CLINICAL EXPERIENCE WITH LOW DOSE NALTREXONE PROTOCOLS FOR VARIOUS CANCERS
2007

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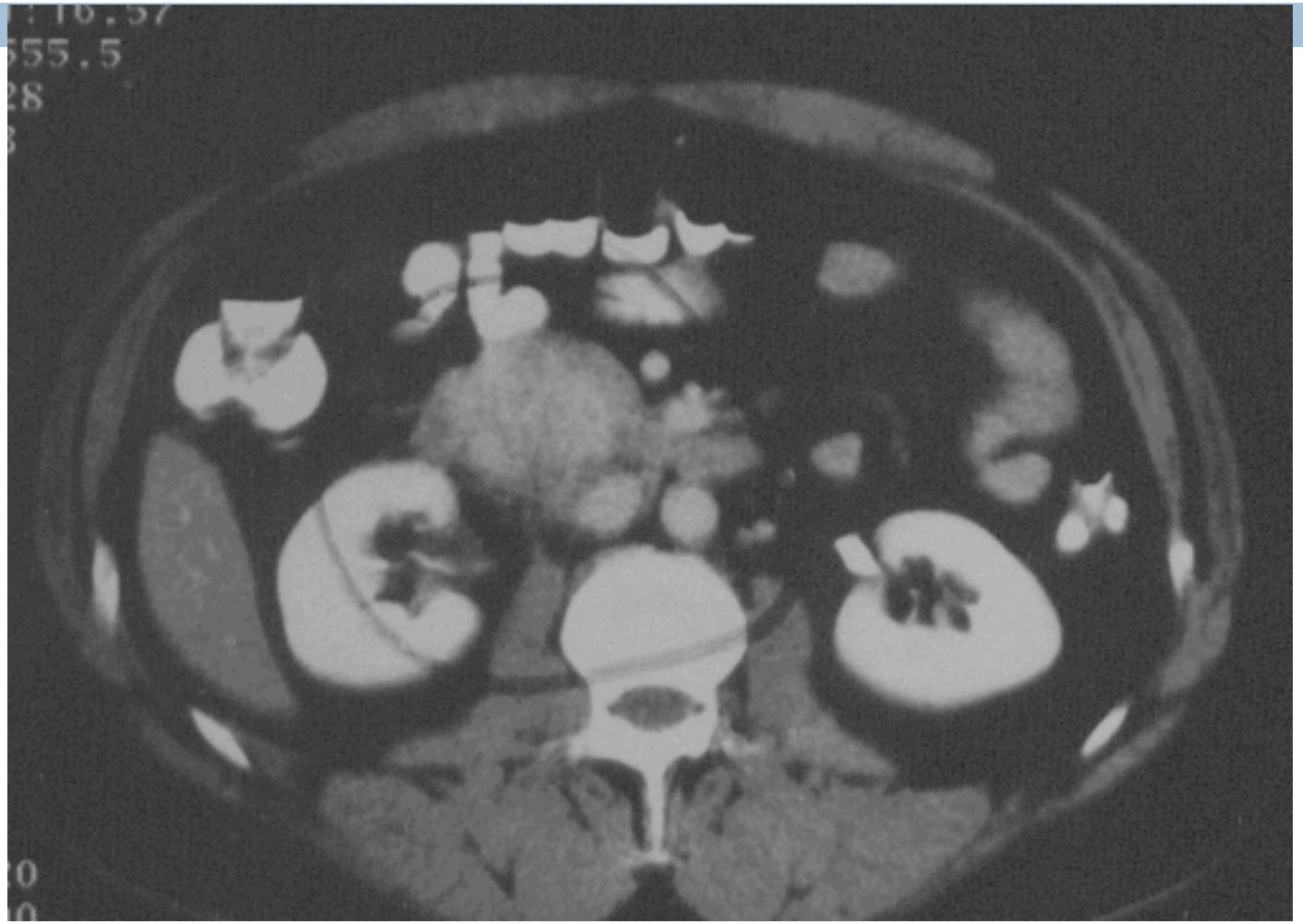
THIOCTIC (ALPHA-LIPOIC) ACID IN THE TREATMENT OF AMATOXIN POISONING

Bartter F, Berkson B, Gallelli J and Hiranaka P. "Treatment of Four Delayed-Mushroom-Poisoning Patients with Thioctic Acid." in Amanita Toxins and Poisonings, eds Faulstich, H., Kommerell, B., and T.Wieland, Verlag Gerhard Witzstrock, Baden-Baden, New York 1980.

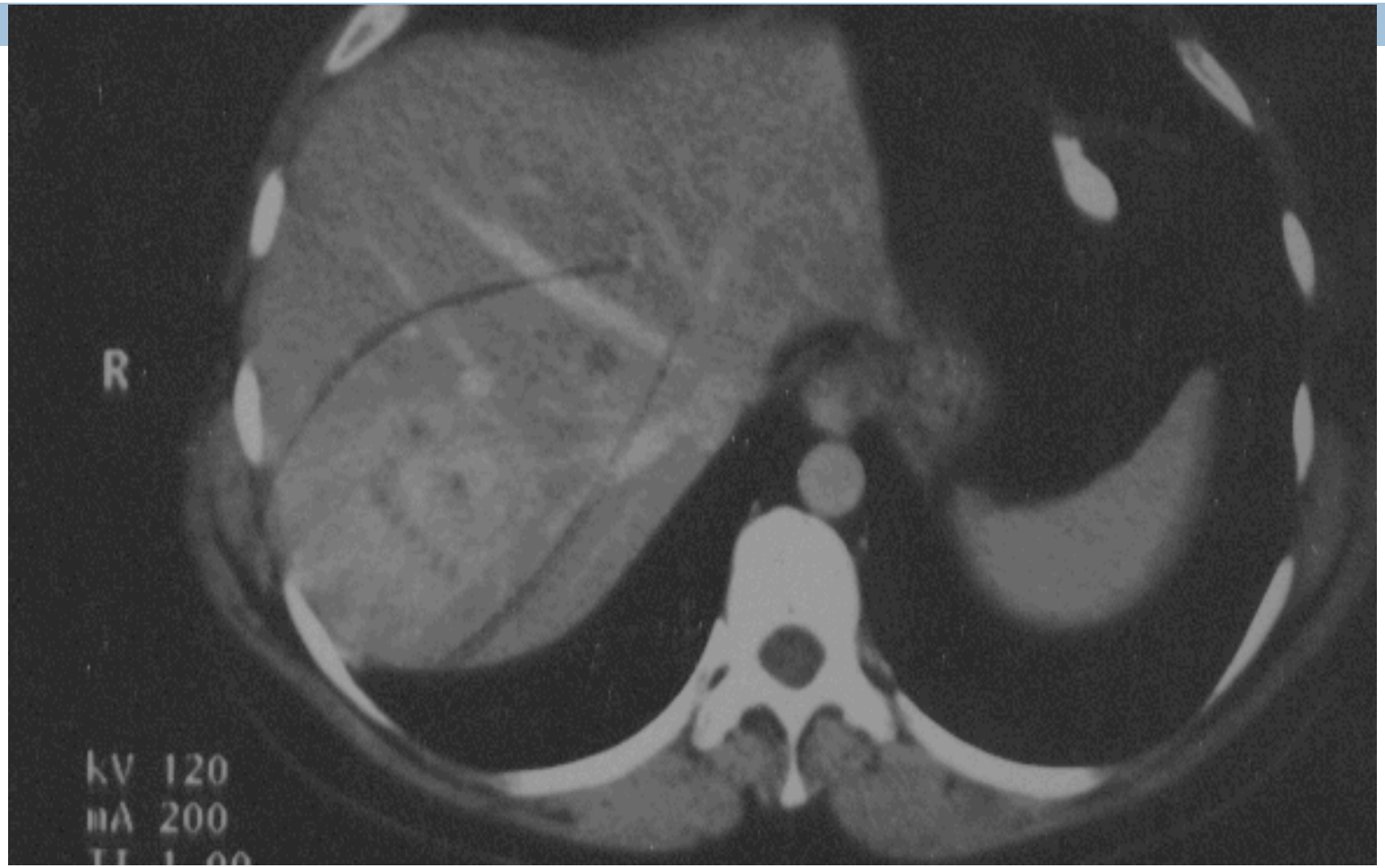
Mr. JA
PANCREATIC CANCER

- 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

OCTOBER 8, 2002



OCTOBER 8, 2002



MR. JA NOVEMBER 2002

- 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

MR JA NOVEMBER 2002

- 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

NOVEMBER 25, 2002

- 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

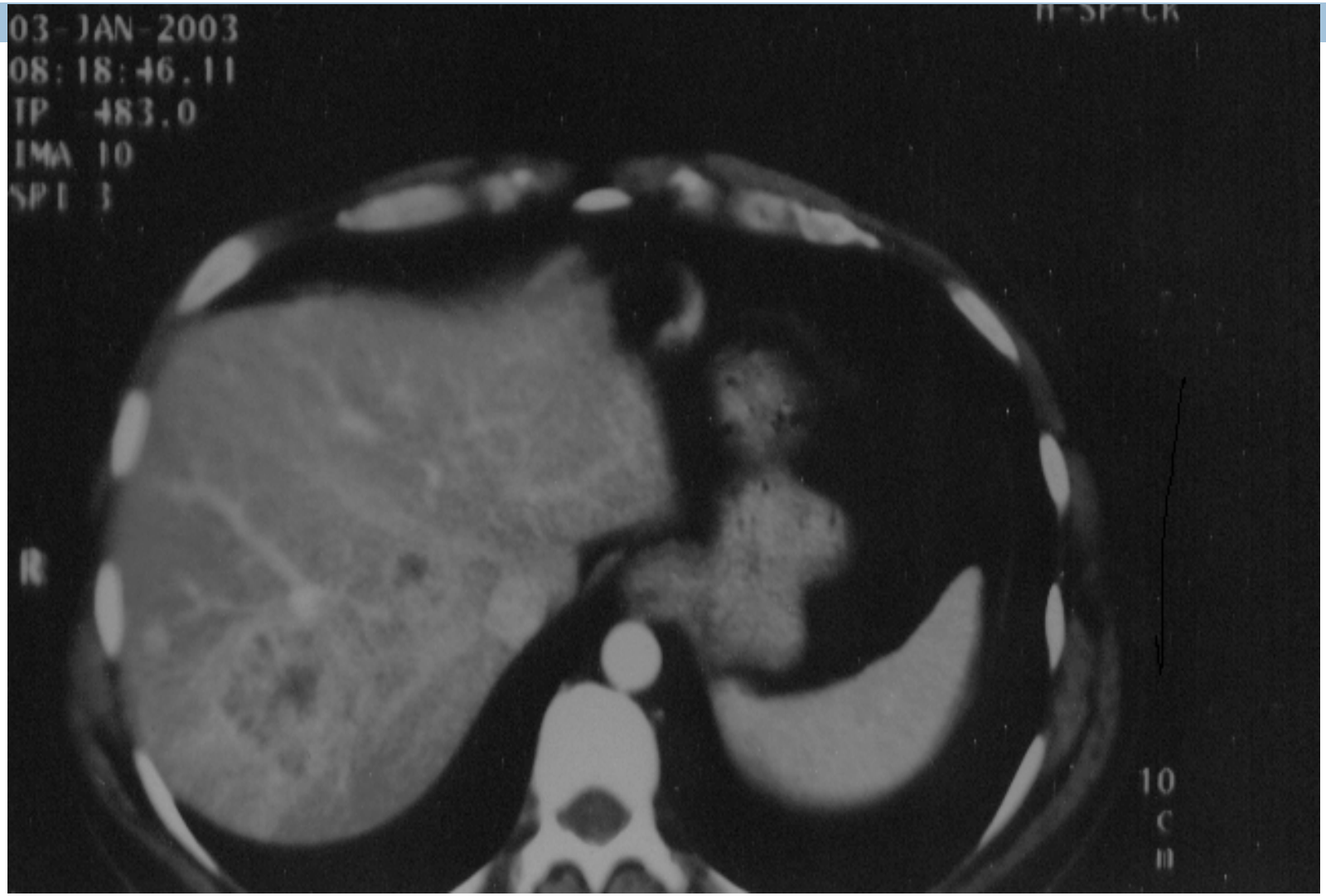
- **LOW DOSE NALTREXONE 4.5mg Qhs**

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



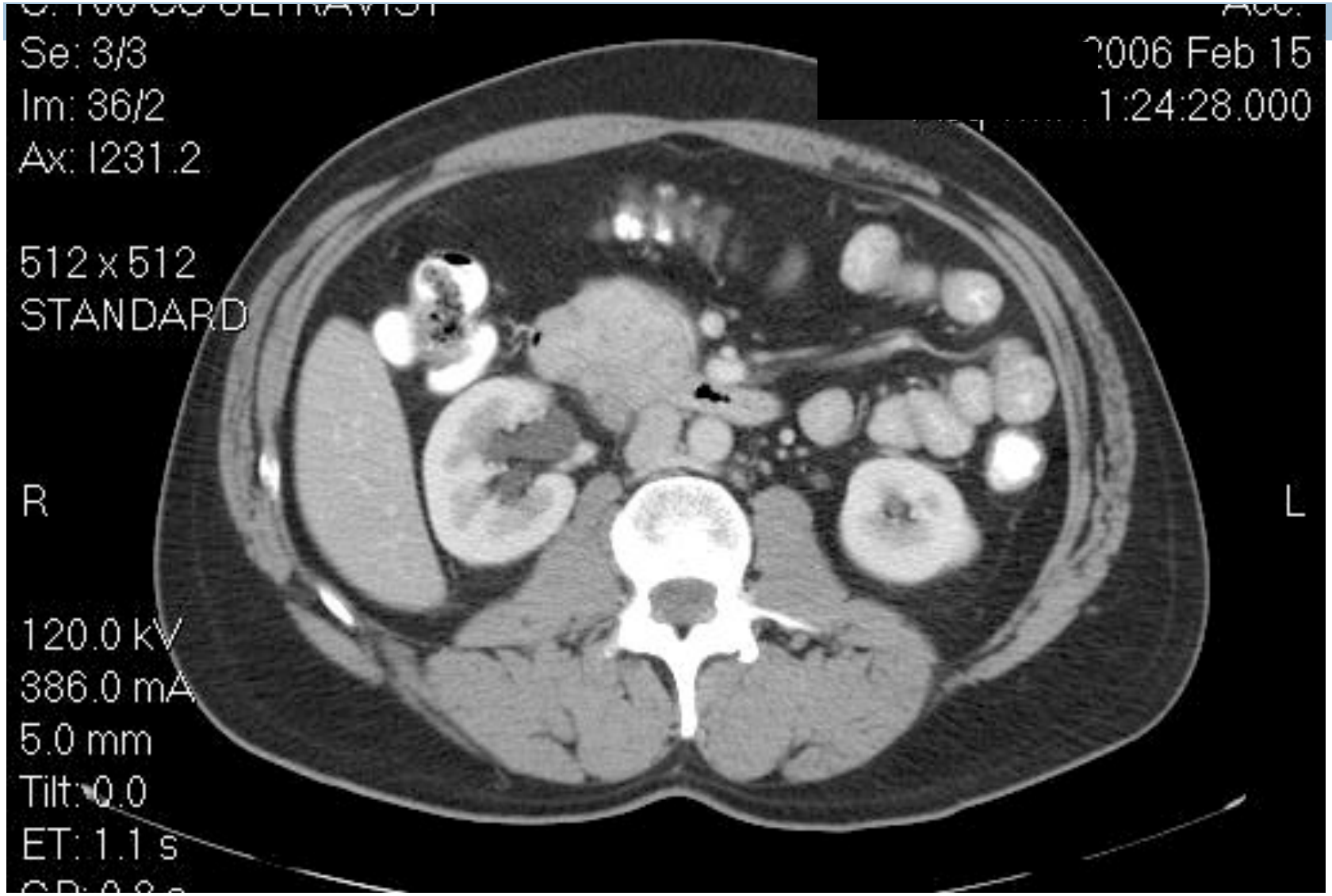
MR. JA

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

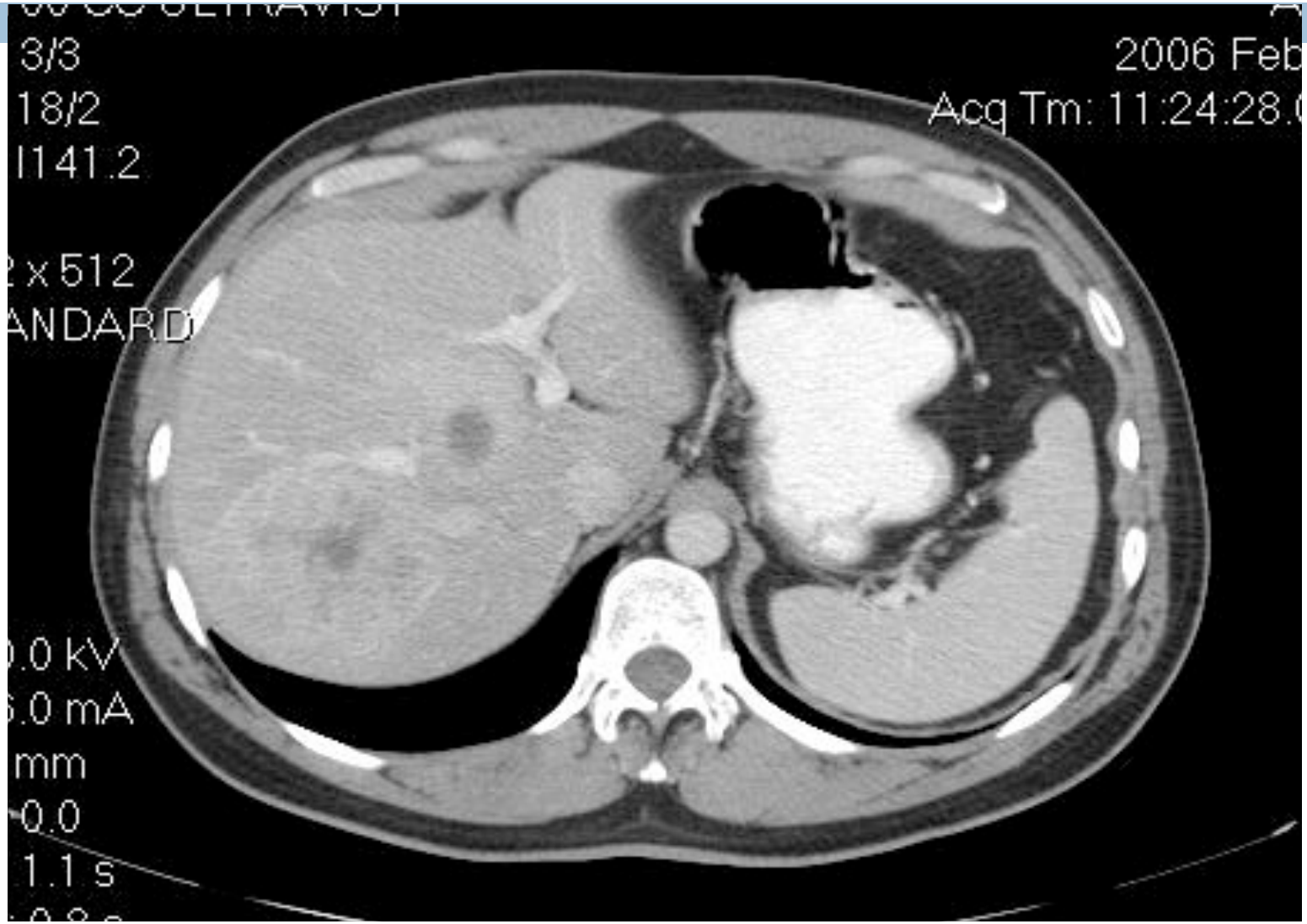
MR JA

- AS THE PATIENT CONTINUED ON HIS TREATMENT PLAN, FOLLOWUP CT SCANS WERE ORDERED AT REGULAR INTERVALS.
- THEY REVEALED NO SIGNIFICANT CHANGES

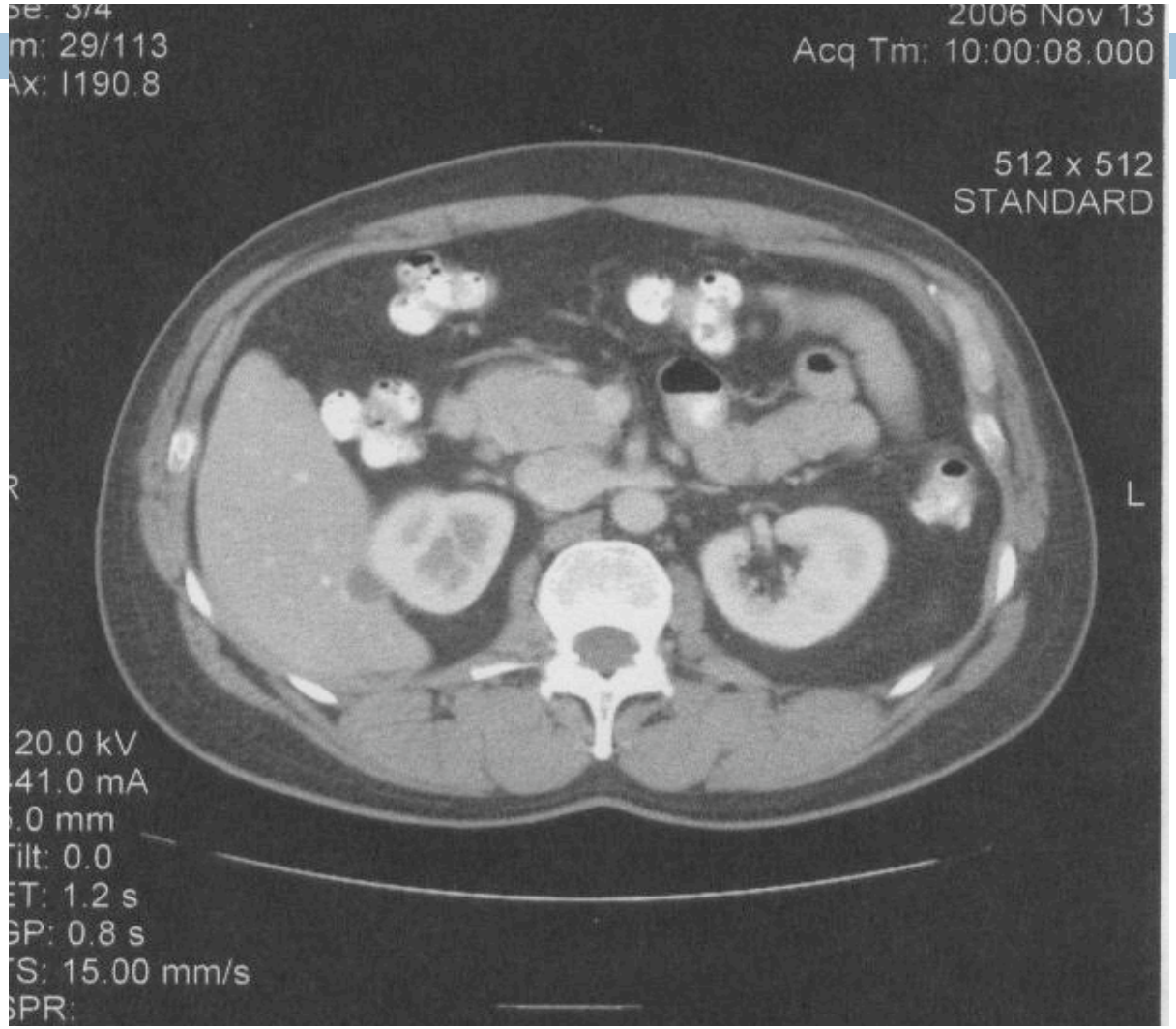
FEBRUARY, 2006
40 MONTHS POST DX



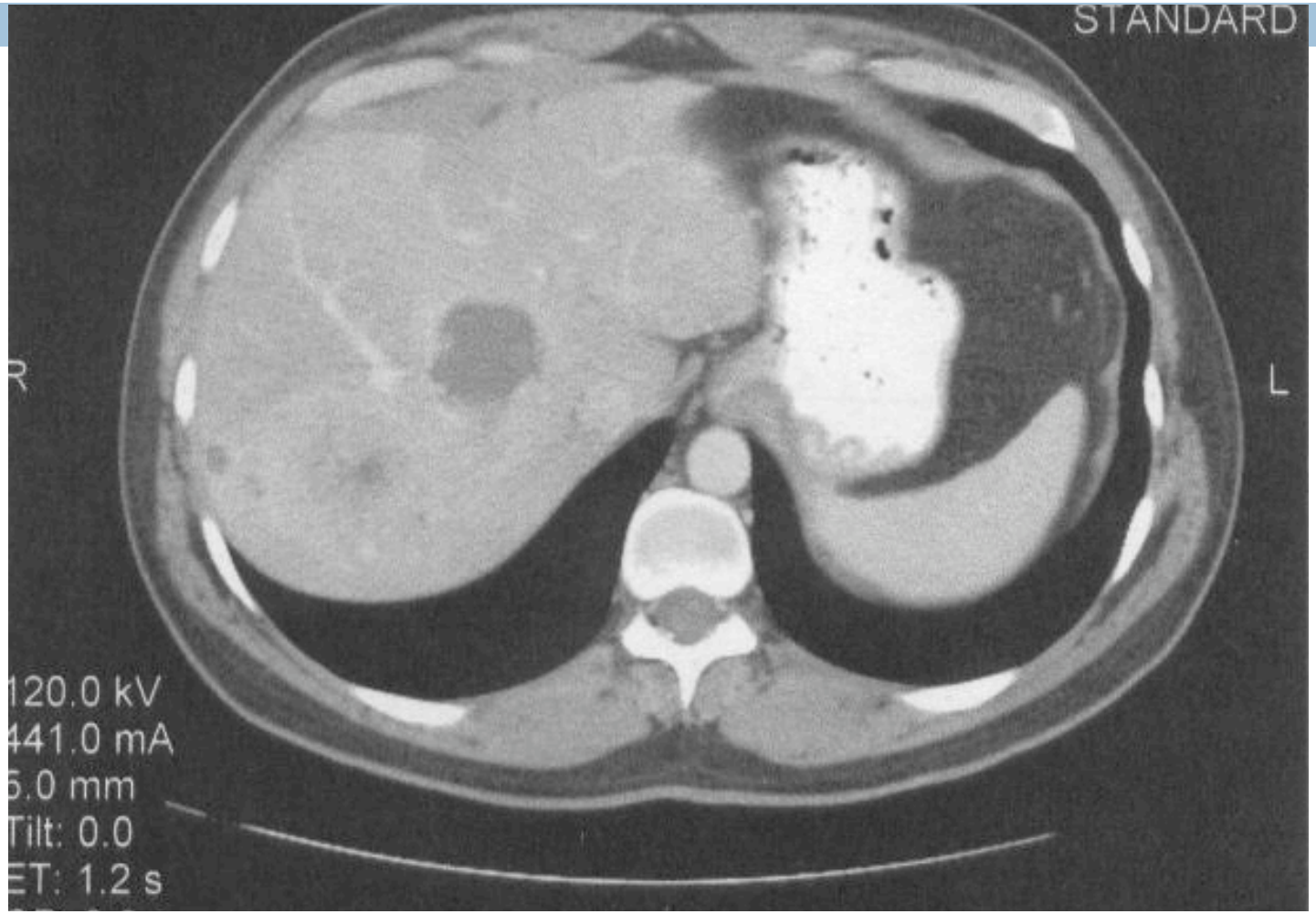
FEBRUARY, 2006
40 MONTHS POST DX



NOVEMBER 2006



NOVEMBER 2006



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

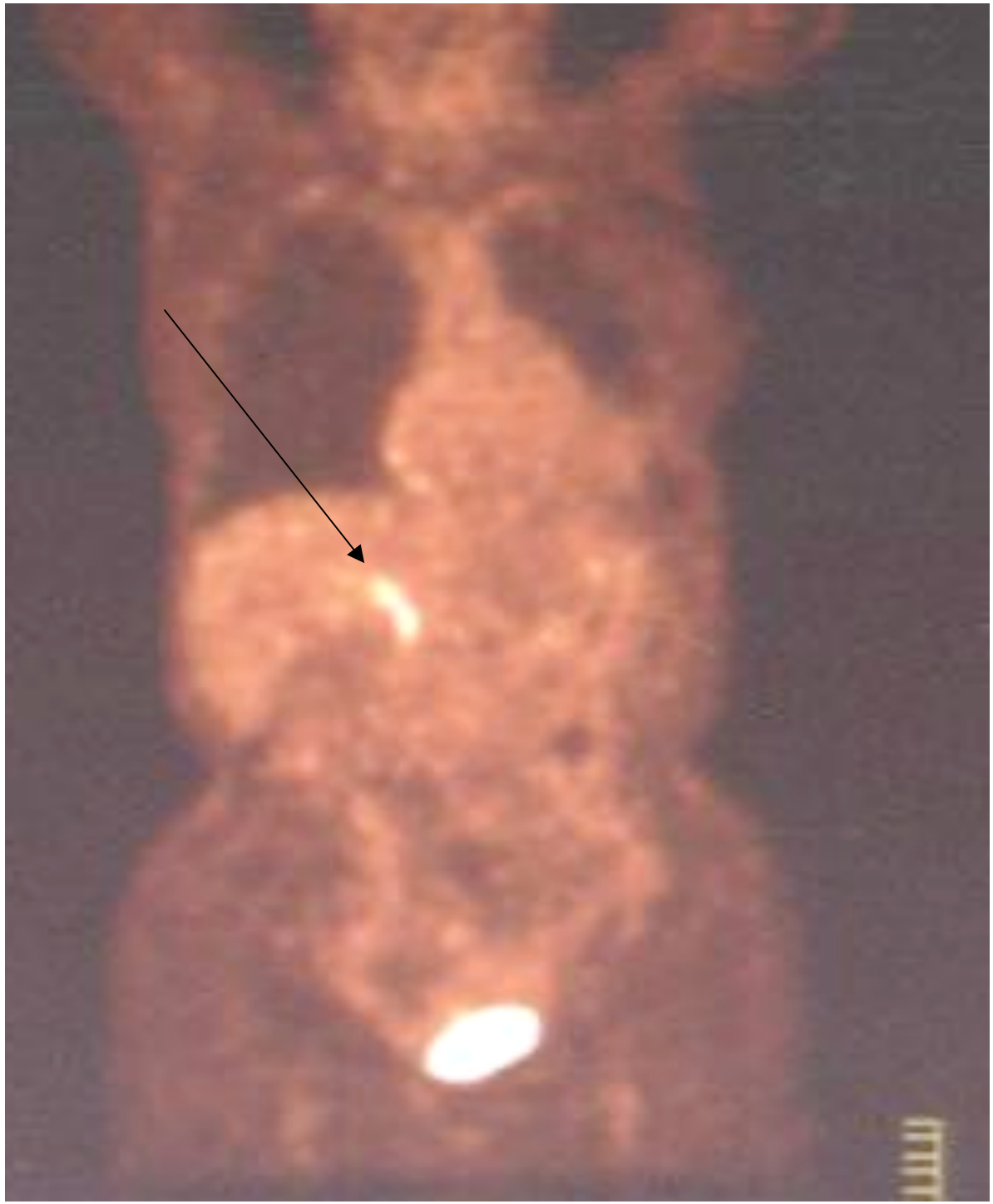
CT SCAN (NOVEMBER 2005) SHOWED PANCREATIC HEAD TUMOR WITH POSSIBLE LIVER INVOLVEMENT Ca19-9 WAS 356

PLACEMENT OF INTERNAL BILIARY SHUNT BIOPSY WAS UNSUCCESSFUL, REFUSED CHEMOTHERAPY

ARRIVED AT MY OFFICE JANUARY 2006

PET SCAN

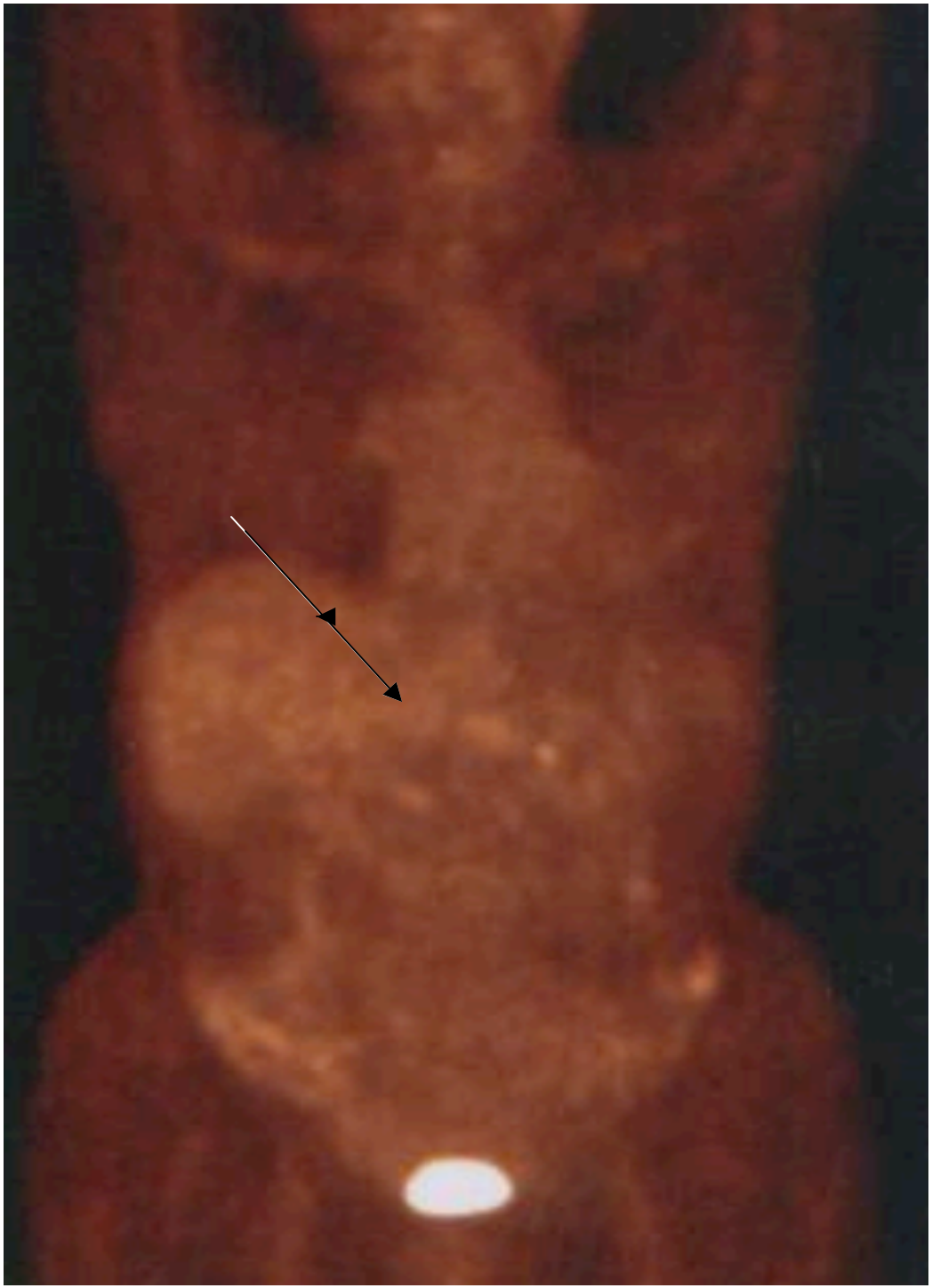
MRS JK



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

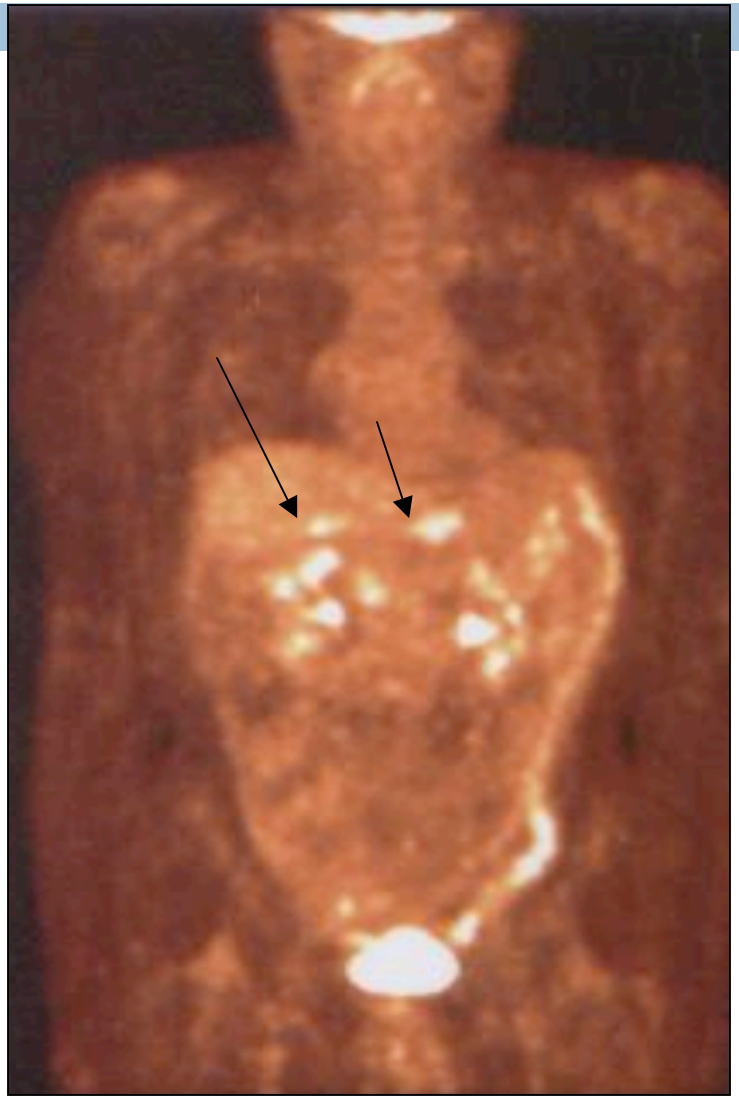
MR. RC
PANCREATIC CANCER

- 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

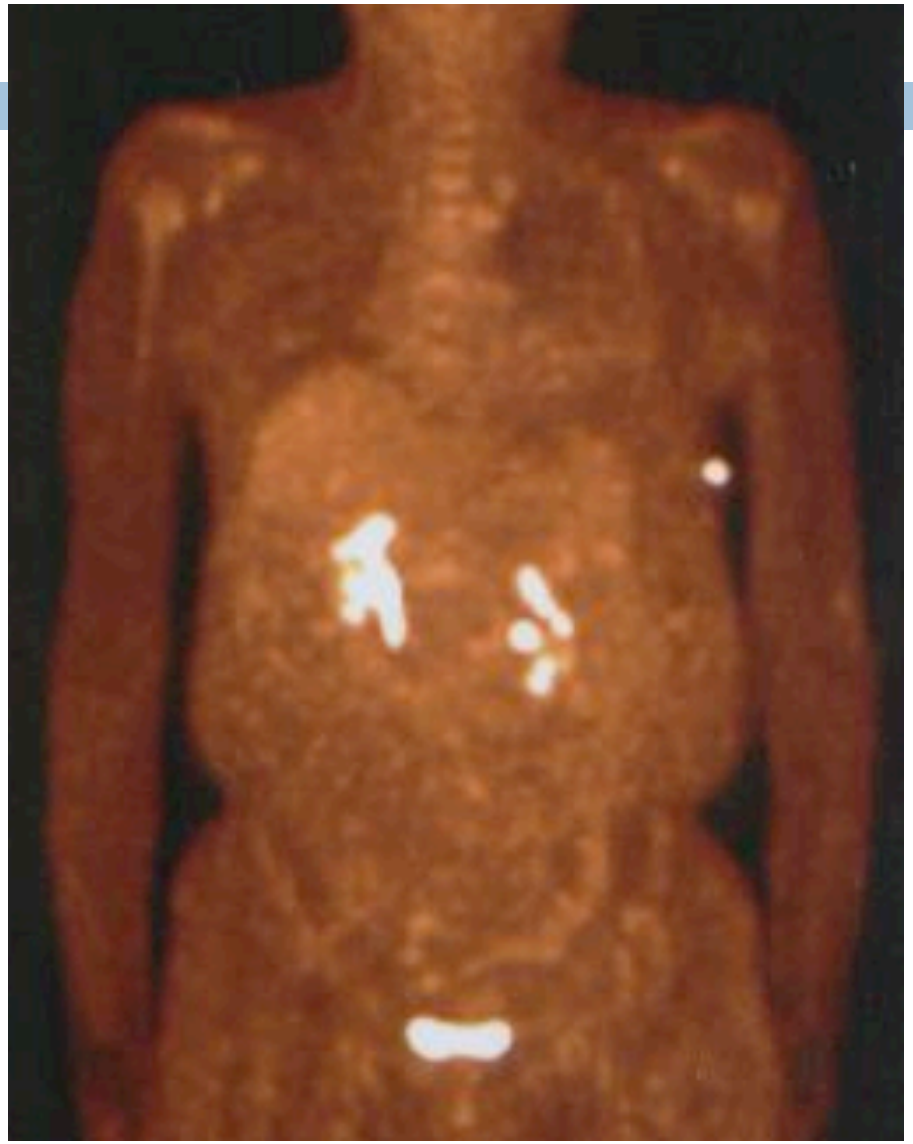
ARRIVED AT MY OFFICE IN OCTOBER 2006

- **WEANED OFF NARCOTICS AND TREATED WITH LDN 4.5mg Qhs**
- **NOT VERY ADHERENT TO LIFE STYLE OR DIET, HOWEVER, TOOK LDN QHS**

PET SCAN
NOVEMBER 2006



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

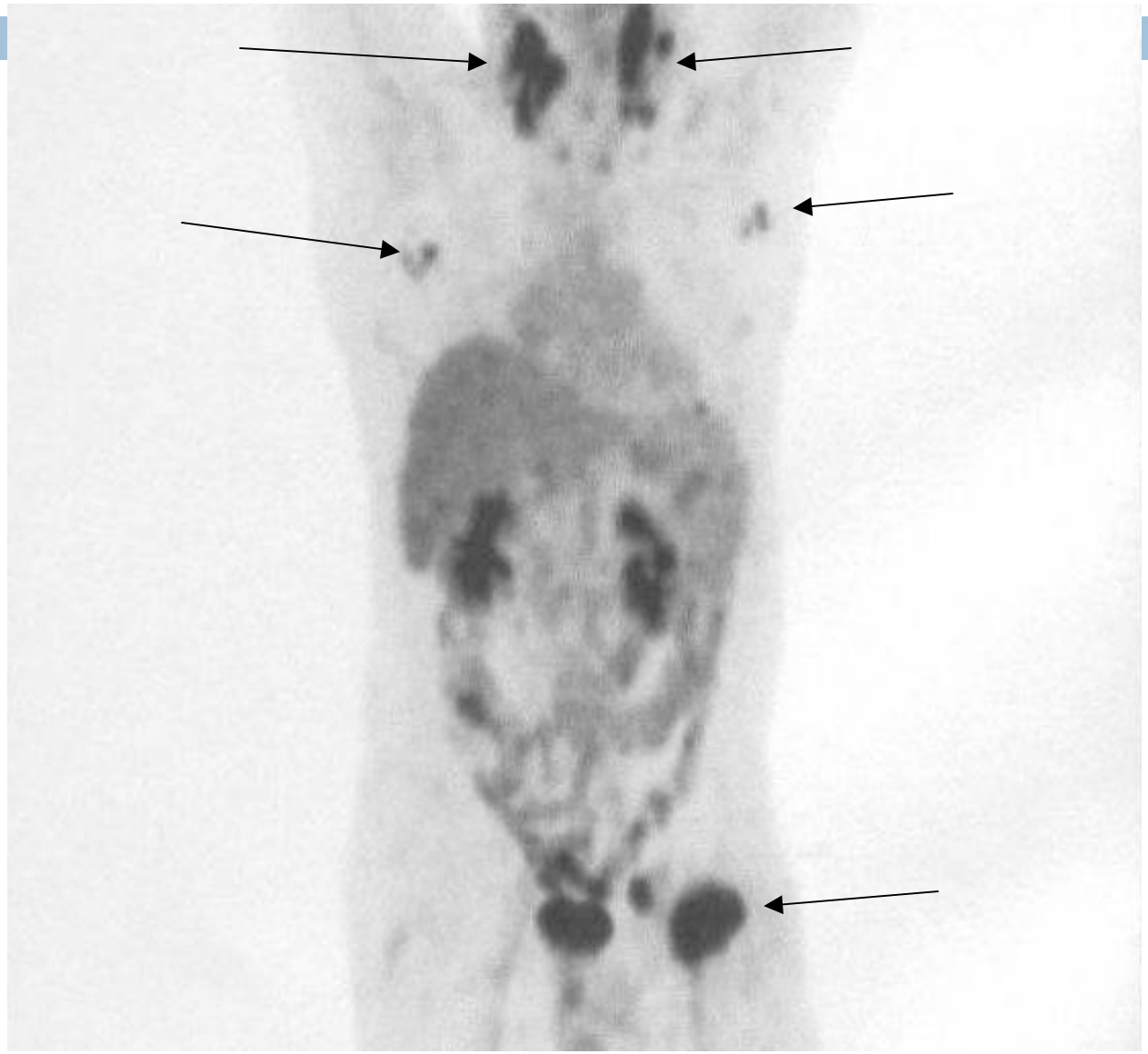
FOLLICLE CENTER CELL ORIGIN

DIAGNOSIS MADE APRIL 2004

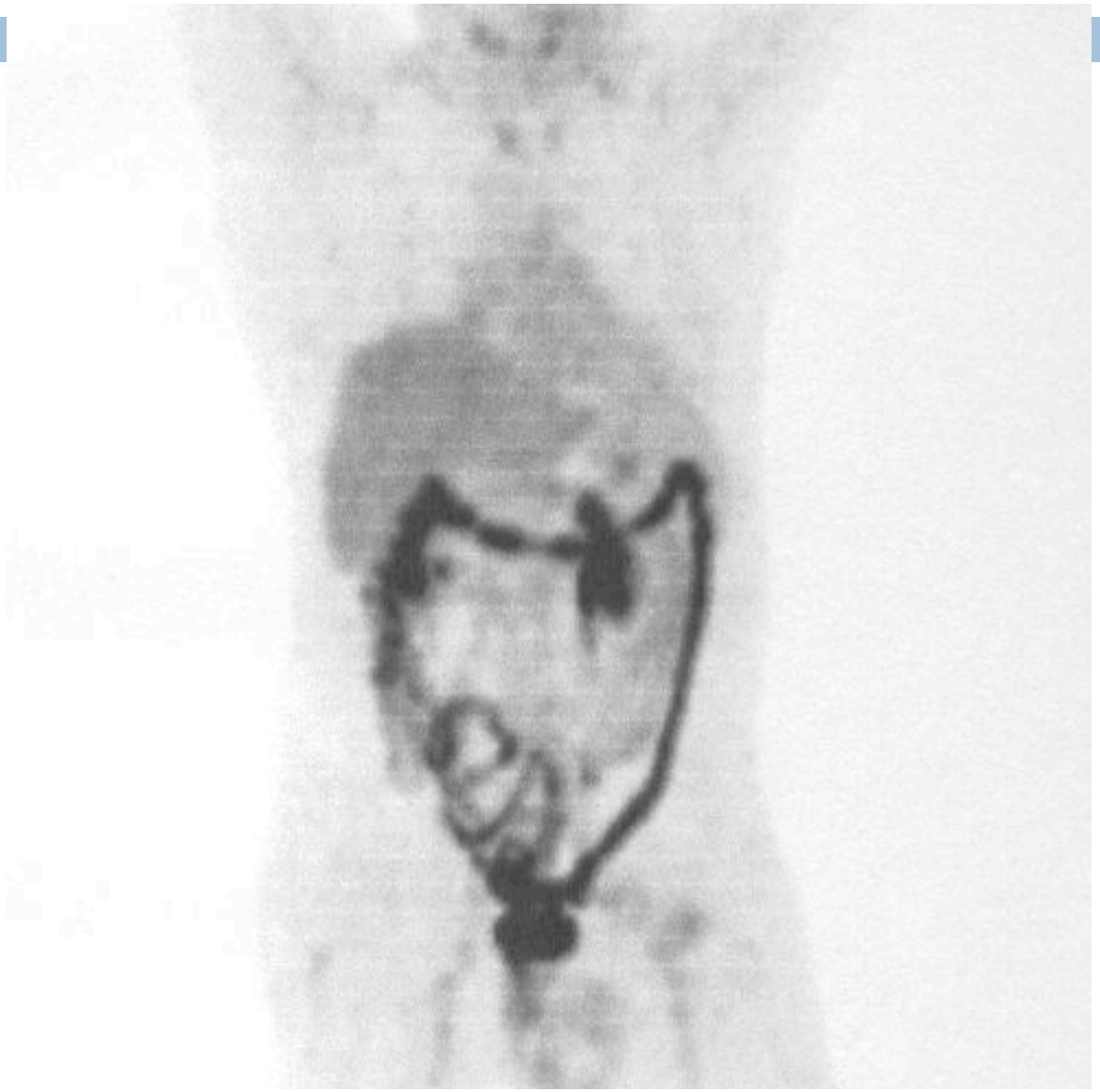
MR. TM
TREATMENT PROGRAM

- 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

MR TM
DECEMBER 2005



MR. TM
MAY 2006



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