including myasthenia, thrombocytopenic purpura, Guillain-Barre, bipolar syndrome, rheumatoid arthritis, multiple sclerosis, Crohn’s enteritis and others. In our view, treating illness by modifying an individual’s neurotransmitter profile is an approach to health and disease that will ‘burst’ onto the global stage over the next 10-20 years. It is an approach that has enormous potential because the neurotransmitters are the ‘puppet strings’ that control and coordinate all of the systems in the body.

Clinic Details:

If you wish to call, the clinic is open in the mornings (until 13-00)—however not all the clinic staff speak English and so you might do better sending a fax.

Tel: (582) 574 2568 or (582) 574 2702 or (582) 574 4819
(582) 574 9953 or (582) 574 2702 or (582) 574 8842

Fax: (582) 575 3161 or (582) 961 0172

Email: flechin@telcel.net.ve

Web: www.lechin.com

Address: Dr Fuad Lechin
Av, Panteon – Piso 8 – 805 – 807 y 812
Anexo al Hospital de Clinicas Caracas
San Bernardino

Caracas
Venezuela

Cost of therapy: Blood tests and initial medication to take home approx £2000- £3333 (3000-5000 US dollar).

Above cost does not include accommodation—but the clinic can help you arrange this. A room in a nearby hotel with three meals a day costs around £41.88 (\$67) per day.

How to go about receiving the therapy: The therapy is very easy to carry out at home once you have had the appropriate blood tests carried out. At present there are only a few laboratories in the world that are able to carry out the blood serum tests needed—and the only one available for public use is Dr Lechin's clinic in Caracas, Venezuela. Dr Lechin's clinic is sited in the brand new Clinic de Caracas, a newly constructed hospital near the centre of the city.

The relevant blood tests (to establish your present immune system profile) can be carried out the day after you arrive. The results take three or four days to come back. Dr Lechin's team will then prescribe appropriate medication to move your immune profile back towards one that represents full health. You will need to stay around the clinic for a couple of weeks while Dr Lechin's team assess the impact of your medication.

Once Dr Lechin's team feel confident that your medication is moving your immune profile in the right direction, you can return home. Once home, you continue taking the prescribed medication—though long term, you will need to source this from your local doctor or other health professional.

It is best to return to the clinic at a future date (e.g. six months) to have a repeat profiling carried out. This will establish the exact impact of the medication upon the various systems of your body. Additional fine-tuning will be carried out if necessary.

WRITTEN Q AND A WITH DR LECHIN (NEUROIMMUNOMODULATION)

Question: Can you begin by describing the number of individuals with cancer you have treated—how successful you feel you have been, and how you treat cancer.

Answer: We have successfully treated around three thousand cancer patients. We have obtained very high success with stomach, prostate, ovarian and kidney cancer patients.

And we have successfully treated hundreds of advanced breast cancers. However, we also prescribed surgery before or after our therapeutic manipulations.

Our therapeutic approach is based on neuropharmacological manipulations. These are addressed so as to enhance a person's immunological activity. In my opinion, neuroimmunomodulation is the best available procedure to trigger macrophage activity [a type of white blood cell which can kill cancer cells]. These cells are responsible for the release of the cytokines—IL2, IL12, IL18, and interferon, TNF etc [all important substances released by the body in its fight against cancer].

We have correlated that cancer, stress and the immune system are very intertwined. Cancer can disappear and reappear—according to stressful events.

Question: Can you explain about the immune profiling procedure. If an individual is to find a laboratory that can carry out the appropriate blood profiling for them, what are the minimum tests that they need to have done?

Answer: They need to have a neurochemical profile carried out—i.e. the levels of plasma neurotransmitters (in blood) such as noradrenaline, adrenaline, dopamine, free serotonin, total serotonin, and tryptophan.

Question: Should the neurotransmitters be measured during a challenge test (stress test) or can they just have a snapshot of their neurochemical profile carried out after fasting for a number of hours?

Answer: It should be during a challenge test—there are several possible stress tests that we use. For instance:

- a) Orthostasis [i.e. standing upright] and exercise
- b) Oral glucose challenge
- c) Burpirone challenge

There are some others—we can advise on the most suitable type of stress test.

Question: What about if a person can't locate a lab to do their neurochemical profile—is it possible to send you a sample of blood for testing here in Venezuela?

Answer: I am afraid it is not possible to do this.

Question: Let's suppose someone comes to you for the blood test and then returns home to begin initial treatment. Are you and your team able to support patients and their doctors from a distance—have you worked like this before?

Answer: Yes it is perfectly possible—and yes we have done it before.

Question: Let's say a person suffering from cancer preferred to stay in Venezuela to receive treatment. What time period would they need to stay for you to really tailor the therapy for them, and for them to see a difference? In addition, what sort of cost would they be looking at?

Answer: I would say that their length of stay would need to be around two to three months—and the cost of this treatment (excluding accommodation and food), would be around 3,000 – 5,000 US dollars.

Question: Do patients ever experience any serious side effects from the drug treatment that you prescribe.

Answer: Never. No undesirable side effects occur—on the contrary, only desirable side effects!

Question: What about surgery for cancer patients—what are your recommendations regarding this?

Answer: Surgery is necessary, usually in all cases. It removes a high number of malignant cells and thus facilitates the neuro-immunological therapy.

Question: Can you explain why you include recommendations for small amounts of both levamisole and methotrexate (chemotherapy agents) in your prescriptions for some patients? I was surprised to see the mention of the use of these agents in your protocol. What is your feeling about chemotherapy in general?

Answer: Well levamisole enhances Th1 activity. It is useful from this perspective [when used in very small amounts].

Chemotherapy is addressed to kill malignant cells. However, macrophages are destroyed by chemotherapeutical agents as well. These agents tend to kill macrophages before they eliminate all malignant cells.

I should point out that we can only treat previously non-treated cancer patients. Experience has taught us we cannot help patients who have received chemotherapy and/or radiotherapy. There are only two types of cancer patients who should be treated with those therapies: Hodgkin's lymphoma and testes cancer.

Question: You have mentioned Th-1 and Th-2 immune profiles—can you say what these correspond to?

Answer: Humoral immunity = Th2 immunity. This is the side of the immune system that is most linked with antibody production.
Cellular immunity = Th1 immunity. This is the side of the immune system most linked with cellular immunity—e.g. macrophages. This is the side of the immune system that it is usually important to stimulate in the cancer patient.

Although we have successfully treated many hundreds of cancer patients, our major concern is with the neuropharmacological therapeutic approach to almost all diseases. Drugs which act at central nervous system level trigger changes at the immune system. It is called neuroimmunomodulation.

There are two types of diseases: Th-1 predominant and Th-2 predominant diseases. Neuroimmunomodulation is addressed to find Th1 = Th2 balance. For instance, bronchial asthma, myasthenia gravis, gastroduodenal ulcer, infectious diseases, parasitic diseases and most types of cancer are included amongst Th-2 predominant diseases. Conversely, multiple sclerosis, rheumatic diseases, Crohn's diseases etc. are included into Th-1 predominant diseases. There are other diseases which show oscillations between these two poles. (Systemic Lupus is the typical example of the latter group).

Question: In your work you stress the importance of sleep—in terms of the correct regulation of neurotransmitters. You point out that the different stages of sleep are vitally important in enabling us maintaining a strong immune system. In connection with this, how come some people (e.g. Mrs Thatcher) are reputed to be able to get by with only a few hours of sleep a night?

Further, what about people who work odd shift hours—what is your recommendation to them?

Answer: It is my opinion that Mrs Thatcher became old quite prematurely. I think this happened because she is a poor sleeper. A person can sleep during the day or the night. However, you should sleep enough and deeply enough.

In terms of the stages of sleep, there are two important stages: slow wave associated sleep and REM associated sleep. REM sleep is necessary for

memory consolidation while slow wave sleep is necessary for things like somatic restoration, immunity, anti-stress etc.

Question: How practical is it for clinical doctors to learn enough about neurochemistry required to carry out your therapy. A few pages from your last book might send many doctors running for cover. It seems to require a very detailed understanding of neurochemistry. Without this understanding, patients will end up being treated with standard dosages and treatments.

Answer: This is absolutely true. It took me forty years to build the bridge between basic science and medicine—you should remember that I am an MD, a psychoanalyst, a physiologist, a pharmacologist and a mathematician as well as possessing a great deal of immunological information.

For the above reasons, I am a lonely man. I feel that most doctors do not understand what I explain. In addition, the history of medical science tends not to be written in small countries, like Venezuela—rather at the present time, truth is the private property of the USA (just as the UK was the owner of ‘truth’ for the last three hundred years).

Question: Bearing this in mind (i.e. that very few doctors possess the skill and understanding necessary to use medications to accurately manipulate neurochemicals in the brain), would it really be that bad if people were treated with standard regimes and dosages—i.e. doctors could give cancer patients a typical drug prescription and see whether it works?

Answer: I am afraid that this simplistic approach does not work. It is necessary to manipulate many variables in order to reach the target. Doctors should be aware about the physiological disorders underlying the symptoms. It is a new language that should be understood by doctors.

Question: What about critics of unconventional cancer therapies such as Saul Green, who maintain that there is no immune surveillance over cancer? He would claim, for instance, that the immune system of most cancer patients is indicated to be perfectly normal if tests are carried out.

Answer: It is very difficult to state that the immune system of cancer patients is normal. Today we know that there are many, many variables that need to be investigated in order to establish the concept of ‘normality’ of the immune system. Saul Green is an ignorant man about this issue.

Question: What about food—what role can foods play in your system—i.e. do you see your treatment supported and enhanced by particular foods, or do you consider them basically irrelevant to your therapy?

Answer: Well, there are no direct links between foods and the immune system. However, essential amino acids play a primary role as precursors of noradrenaline and serotonin, the two neurotransmitters responsible for the immunoactivation and immuno suppression, respectively.

However, it is 'best' that people showing a high noradrenaline to adrenaline ratio should eat carbohydrates. Whereas, people showing a low noradrenaline to adrenaline ratio should eat mainly proteins.

ⁱ Dr Lechin, Neurocircuitry and Neuroautonomic Disorders - Reviews and Therapeutic Strategies (Karger, 2002) by p.76