



The Nevada Center

Our Comprehensive Approach to Cancer

At The Nevada Center our cancer programs are specially designed to meet the needs of patients who have been newly diagnosed, are currently in treatment, or who have completed treatment.

We offer individualized protocols of homeopathic anti-cancer therapies combined with therapies designed to increase vitality, strength, and immune function. Every case is analyzed and treated individually according to its particular characteristics.

Our cancer management line of attack centers around the use of Insulin Potentiation Therapy (IPT). IPT is a specialized form of homeopathic chemotherapy that uses the same chemotherapeutic agents that are used by oncologists. The difference is that with the IPT technique, we are able to use about a tenth of the dose and still get the same cancer killing effect. This amounts to a gentler, safer, more natural approach, especially when it is combined with an individualized program of detoxification, vitality enhancement, and immune system support.

Why Our Cancer Treatment Protocol is Different

When most people, including oncologists, think of cancer treatment, they think of one thing only - controlling cancer growth. While controlling cancer growth is obviously essential to cancer treatment, it is not enough for maximum results. What is needed is a comprehensive treatment for the entire disease process.

A comprehensive approach to the treatment of cancer includes two other critical areas of management. One, the cause of cancer must be eliminated. Two, the patient's strength, vitality, and immune function must be optimized. At the Nevada Center our cancer therapy protocols include all three of these areas of management.

Controlling Cancer Growth

As mentioned above, to control cancer growth we use IPT. IPT is a simple, safe medical treatment that exploits the fact that cancer cells, unlike healthy cells, are not able to metabolize fat for energy. They rely completely on glucose (sugar/carbohydrates) for their energy supply. This is a weakness of cancer cells, and we use this weakness to control them. We use the hormone insulin to do this.

When insulin is injected it has the effect of causing the patient's blood sugar to drop. As the blood sugar drops, the patient's healthy cells simply shift over to fat metabolism, but the patient's cancer cells become seriously compromised. Since they rely entirely on sugar metabolism, they go into an emergency mode and open all of their membranes in an effort to get sugar. In this state they are extraordinarily vulnerable to chemotherapy drugs.

Once the blood sugar has reached a low enough level for the treatment to be effective, we then inject the chemotherapy drugs. This is immediately followed by an intravenous infusion of a large amount of sugar. What happens next is that the cancer cells, weakened and starved for sugar, take up the chemotherapy drugs in large amounts as they take up the sugar they so desperately need.

The effect of this "Trojan horse" technique is two-fold. First, the cancer cells will take up much larger amounts of chemotherapy medications than they ordinarily would without the insulin application. Secondly, since they are in such a weakened and vulnerable state from the lack of sugar, they are much more sensitive to the toxic effects of the drugs. The result is a level of cancer cell death and growth control comparable to standard chemotherapy. But there is one very big difference.

IPT Is Gentle

Because the IPT technique results in a higher concentration of the chemo-therapeutic drugs in the cancer cells, we are able to use much lower chemo-therapy doses than are normally used to get the same intracellular levels. In general, we usually use about one tenth of the standard dose.

The fact that we can use a lower dose of medication and yet have the same killing effect leads to two advantages of IPT. First, the lower dose means that there are little to no side effects. Our patients typically feel as good as ever – even immediately after the treatments. Secondly, and perhaps more importantly, because the doses are so low, IPT treatments can be used as long as they are needed without the concern of long-term toxicity to healthy cells and tissues.

Chemotherapy Sensitivity Testing

There are so many chemotherapy drugs out there, and not any of them are effective in everyone. So how do oncologists determine what drugs they should use? In most cases they guess. That's right. They look at various published studies on the different drugs used for the kind of cancer they are treating and decide what's the most likely to work. It's an educated guess, but it's a guess nonetheless. But there is a better way. It's called chemosensitivity testing.

Chemosensitivity testing refers to getting a sample of an individual's cancer, and determining in a laboratory what chemotherapy drugs are the most effective at killing it. One way to get the cancer sample is at surgery. Another way is to get the cancer cells from the blood stream. Either way, this kind of testing can be crucial for success.

Why is chemosensitivity testing so important? It's because every cancer is different. Remember this. Every cancer is simply a mutation of an individual's genetics. And since everyone has unique genetics, every cancer is completely unique. That's why one drug combination works so well for one person, and yet completely fails in another person even though they have the same kind of cancer.

Although chemotherapy sensitivity testing is not a perfect science yet, it can help to avoid using drugs that the cancer is not sensitive to, and instead focus on the drugs that are most likely to be effective. We use several labs that offer this kind of testing.

Other Cancer Control Therapies

As effective as IPT is, it is not always the answer for everyone. Our chemosensitivity testing also reveals whether or not other therapies are likely to be effective besides IPT. This would include intravenous vitamin C therapy using the Riordan Protocol, Laetril therapy, enzyme therapy, cytokine therapy, DCA therapy, naltrexone therapy, herbal therapies, cesium therapy,

vaccine therapy, salicinium therapy, Poly MVA therapy, and anti-toxin therapy. Depending on the case, these therapies can be used in addition to IPT or as a standalone therapy.

Eliminating The Cause

What causes cancer? Cancer rarely has one cause. It is most often caused by a combination of different factors including stress, toxicity, hormonal imbalances, infections, and dietary deficiencies. However, the central cause for all cancer is known. It was first proposed by Otto Warburg, MD more than eighty years ago.

Dr. Warburg received the Nobel Prize for medicine in the 1920's, and is considered to be the most influential physician of the twentieth century. Dr. Warburg was able to prove that cancer cells primarily develop as a result of decreased energy production. More recent research has validated Dr. Warburg's conclusions by proving that increasing the energy production in cancer cells causes them to: a) decrease their growth rate, b) decrease their tendency to spread, and c) revert to normal cellular metabolism. In addition, increasing a cancer cell's energy production also causes it to be less malignant.

For these reasons, an essential part of our anti-cancer strategy is to improve sagging energy production levels. To do this we first test the patient's energy levels using a patented technology called Bio-Energy Testing. We are the only clinic in Northern Nevada using Bio-Energy Testing.

Bio-Energy Testing uses a mouthpiece, an analyzer, and a computer to measure how much oxygen is being consumed by the body, and how much carbon dioxide is being produced as a result. This information is used to determine a patient's energy production status. Not surprisingly, we have never tested a patient with cancer that had healthy energy production levels.

Once we determine that energy production is decreased, the Bio-Energy Testing report then gives us the information we need to create a program to improve the levels. The program is individualized to each person, and basically consists of advice regarding diet, sleep, exercise, hormone replacement, detoxification, nutritional supplementation, ozone therapy, and chelation therapy.

Healing With Ozone Therapy

Dr. Shallenberger is the leading expert in the medical use of ozone in the United States. For a comprehensive exposition on this incredible form of therapy please read his book, *The Principles and Applications of ozone therapy – A Practical Guideline For Physicians*. It is available from amazon.com.

Ozone therapy is a unique form of therapy that both heals and detoxifies at the same time. It used to treat a variety of chronic diseases besides cancer including cardiovascular disease, diabetes, Lyme disease, chronic hepatitis, herpes, chronic fatigue states, chemical sensitivity, macular degeneration, chronic bladder conditions, colitis, auto-immune diseases, and Crohn's disease.

What Is Ozone?

The oxygen in the air we breathe consists of a pair of oxygen atoms. This is the most stable form of oxygen. It's called O₂, and it is colorless. Ozone is a blue colored form of oxygen. It's what makes the sky blue. And unlike regular oxygen, it is composed of three oxygen atoms instead of two. Molecularly, it is referred to as O₃. It is the addition of the third oxygen atom that makes ozone a "supercharged" form of oxygen, and gives it all of its remarkable medical properties.

The use of ozone to treat various medical conditions was first developed in Germany in the early 1950's. Today, medical ozone therapy is common throughout Europe, and its use has gradually been spreading in America over the last 25 years.

Ozone Is Toxic Isn't It?

Anything, including water and oxygen, is toxic if given in amounts that exceed the body's capacity to utilize it. Ozone is found naturally in the body. The white cells make it as part of the immune response. Pure medical grade ozone, when it is used according to the established medical guidelines, has a safety record that is unparalleled.

Medical Properties Of Ozone

Ozone has five properties that account for why it works so well. Ozone is a potent regulator of the immune system. This means that when the immune system is overactive (as in auto-immune disease), ozone will calm it down. Conversely, when the immune system is under active as in cancer, AIDS, and chronic infections, ozone will stimulate it. This unique ability of ozone stems from its action on the membranes of white cells that causes them to produce immune related messenger molecules called cytokines. Examples of cytokines are gamma interferon, interleukin-2, colony stimulating factor, and TNF-alpha just to name a few.

Ozone stimulates increased uptake of oxygen by stimulating the enzyme diphosphoglycerate (DPG). DPG enables the release of oxygen from the hemoglobin molecule so that it can be taken up into the cell. In the absence of an adequate amount of DPG, our cells become starved for oxygen. This is a common problem in diabetics and in patients with cancer.

Ozone improves circulation. It does this by enhancing the flow characteristics of blood. This effect enables more of the oxygen carrying hemoglobin to reach the capillaries where ultimately the cells will receive more of the oxygen they require. Almost all patients with cancer have impaired circulation.

Ozone increases antioxidant protection more than any other therapy, even vitamin C therapy. Most people with cancer have deficient antioxidant defenses.

Ozone is a powerful stimulator of cellular energy production. This is even true of cancer cells. So it has the potential to correct the fundamental cause of cancer as discussed above, decreased energy production. Several published studies have shown that ozone controls cancer growth and even kills cancer cells by causing them to increase their energy production.

Dr. Shallenberger considers ozone therapy to be a critical part of any cancer therapy protocol. We administer ozone in the blood stream, in our colonic therapy, and in ozone sauna therapy.

Increasing Strength, Vitality, and Immune Function

In addition to controlling cancer growth and increasing energy production, the third part of a comprehensive attack on cancer involves increasing overall strength, vitality, and immune function. Many patients with cancer feel weak and run down. This could be due to the cancer itself, or it could be secondary to anti-cancer therapies such as surgery, radiation, or chemotherapy.

Another factor is age. Most people with cancer are older. They are at a time in their life when their energy level, hormone levels, and immune function are starting to decline just from the aging process itself. Additionally, the emotional stress of having a disease such as cancer is enough to sap a person's strength and vitality. It is vitally important for an optimum outcome that anyone with cancer become one of the "strongest and healthiest persons on their block." This puts them in the best possible position to harness their own body's healing and restorative potential.

To accomplish this, we place each patient on a nutritional supplement program as well as administer various injections of vitamins and minerals to restore depleted levels. We make sure that the diet contains enough protein, fiber, and good fats.

We also restore healthy hormone levels in anyone whose body is deficient in them. Our goal is to do what it takes to make our patients feel as good as they have ever felt. That way, they are in the best possible position to maintain long term control of their disease.

For immune system optimization we utilize testing that tells us what supplements are immune stimulating in each individual, and also what special immune system stimulants might be effective.

In Summation

Three factors need to be attended to in order to provide the best most comprehensive cancer therapy: 1. Controlling cancer growth, 2. Eliminating the causes of cancer, and 3. Increasing or maintaining strength, vitality, and immune function. Just like a stool needs at least three legs to work, it is important that each of these factors be addressed in order to maximize results.

Why Alternative Docs Can Cure Problems That Conventional Docs Can't

By Frank Shallenberger, MD, HMD, ABAAM

One of the questions that I hear a lot is this, "I went to Mayo Clinic [or some other well known allopathic ivory tower] and had \$34,000 worth of lab tests, but I had to come to Carson City to get well. How is it that your therapies fixed my problem when nobody else could? It's a logical and important question. Here's the answer.

Everybody knows what it's like to see a doctor who uses allopathic medicine. That's because allopathic medicine is the system of medicine that has been exclusively used in the United States for the last one hundred years. It is the only system taught in medical schools and used in hospitals. And it is the only system that the American Medical Association, most insurance companies, and Medicare recognize. The reason that doctors like me can get resolution to problems that allopathic medicine fails at is because we don't limit ourselves to a strictly allopathic approach.

When people ask me what kind of system of medicine I practice, I tell them I practice orthomolecular medicine. Now if you're like most people, you probably have no idea of what that means. But it is really very simple. "Ortho-" comes from the Greek word that means "to correct". "Molecular" refers to molecules.

I stand on very high ground by practicing orthomolecular medicine, because the concept was developed by Linus Pauling, MD. Everyone has heard of Linus Pauling. Dr. Pauling was a two time Nobel Prize winning physician, and is considered one of the greatest scientific minds of the twentieth century.

The term orthomolecular medicine was coined in 1968 by Dr. Pauling. He defined orthomolecular medicine as "the preservation of good health and the treatment of disease by varying the concentrations in the human body of substances that are normally present in the body and are required for health." Drugs are not "substances that are normally present in the body", and so they are not used in the orthomolecular system.

I received my medical degree from the University of Maryland School of Medicine, and then had postdoctoral training at The Mount Zion Hospital and Medical Center in San Francisco. But even though both of these institutions only teach the allopathic medical system, I don't use it. I decided long ago that the orthomolecular system made much more sense to me. So before you see me, I want you to understand that the orthomolecular approach I use is *fundamentally different* from the allopathic approach you are used to.

The things that an orthomolecular doctor does often look like what an allopathic doctor does - there is an examination, tests are ordered, and treatments are prescribed. But that's where the similarities end. Here are the key differences between these two systems of medical treatment.

Treatment

The allopathic system treats with drugs. The drugs are by definition not natural to the human body. In fact, most people don't realize it, but in order for a pharmaceutical company to obtain a patent on a drug, they have to prove that it is not natural to the human body.

These drugs are not prescribed to cure or prevent disease. They are prescribed for one thing only, to alleviate symptoms. And they usually do that very well. The drugs that an allopathic doctor uses cannot treat the cause(s) of the disease or condition being treated, only the symptoms. That's why a doctor who exclusively uses the allopathic system will tell you that it is not possible for him to prevent or cure a disease.

Orthomolecular medicine is different. Orthomolecular doctors do not use drugs. They use substances that are naturally found in the human body such as foods, herbs, hormones, amino acids, enzymes, vitamins, etc. to correct the imbalances in the body that brought about the condition. We combine that with lifestyle guidelines such as how you eat, sleep, and exercise. It turns out that where the drug approach fails, this approach really works. An old friend and alternative colleague of mine, Roby Mitchell, MD is fond of saying, "You can't medicate yourself out of a disease you behaved yourself into."

Next, and this is even more important to understand, orthomolecular treatments are *not* prescribed simply to alleviate symptoms. Instead they focus on removing the cause(s) of the disease or condition that is causing the symptoms. An orthomolecular doctor will tell you that it is very possible to both prevent and cure disease, because he is treating on a causal level.

Not Quick – Not Simple

The allopathic system is quick, simple, and easy. This is because simply treating symptoms is easy, and can be handled in a cook book fashion. Everybody receives the same treatment regardless of what is causing the symptom. You have a headache – here's a pain drug. You have an infection – here's an antibiotic. You have high blood pressure – here's a drug that lowers your pressure. This is fundamentally different from orthomolecular medicine.

Orthomolecular medicine is often *not* quick, simple, or easy. Investigating causes and finding the right treatment can take weeks to months instead of mere minutes. That's because the imbalances in the body that are causing the symptoms are often completely different in each individual patient, even though the symptoms themselves can be the same.

Safer

However, as effective as the orthomolecular approach is the primary driving force that moved me toward orthomolecular medicine was not effectiveness. It was safety. The treatments used are natural and inherently safe. Nobody gets hurt – ever. Furthermore, once the condition has been cured, the treatment can be stopped. This is not true about allopathic medicine.

According to the United States Office of General Accounting, over 125,000 people are killed every year from drugs that are *properly prescribed* by allopathic doctors. This is because drugs are inherently dangerous. They often produce side effects, many of which then need to be treated with yet one more drug. These days it is common to see a patient receiving allopathic medicine who is on more than five different drugs. Additionally, since the drugs are used only to alleviate symptoms instead of removing the conditions causing the symptoms, they can never be stopped.

But drugs are not always bad, and the truth is that sometimes they are needed. I am trained both in allopathic and in orthomolecular medicine. So sometimes I will prescribe a medication to help with the symptoms while I am using the orthomolecular system to create a cure.

How it Works

Would you like to buy a car that fixed itself? The tires would never wear out. Spark plugs would be continuously renewed. If someone crashed into it, the car would automatically repair the dent. And as soon as the engine started getting out of tune, it would immediately tune itself so that decades later it would still be running perfectly well. Here's an absolutely amazing fact. God designed our bodies to be just like that - to heal themselves. And in general, that's exactly what they do hundreds of times a day.

You receive an injury – your body fixes it. You get a cold or a flu – your immune system cures it. You're exposed to a toxin – your liver eliminates it. The only time you really need to see a doctor is when it doesn't do what it is supposed to do. There are two reasons why this might happen.

One is that you are not giving the body enough of all the things it needs to heal itself. This would include anything from sleep to vitamins to hormones to exercise.

Two is that your body is being or has been exposed to some toxin that is blocking it's healing ability. This would include anything from heavy metals like mercury and lead to smoking to infections to allergens to chemicals to drugs – even the drugs that doctors prescribe.

In the orthomolecular system, the doctor's job is *not* to diagnose your condition and put you on the latest miracle drug. The doctor's job is twofold: 1. Find out what things your particular body needs that it isn't getting, and make sure that it gets them, and 2. Find out what factors are blocking the healing process in your particular case, and get rid of them. The first process is called rejuvenation, and the second is detoxification. So the doctor and the remedies he prescribes don't actually do the healing – your body does.

The Challenges

There are three really big challenges that both doctor and patient face in doing this. One is obvious - no two human beings are the same. Thus, even though an awful lot be determined about a person from history, physical examination, and testing, in many cases there is a fair amount of trial and error before the "code is cracked". This requires diligence and some patience.

Second, although the body can heal itself of almost anything, it often doesn't do this quickly. This is especially true for long term conditions. The longer that a condition or disease has been present, the longer it is going to take for a cure. In our modern day instant gratification mentality, the process can require considerable time. Many patients make the mistake of giving up on an orthomolecular program that is working simply because it is not working fast enough.

Third, most people have been programmed to think that medicine is by its very nature like the allopathic system - a cook book affair. They often consult with an orthomolecular doctor thinking that they are going to simply get a diagnosis and a pill – something quick and easy. When they are told that they need to exercise, change the way they eat, get more sleep, receive detoxification procedures like colonics and chelation therapy, and take a handful of vitamins, hormones, and herbs, they may feel surprised and intimidated.

Dealing with these challenges is what orthomolecular doctors have been trained to do. I have been practicing medicine since 1981. I know that the orthomolecular approach takes some getting used to, and I also know how to guide, encourage, motivate, and help you to do whatever you need to do in order to get well again.

Prevention

The best way to treat a disease is not to get it. The only thing that I don't like about my job is having to regularly see people who are sick from diseases that could have been prevented. No one has to have a stroke, get a heart attack, have diabetes, get Alzheimer's, be diagnosed with cancer, or get arthritis. Let me repeat that. **No one has to get sick with anything!** The medical literature is irrefutable on this subject – just as Dr. Pauling said some fifty years ago, *all* diseases are preventable.

Doctors who practice orthomolecular medicine have a vision for the future of medicine. That vision was stated by one of the other great geniuses of the twentieth century,

Thomas Edison. Mr. Edison saw the future, and he said, "The doctor of the future will give no medicine, but will interest his patients in the care of the human frame, in diet, and in the cause and prevention of disease." And for those who want it, that future is here right now. I long for the day when I go to the office, and everyone I see is healthy, and is only there to learn how to stay that way.

But prevention is a hard thing to sell. When people are sick and miserable they have a very high level of motivation to spend money and to make whatever changes are necessary to feel better. But, when they feel all right, the motivation is not nearly so intense. However, when you are feeling good is actually the best time to be working on staying that way. That's one of the reasons why I focus so much on preventive testing. From Bio-Energy Testing (www.bioenergytesting.com), to panels that assess toxicity, and hormone, vitamin, mineral, and circulatory status, there are many ways to tell whether or not a person is on the road toward a disease *long* before they actually get it.

Getting a less-than-perfect test report often provides the motivation to make any needed changes. This is certainly my goal. For a definitive and fully referenced treatise on this subject, I ask you to read my book, *Bursting With Energy*. It will help you to understand in detail just how your body heals itself, and what you can do to help it. You can get it from amazon.com, all major book outlets, and also from the clinic.

Summing It Up

So the bottom line is this. An orthomolecular approach is not for everyone. It often takes time. It always requires lifestyle changes. It is not usually quick. And some of the treatments and tests are not covered by insurance. But it is literally the only way to go if you want to insure a healthy, fully functional life free of disease. And for this physician, that's all I need to know.

A Typical Week

During the initial phase of treatment at the clinic patients are treated very aggressively and comprehensively. Here is a typical example of what you can expect for the first 3 weeks:

Monday: IPT; cytokine therapy; ozone blood treatment; ozone colonic
Tues: Nutrient IV therapy; IV Poly MVA; ozone sauna; ozone colonic
Wed: EDTA/DMPS chelation therapy; Vitamin C therapy; foot bath detoxification;
Thurs: IPT; cytokine therapy; ozone blood treatment; ozone colonic
Fri: Nutrient IV therapy; IV Poly MVA; ozone sauna; ozone colonic;

Each week after this initial three week treatment schedule is as follows:

Monday: IPT; cytokine therapy; ozone blood treatment; ozone colonic
Tues: Nutrient IV therapy; IV Poly MVA; ozone sauna; ozone colonic
Wed: EDTA/DMPS chelation therapy; Vitamin C therapy; footbath detoxification;
Thurs: Ozone blood treatment; ozone colonic

Fri: IV Poly MVA; ozone sauna; ozone colonic
"You Can Beat the Odds" discussion group

Food

Cancer cells are not healthy cells. They cannot easily adapt to change like a healthy cell can. Anyone who gets cancer can be sure of one thing – their particular cancer is thriving on their particular diet. So a big part of defeating cancer is to throw it a big curve by radically changing how you eat. We call this developing a cancer defeating diet.

Remember that cancers depend on sugar, and all carbohydrates ultimately break down into sugar. So the diet we recommend is organic, and one that is almost completely low carbohydrate in composition. If you would like help with menu planning and recipes we can assist you in this.

"You Can Beat The Odds"

Brenda Stockdale is a dynamic leader in the science of attitude, emotions, and cancer. She has developed a six module program that sums up the years of experience she has had working with the mental, emotional, and physical struggles that patients with cancer often deal with. Her program and the many patients who successfully beat supposedly impossible odds are described in detail in her book, *You Can Beat The Odds*. You will receive a free copy of this book.

Visits and Tests

Of course before therapy starts there is a visit with Dr. Shallenberger and then some extensive testing.

Our testing panel routinely includes nagalase levels, intracellular glutathione levels, oxidative stress levels, heavy metal testing, lactic acid levels, urinalysis, CBC, chemistry panel, vitamin/mineral/nutrient levels, chemotherapy sensitivity panel, immune function analysis, Es-Teck Bio-impedance Scan, Bio-Energy Testing, and cancer marker levels.

The results of the tests will be covered at another visit when they come in. There will also be weekly visits with the doctor. All of these routine visits are part of the overall cost of the program.

Where To Stay, Etc.

Our staff is very experienced at helping out-of-towners find everything they require including housing and any nursing or assistance needs.

Cost: Please call office for an estimated cost.

