

Further Strategies in Treating Advanced Cancer

Editor:

Readers of the *Townsend Letter* may have an interest in what got me involved in medicine.

When I was age 15 in 1926, my mother at age 40 was suffering from pernicious anemia. She was bedfast and white as a sheet and not expected to live for long. A young Baptist minister was looking after her salvation in light of her expected early death. One day he came running up our front steps saying that everything was going to be "alright."

Two doctors at Harvard, Murphy and Minot, had taken 46 patients with late-stage pernicious anemia and fed them one pound of liver a day. All 46 of them had completely recovered in three weeks' time, showing no sign of anemia. They had published the results in the *Journal of the American Medical Association* in 1926 and the Baptist magazine had picked up the story.

I was doing most of the cooking and we all began to eat liver three times a day and my mother was fully restored in three weeks' time. Her doctor, when told of eating liver for pernicious anemia, said 'ridiculous, doctors do not learn medicine from the Baptist magazine.' My mother lived to 94.

It was of interest to me that doctors took almost no note of the discovery of Murphy and Minot and very few patients with pernicious anemia were told by their doctors to eat liver. In 1926 we had 10,000 deaths in the USA from pernicious anemia. In 1934 we still were having 10,000 deaths from pernicious anemia. In 1934 Murphy and Minot won the Nobel Prize for Medicine for their discovery of 1926. Did that get doctors to tell patients to eat liver for pernicious anemia?

What happened was that drug firms came out with a liver extract to be injected in the buttock five cc at a time. The cost was \$5.00 an injection and was most painful. My mother was told by her doctor that at last something could be done for her anemia. One injection was enough for my mother. She continued to eat liver.

The injections of liver extract did some good and by 1938 we were having only 4,000 deaths a year from pernicious anemia where there could have been none, had all pernicious anemia patients been eating liver each day.

Then in 1948, young Karl Folkers, PhD working for Merck discovered vitamin B12. Injections of one cc a week would completely prevent pernicious anemia. Merck sold it to doctors, putting an end to over 10,000 deaths a year from pernicious anemia worldwide.

In 1926 doctors were not reading medical journals and that seems to have changed but little today. Doctors today learn medicine from the sales people of the major drug firms and from little else. I will give a few examples:

See my letter in the *TLIDP* in the April 2000 issue on the anticancer effect of cimetidine. Cimetidine is a wonderful drug for cancer treatment. Smith Klein had done most of the work to find the anticancer effect of cimetidine but when the patent on it ran out, Smith Klein shut up like a clam and will do nothing to foster cimetidine for cancer treatment. There is absolutely no use for this wonderful drug in cancer treatment. There are now about 20,000,000 patients, worldwide taking cimetidine for stomach distress and this may be having the

effect of reducing cancer among them.

I will not review all that I have in my letter in that issue in 2000. I will review ~ a bit of it: The first indication of the anticancer effect of cimetidine was from the University of Nebraska and reported in *The Lancet* in 1979 (i p 822-3). It reported on two patients with lung cancer. Both were given cimetidine for stomach distress. Both had dramatic complete remissions from cancer. In one patient, the lung cancer was a metastasis from a squamous cell carcinoma on the neck. The lung metastasis was most aggressive. The patient was given cimetidine, 1,200mg a day. Almost at once there was a regression of the lung metastasis. The patient was maintained on cimetidine, 600mg a day and one year later, the tumor could no longer be detected.

A second patient had a brain metastasis from a non-small cell carcinoma primary of the lung. The patient was given steroids for the brain tumor and cimetidine 600 mg a day. Very soon after she was given cimetidine, the lung tumor decreased in size. The brain tumor was removed by surgery and one year later the lung tumor no longer could be detected. The patient was continued on cimetidine at 600 mg a day.

The authors said that there was no indication in the medical literature that cimetidine is an anticancer drug but

there was no doubt in their minds that cimetidine was responsible for these two remarkable remissions of lung cancer.

By 1982 it was understood that cimetidine inhibits T-suppressor cells and helps to liberate our cancer-killing lymphocytes. A report from Ireland was in *The Lancet*, 1982 (11, p 328), of the treatment of four melanoma patients: All were far advanced with metastases in the internal organs, in the lungs and liver. One young man had severe stomach distress, with many tumors. He was given cimetidine, 1,000 mg a day and almost at once he had regressions of his many tumors. In two weeks' time, he was able to return to work.

At this time, their other three patients were given cimetidine, 1,000mg a day. Two of them had dramatic remissions of cancer. One patient was not helped and died. All these patients were tested for T suppressor cell counts. All had their T suppressor cells decreased by cimetidine. All four of these patients were being maintained on coumarin. There had been no benefit from coumarin although the doctors there thought that coumarin may have acted with cimetidine to produce these remissions.

Then there was a report in the *NEJM* in 1983, vol. 308, pp 591-2. The report was from Sweden. Here, six melanoma patients were being treated with interferon. There was no benefit. These patients all had cimetidine added to treatment and there were some exceptional results. There were two complete

remissions. One patient had a partial remission. With a fourth patient, progression was stopped. With two patients, there was no benefit.

It is in the area of colorectal cancer that there is a pressing need for treatment with cimetidine. During a major surgery, there is a vast increase in T suppressor cells which is highly immunosuppressive at a time when cancer surgery may be sending a shower of cancer cells in the blood to all parts of the body.

A trial on cimetidine during surgery for colorectal cancer was done in Australia and reported in *The Lancet* in the December 31, 1994 issue pp 1768-9. Cimetidine was given for seven days only at the time of the surgery. The results were utterly astounding. At three years the survival of the patients who got cimetidine was 93%. Of the ones who got no cimetidine, the survival was only 59%. One could surmise that this treatment might be of great benefit in surgery for other kinds of cancer.

There was a trial in Japan reported in *The Lancet* in the July 8, 1995 issue, p 115. Here the patients having surgery for colorectal cancer did not get cimetidine during the critical seven days at the time of surgery when there was a surge of T suppressor cells. In this Japanese trial, the patients were not given cimetidine until two weeks after the surgery.

Cimetidine has anticancer effects other than the suppression of T suppressor cells. In the Australian study, more of the cancer cell killing lymphocyte entered the tumors, 63% in the ones who got cimetidine and only 24% in the controls. Cimetidine also inhibits histamine which is also immunosuppressive and may be a tumor growth factor.

In the Japanese study, all patients at two weeks after surgery were given 5 fluorouracil, 150mg a day. Half of the patients received 800mg a day of cimetidine. This treatment lasted for one year after surgery. The results were even better than in the Australian study. In this study, rectal cancers and colon cancers were reported separately. Among the rectal cancer patients, 100% of those getting cimetidine survived, whereas only 53.3% of those survived who were not given cimetidine. Among the colon cancer patients, survival among the patients given cimetidine was 96.3%. The survival of the colon cancer patients who were not given cimetidine was 68%.

We will have in the USA this year over 50,000 deaths from colorectal cancer. The implication of these two trials is that if all patients in the USA having surgery for colorectal cancer were given cimetidine at 800mg a day from one week before surgery until one year following surgery, deaths from colorectal cancer could drop from the present 50,000 plus to less than 20,000 a year.

These two studies were reported in 1994 and 1995. It is doubtful in the past seven years if there has been a single patient to have surgery for colorectal cancer who was given

cimetidine. This supports my contention that doctors now do not read medical journals. We will now make a case for dipyridamole. See my letter in the *TIIDP* in the May 2000 issue on the anticancer effect of dipyridamole.

The patent on dipyridamole has also run out and the use of it is small indeed. The European Stroke Prevention Study was reported in *The Lancet* in the December 12, 1987 issue, pp 1,371-4. Here it reviewed the many trials on treating stroke patients with aspirin. There had been no trial of aspirin in stroke prevention that had shown benefit. That is still true today. As a result, in the Stroke Prevention Study, aspirin was kept at 1 gram a day and dipyridamole was added to treatment at 225mg per day. All patients had had a TIA or had survived 'a stroke. The duration of the trial was two years.

Adding dipyridamole to aspirin gave results that were so good as to be incredible. Stroke deaths were reduced by 50% but that was not the end of the benefit. Deaths from myocardial infarction were reduced by 38% and cancer deaths were reduced by 30%. It would seem that few if any doctors in the USA have read or have even heard about the amazing results of the European Stroke Prevention Study.

The sales people at Boehringer Ingelheim which firm held the patent on dipyridamole, are no longer telling doctors here that dipyridamole tends to prevent cancer cells in the blood from attaching to the walls of arteries and veins, thus preventing the formation of metastases. Close to 90% of cancer deaths are caused by metastases and the message of the sales people at Boehringer Ingelheim was that dipyridamole at 300mg a day will go far to prevent the formation of metastases.

Dr. E.H. Rhodes of the St. Hiler and Kingman Hospital in Surrey, England had a report in *The Lancet* in the March 23, 1985 issue, p. 692 on treating melanoma with dipyridamole, 300mg a day. Thirty melanoma patients were maintained on 300mg of dipyridamole over a period of 11 years. Of them, 26 had type IV disease and four had type III disease. The patients with type IV disease had a five-year survival of 74%. None of the patients with type III disease had died, so for the 30 patients with type IV and LU disease, the five-year survival had been 77%.

This was most remarkable for the five year survival of type IV melanoma patients was only 32% for the whole of England. I established a friendship with Dr. Rhodes. She was a dermatologist and she was treating only melanoma. She felt that what the Boehringer Ingeiheim salespeople were saying about dipyridamole preventing the formation of metastases, was true. She felt that if breast, prostate and colon cancer patients were maintained on 300 mg of dipyridamole, the same increase in survival as was had with her melanoma patients, would be seen.

Dipyridamole is a most harmless drug. It is regrettable that doctors do not maintain cancer patients in general on 300mg of dipyridamole in the hope of increasing survival by a factor of two or three, by preventing the formation of metastases. Perhaps there would also be a substantial decrease in stroke and heart attack deaths.

Now to the anticancer effect of digituxin. See my letter in the *TIIDP* on the anticancer effect of digitoxin in the June 1999 issue. Also see the letter from Dr. Johan Haux, MD, PhD in the October 2000 issue on cardiac glycosides vs alkylating agents in medical oncology.

Here is an old herbal medication that has been used since 1780 to treat congestive heart disease. It has been found over more than 200 years to be most harmless at a proper dose. In the *NEJM* for February 25, 1982, p 484, Bjorn Stenkvis et al. had a report on treating

breast cancer with digitalis. There were 149 breast cancer patients in this trial of which 40 were maintained on digitalis. Of them 34 were given digoxin and six were maintained on digitoxin. As of 1982 at five years, only one of the patients taking digitalis had a recurrence of cancer. Of the 109 patients who did not take digitalis, there were 21 recurrences of cancer. There were 9.6 times as many recurrences of breast cancer among the patients not taking digitalis. It was noted that digitalis made breast cancer cells smaller and more uniform in structure.

One would have thought that this might have opened up a whole new vista in the treatment of breast cancer. Such was not the case. Dr. Stenkvisst was at University Hospital in Uppsala, Sweden. He was not allowed to treat another breast cancer patient with digitalis. What he was told was that no breast cancer patient should be deprived of the great benefit of chemotherapy or tamoxifen. He tried with no success, to interest the major drug firms in digitalis for treating breast cancer. All drug firms that he approached showed no interest in an old drug on which no patent could be had that cost 17~ a day for treatment.

In 1998, I called the digitalis story to the attention of my friend Johan Haux, MD who was then with the Institute of Cancer Research and Molecular Biology at the Norwegian University for Science and Technology in Trondheim, Norway. He at once made contact with Dr. Stenkvisst.

Over the past five years Dr. Haux has done an incredible amount of work in tissue cultures, testing the anticancer effects of digitalis, both digoxin and digitoxin. He has learned that the main anticancer effect of digitalis is the induction of apoptotic death of cancer cells. He has also found that the natural digitoxin has a much greater anticancer effect than has the synthetic digoxin.

By now he has tested the anticancer effect of digitoxin against several kinds of cancer and found that it inhibits cancer cell growth in several kinds of cancer, especially in one most hopeless cancer, glioblastoma. This has been the subject for his doctorate thesis. He has reviewed the possibility for the use of digitoxin in the treatment of several cancers in *Medical Hypotheses* in 1999, 53 (6).

Meanwhile, Dr. Stenkvisst has traced nearly all the patients in his 1982 trial as of 1998. There was only one patient in this trial of 1998 still alive. She was still free from cancer. She was one of the six to get digitoxin. As of 1998, the number of patients not getting digitalis had increased to 143 and of the patients getting digitoxin, only 32 could be traced. Of the 143 patients not getting digitalis, 48 had died of breast cancer or 33.6% of them. Of the six patients getting digitoxin, none had died of breast cancer. Of the 26 who had gotten digoxin, two only had died of breast cancer. Of the 32 patients who had gotten digitalis, only 6.25% of them had died of breast cancer. One can only say that Dr. Stenkvisst's trial

on treating breast cancer with digitalis had been a great success.

In February 23, 1987 I received the following letter from a breast cancer patient, Sandra H in Wisconsin.

Dear Wayne:

Just a note to let you know how I am doing on the regime you recommended to me for breast cancer.

I especially want to thank you for your concern, support and encouragement. It is greatly appreciated. I am very sure that God has a special place reserved for you. You are a shining example of brotherly love. The regimen I am following is as follows:

Aminoglutethime	125 Bid
Digitalis	0.125 a day
Bromocriptine	5mg Bid
Coumadin	10mg a day
Cimetidine	300mg a day
Urea	15 grams a day
Azelaic acid	10 grams a day

Chlorella 15 grams a day
Hydrocortisone 10 mg

I am doing very well and feel great. As you remember last December I had surgery on my right leg for a metastasis from my breast cancer. I had a large tumor removed and because of this, I am on crutches but I have little pain and I get around well.

At that time, I was told by my family doctor that I had pleural effusions from metastases in both lungs. I had bone metastases in my ribs and at several places in my skull. I was told that I should expect survival of from three to six months. In March, I had a bowel obstruction that required a major surgery. They removed my appendix and my ovaries, both of which had metastases.

Now for some good news. When I had returned for this surgery, the metastases in my lungs had improved in dramatic fashion. The physicians were amazed. This had taken place between December and March. I had started on this regime the first of December except for the azelaic acid. I was most fortunate that my family doctor went along with my wishes. He said that all that I was taking was utter nonsense and that I must be on chemotherapy at once, however he wrote the prescriptions for me.

The first week of May, I went to Denver to Dr. Doell who supplied me with azelaic acid. My family doctor would not even think about my taking azelaic acid and said that I was insane to take it. So in May, I added azelaic acid and chlorella to treatment. I definitely feel that azelaic acid has been a great help. I have felt stronger and more like a normal person from the time that I started taking azelaic acid.

I was told by my doctor that it was thought that I had a liver metastasis. I have just had a liver scan and the doctors were amazed at no liver metastases. I told them it was because of taking urea. They think that I am talking Greek. They do not think that I am free from liver metastases so they are going to do another liver scan. They have done another liver scan and again no liver metastases. They assure me that urea is poison.

It is now September and I feel so good. I do not think that I can ask more than that. Thank God for people like you who are so willing to help others. Bless you.

I have spent a lifetime working in the aluminum industry until a year ago. I have been writing letters of a medical nature as a pastime. I am sorry that I did not keep in contact with this patient. I recall a phone call I think from her husband, wanting a new place to get azelaic acid. She was alright in 1991.

Since I have quoted the letter from Sandra H. some mention should be made of some other treatments which she used at my suggestion.

Azelaic acid is not considered a drug. It is just a chemical. The first that I heard of it in cancer treatment was in a report in *The Lancet* in the May 24, 1980 issue pp 1109-11 by A. Breathnach et al. of the St. Mary's Hospital Medical School in London. Azelaic acid was given to patients before and after surgery for melanoma, 10 to 15 grams a day.

In this report, azelaic acid did have a definite benefit in treating melanoma. One anticancer effect of azelaic acid it is said, is that it inhibits tyrosinase and tyrosinase is said to foster several kinds

of cancer. Also Breathnach said that it inhibits the mitochondrial oxidoreductases of the respiratory chain and of enzymes concerned with DNA synthesis.

I made contact with Dr. Breathnach. He said that azelaic acid is most harmless and should be used in the treatment of many kinds of cancers. He had a report in *Medical Hypotheses* in 1999, 52(3) pp 221-26, with the title "Azelaic acid:

potential as a general antitumor agent." In it he says that azelaic acid is ideal in the treatment of breast cancer. He was then with St. Thomas Hospital in London.

Coumadin is a high-priced version of warfarin. It prevents the formation of fibrin. In 1958, Professor R.A.Q. O'Meara of Trinity College, Dublin reported in the *Irish Journal of Medical Science*, 1958, 394 pp 474. He said that cancer cells give off dotting factors that tend to coat cancer cells with fibrin. The fibrin coat protects cancer cells from being killed by our Sandra H cancer cell killing immunocytes.

O'Meara had a student, L. Michaels, who as a doctor went to Canada. He reasoned that if O'Meara was right, patients who were treated with warfarin for heart disease would be having fewer deaths from cancer. He then followed patients being treated with warfarin amounting to over 1,500 patient years. There had been expected in this group of patients, eight deaths from cancer. There was only one such death. This was reported in *The Lancet* in the October 17, 1964 issue.

In the issue of *JAMA*, 1981, (245), pp

831-5, Professor Leo Zacharski of Dartmouth Medical College et al. reported on treating patients with small cell carcinoma of the lung with warfarin. Patients were treated with chemotherapy and radiation alone or with chemotherapy, radiation and warfarin. The patients treated with warfarin survived twice as long. The patient Sandra H, might have done just as well if dipyridamole had replaced the more dangerous coumadin.

On the anticancer effect of chlorella, reference is made to a report of Ralph Moss PhD in his *Cancer Chronicles* #23 of September 1994. He tells of Dr. RE. Merchant of the Medical College of Virginia. He had been giving chlorella to 20 patients with far advanced malignant glioma. Normal survival of these patients is less than a year. Of these 20 glioma patients taking chlorella, 7 were alive and doing well at two years. That was in 1990. Merchant reported in 1996; eight years after one glioma patient started taking chlorella and, the patient was alive and well.

Bromocriptine inhibits prolactin. It would seem that prolactin fosters breast cancer in some and perhaps all breast cancer patients. Cimetidine tends to induce prolactin and this may be bad in treating breast cancer. If a breast cancer patient takes cimetidine, she should also take something to inhibit prolactin. However it may be a good thing to inhibit prolactin in the treatment of breast cancer. Dr. F. Grisoli of the La Timone University Hospital in Marseille, France thought this to be the case. He and others had a report in *The Lancet* in the October 3, 1981 issue pp 745-6. They reported on a near miracle in the recovery of a woman with breast cancer with a large brain metastasis. She was given 7.5 mg of bromocriptine a day. In six months' time, the large brain metastasis was gone and it still was 18 months after the start of bromocriptine therapy.

In *The Lancet* for September 23, 1978 pp 646-9, there was a report on treating 42 patients with well-advanced breast cancer with aminoglutethimide. Of them, 15 were helped in one way or another. Aminoglutethimide causes the adrenals to stop making both estrogen and prolactin. The results of this trial were not spectacular as were for example, the remission of the brain metastasis with the patient treated with bromocriptine.

In the January 25, issue of *The Lancet*, p 123, was a report by Professor Evangelos Danopoulos of Athens, Greece on treating liver cancer with oral urea. In this he reported much success. Since 1974, I have written in several publications about treating liver cancer with urea, 15 grams a day and have had many reports of success in so doing.

I had sent the patient, Sandra H, a report in *The Lancet* for June 23, 1984 pp 1369-72 from the Royal Marsden Hospital in London. This was a trial on tamoxifen, compared to tamoxifen, aminoglutethimide, hydrocortisone and danazole in treating disseminated

breast cancer. I had sent it to her as part of the material on aminoglutethimide in treating breast cancer. I had not suggested to her that she take hydrocortisone.

Her recovery from far advanced breast cancer was most spectacular. I have told of the anticancer effects of the various treatments that she used at my suggestion.

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TOWNSEND LETTER for DOCTORS & PATIENTS – JULY 2003

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