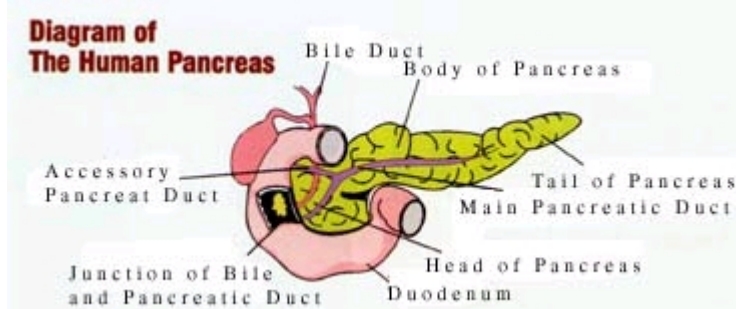


LE Magazine October 1996

Pancreas Enzymes

Pancreatic enzymes are particularly important in balancing physiology, and in creating an inhospitable environment for cancer. Gonzalez points me towards mouse studies published in the *Journal of Experimental Medicine and Surgery*, which demonstrate that enzymes, given orally, protect breast cancer-prone mice from the disease. He believes that studies done at the turn-of-the-century by John Beard, Professor of Embryology at the University of Edinburgh, demonstrate why. Beard noticed that the placenta of mammals stops growing when the pancreas of the fetus begins secreting enzymes. Something in the enzymes seems to mortalize what are otherwise immortal (embryonic) cells.



Since cancer cells are immortal, it stands to reason that pancreatic enzymes would stop them from growing as well. Beard began injecting trypsin (a common pancreatic enzyme) into tumors in mice. In 1905, he announced his findings at the Biological Society of Liverpool. "Cancer," he said, "has ceased to be a problem for the embryologist." As incredible as it sounds, Beard had arrived at fundamental understanding of cancer through his observations of embryologic development: cancer is caused by the failure of a normal process which clears cells that are prone to immortality. Based on his embryology studies, he argued that cancer cells cannot live in the presence of pancreatic enzymes. Although he was soundly attacked by his colleagues at the time, studies published recently support the validity of his concepts.

DEGRADING CANCER CELLS

Just as Beard predicted, cancer cells use their own mutant forms of enzymes to "eat away" surrounding tissue. But cancer itself is subject to the body's natural enzymes, the pancreatic enzymes. These enzymes are stronger (in a sense) than cancer enzymes because they can degrade cancer cells. Beard called it the "antithesis of two digestions". This battle of the enzymes is apparently dependant on pH. Cancer cells cannot withstand the pH environment created by pancreatic enzymes.

Beard injected enzymes near the site of his patients' tumors. Dr. Gonzalez relies on oral enzymes. In 1975, a study published in the journal *Science* confirmed that pancreatic enzymes do, in fact, enter the blood stream through the gut, and are recycled back to the pancreas. The study verifies that oral enzymes have the potential to reach cancerous tissue by ingestion.

Gonzalez told me that some of his patients take as many as 50 to 60 enzymes tablets a day for three weeks. Although no study has yet been done to track where these enzymes end up, Gonzalez feels certain that they end up where they need to be? in tumor tissue.

The pancreatic enzymes are the only direct anti-tumor therapy Dr. Gonzalez incorporates into his protocol. Cancer patients are asked to take 5-7 enzyme capsules six times a day. They are told to take pancreatic enzymes with meals and in between meals around the clock. Some patients wake up at night to take more enzymes. After three weeks, Dr. Gonzalez has the patients take a few days off for additional detoxification. Coffee enemas are used repeatedly throughout the first month. After the first months, the dose of pancreatic enzymes is usually reduced significantly.

Pancreatic enzymes can degrade shark cartilage or Dr. Burzynski's antineoplastin peptides, so cancer patients taking these other therapies should avoid taking pancreatic enzymes at the same time otherpeptide therapies are in the stomach.

INDIVIDUALIZED PROGRAMS

Enzymes, diet modification and detoxification are nothing new, so I asked Dr. Gonzalez what makes his protocol different. His success is based on individualized programs. "The big failing in many alternative approaches to cancer treatment," he tells me, "is that every patient who walks in the door gets the same treatment. Why would you think that if a certain therapy works for one patient, it will work for everyone? People's physiology can differ. That has to be taken into account."

Good point, but how does Dr. Gonzalez know what will work for each patient? By evaluating the patient's physiological state, he can begin to modify the ten basic diets he has developed to address the individual's specific imbalances. Special tests he has developed over the past 15 years are used to create a profile of a patient's physiology. Like his protocols, they sound strange, but are all based on sound science. One test requires patients to sacrifice their hair instead of their blood. "Most hair tests are not very good. But I can learn a lot about a patient from well-designed hair analysis." One large corporation is impressed enough with the tests to sponsor trials which may lead to mass-marketing of his test procedures.

Once the test results are in, the patient is then categorized as either sympathetic or parasympathetic. Then a regimen is developed for each patient. The regimen is not easy. It requires much more effort on the part of the patient than traditional therapy. Gonzalez insists that patients not only change their eating habits, but their psychological and spiritual selves as well. "I've had patients whose cancer didn't get better no matter how perfectly they did my program," he tells me, "until they resolved serious emotional issues in their lives." The results are apparently worth it. Gonzalez claims a 70-75% success rate with patients who comply.

A NEW VIEW OF HOW TUMORS BEHAVE

Part of what has led Dr. Gonzalez to his nontraditional therapy is that he is skeptical of current thinking about how tumors behave. The size of the tumor doesn't matter to him. He actually prefers that the tumor enlarge, explaining that the body's natural response to a tumor is inflammation. If the body is doing what it's supposed to do, then inflammation should occur. Inflammation can make a tumor look large on an X-ray. The patient and the doctor may think he's getting worse when in fact he's getting better. "Study after study has tried to correlate tumor size with survival and they can't do it," he declares. "The fact of the matter is that if a patient feels good they live longer. If they don't, they don't." Makes sense to me, but isn't the goal to get rid of the thing? "It's not necessary to destroy a tumor to get a patient well," he tells me, "sometimes the body will wall off a tumor and just keep it there like an old bird's nest."

According to Dr. Gonzalez, tumor biology is a lot more complicated than is presently appreciated. He believes the scientific community's fixation on tumor size is "two-dimensional" thinking. "It's like someone going out, looking at the horizon, and concluding the world is flat," He says. He believes that cancer is a multi-system, multi-faceted disease with demands a broader view.

Whatever the relevance of tumor size, the hair test Gonzalez has developed motivates patients. Keeping within the "normal" range is like scoring a touchdown after a long battle on the field. Patients work hard to keep their test scores within range. A bad score can mean a patient is stressed, or it could indicate the patient is slacking off. An increase in score is usually enough to motivate a change.

HENRI-ETTA'S STORY

Henri-Etta Simmons knows the ups and downs of cancer. Four-and-a-half years into a remission induced by surgery and six months of intensive chemotherapy (including tamoxifen), she woke up with what she thought was pleurisy. Distracted by family problems, she didn't seek medical advice until she almost couldn't breathe. When she finally did see her doctor, he took her into "the little room where they tell you bad things." She knew the news wasn't good. Her breast cancer had re-occurred.

Several years later, she tells me, "I could tell by his attitude that the doctor had drawn a line through my name." But she wasn't ready to give up and began to fight. The physician had nothing to offer but more chemo, so Henri began looking for treatments herself.

People find miracles on different places. For Henri-Etta it was the grocery store. Standing in the checkout line, a headline on a magazine caught her eye. A service could provide information on the latest cancer therapy. She bought the magazine and ordered information on metastatic breast cancer. The advisor she spoke with cautioned her to avoid long-term chemotherapy until she received the information.

Several days later, while sitting in the reception area of her regular oncologist's office, a nurse appeared in lead apron and long gloves. It was time, the nurse told her, to begin long-term chemotherapy. Henri-Etta refused. Traditional therapy has succeeded

for a while, but this time she wanted something that would last.

After she read the information from the service, she knew she would try Dr. Gonzalez' nutritional approach. Many of the therapies involved drugs, but the idea of forcing her own body to work against the illness fascinated her. It was an exciting concept? one she couldn't quit thinking of during the plane ride to New York.

THE ROLE OF DIFFERENTIATION

Dr. Gonzalez has definite ideas about treating breast cancer. For one thing, he does not believe that estrogen either causes or stimulates it. In fact, part of his treatment is to normalize the production of estrogen. Why? Because Gonzalez believes that estrogen may cause breast cells to differentiate.

Continuation of this article "Differentiation" is a hot word"

[Back to the Magazine Forum](#)

All Contents Copyright © 1995-2009 Life Extension Foundation All rights reserved.

LifeExtension®

These statements have not been evaluated by the FDA. These products are not intended to diagnose, treat, cure or prevent any disease. The information provided on this site is for informational purposes only and is not intended as a substitute for advice from your physician or other health care professional or any information contained on or in any product label or packaging. You should not use the information on this site for diagnosis or treatment of any health problem or for prescription of any medication or other treatment. You should consult with a healthcare professional before starting any diet, exercise or supplementation program, before taking any medication, or if you have or suspect you might have a health problem. You should not stop taking any medication without first consulting your physician.