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AN EFFECTIVE CANCER THERAPY CONCEPT NEEDS INDIVIDUALISATION

Manfred Doepp MD,
Holistic Center Head, 13 Haupt St., Abtwil 9030,
Switzerlandholisticcenter1@yahoo.de www.drdoepp.org

Corresponding author: *Manfred Doepp
Email : Switzerlandholisticcenter1@yahoo.de

ABSTRACT

A cancer therapy concept is presented that uses liquid biopsy to personalise treatment and placing less burden on patients. So, the fear of chemotherapy can be taken away. The basis is the individualisation of the drugs on the basis of testing their efficacy. The treatment includes four steps that increase success. Thus, overdose can be eliminated as a problem in oncology.

KEYWORDS

Cancer therapy, Overdose avoidance, Individualisation, Liquid Biopsy.

Introduction

Politicians and officials have often promised that the solution to the cancer problem is only a matter of time. Many billions of dollars have been spent on it. However, if one looks at the statistics on cancer incidence worldwide and at the cure rates - at least over 5 years – you will see that we are further away than ever from beating cancer (as President Nixon announced at his time). There are cancers where cure rates are close to zero, and there are others whose incidence is exploding.

The predominant therapy still consists of the old trias: scalpel, chemotherapy, and radiation. In the field of chemotherapy, new ways and means are constantly being brought on to the market, such as immune therapy. It is very expensive and has produced slightly increased cure rates only. One problem is regularly that the untargeted chemotherapy kills the sensitive cells but does not reach the resistant cells. These can then multiply at will.

Acrux of the matter is that although on cologists repeatedly promise personalisation or individualisation instead of regimens, this hardly ever happens in routine. And it is only these conditions, however, that can provide a leap forward: tumor-specific and individualised chemotherapy.

Prof. Henri Bounameauxfrom Geneva/Bern makesus listen that there might be an insight in the phalanxofhardcoreon cologists. He writes: "Lessis sometimes more - Smarter Medicine – choosing wisely "(1). In the following peer reviewed article from the Tumor Center in Lucerne "Lessismore" in drug-based tumor nd testing the efficacy of a variety of therapeutic agents on these cells.In 2016, Gerber et al wrote about the problem of overdose in oncology (3). Inz 2018 Schleicher et al. questioned the overuse in oncology (4).In 2021, Shah et al published doubts about drug dosing in oncology (5). In 2021 the American Society of Clinical Oncology (ASCO) issued new recommendations on oncologicaltherapy (6).

Individualisation

A laboratory method exists for this purpose: the "liquidbiopsy". It manages more than 3 million mentions on Google and is described as globally recognised in Wikipedia. We have been performingit on every cancer patient for more than ayear (7). To do this, 40 ml of blood is sent to a specialized laboratory in Greece. There, the cancer cells are selected and multiplied many times. With their help, one can now recognise the type of cancer, one can test all existing chemotherapeutic agents for their effectiveness on the cancer cells and also test about 60 potentially cytotoxically effective natural remedies.

The RGCC laboratory writes: "With our tests we pursue three goals: 1. Potential early detection of an undiagnosed cancer, 2. monitoring of already diagnosed cancers, 3. Individualised advice on the use of chemotherapeutic agents and natural substances from which individual patients can benefit."

The result lists are rankings of effectiveness in killing cancer cells. Individual therapy can now be put together from the best-performing chemical and natural agents. Of the chemical agents, for example, the ancientcisplatin has proven effective, and of the natural agents, Angiostop®, made from sea cucumber. But Artemisia annua, the annual mugwort, also proves it sabilities, as does high-dose intravenous vitamin C and selenium.

Possibilities

We have made the experience that individualisation allows a reduction of the dosage in chemotherapy, to about 50%, the so-called "low-dose chemo". It has considerably fewer side effects than high-dose chemo. No patient need be afraid of it, the hair does not fall out.

As a third pillar of therapy, we use intracellular enzymes from the company Citozeatec (8):They are used by means of tumour-specificin take protocols. The enzymes do not have a cytotoxic effect, but convert the lactate metabolism typical of cancer and back into oxygen metabolism. The cancer cells can thus be "resocialised". Enzymes have proven their abilities in a cancer study at the Tor Vergata University in Rome (9): Since the enzymes are nature-identical, they can beused via all existing access routes: oral, nasal, inhalation, anal, vaginal, subcutaneous, intravenous.

The fourth pillaris SOT: Supportive Oligonucleotide Technique (10).

SOT has the ability to induce apoptosis (cell death) in CTCs, CSCs and primary tumour cells. CTCs are identified from a blood sample, then a small moleculeso-called micro RNA is developed that precisely matches a "lock" part of the cancer cell that controls vital cell functions. When injected intravenously, SOT spreads throughout the body, including across the blood-brain barrier, embedding itself in the cancer and disrupting the cancer's or pathogen's ability to replicate. SOT has the ability to prevent destruction and works around the clock to fight the cancer for up to 6 months.

The risks of SOT infusion are primarily related to the sudden death of the cancer cells. If there is a large tumour burden, cell death can produce a large amount of dead cell debris leading to tumourlys is syndrome. To minimise the risk in this situation, a lower dose of SOT is given or a weaker SOT is done. Prior to SOT treatment, a recent PET/CT scan is recommended to assess the current tumour burden.

Prior to SOT therapy, a blood draw to count circulating tumour cells using RGCC («oncocount, oncotrace, oncotrail», etc.) is required, and ideally this count is repeated at each SOT treatment to monitor CTC counts and/or account for cancer cell mutations.

Our concept

Our cancer treatment concept is thus as follows:
1. Liquidbiopsy (laboratoryRGCC) with identification of individually-effective chemotherapeutic agents. The three best are used in travenously as «low-dose chemo».
2. Application of the six most effective natural remedies, orally or - if possible - intravenously.
3. Parallel implementation of enzyme therapy according to the protocol of the cancer type, via as many access routes as possible.
4. Application of the SOT (Supportive Oligonucleotide Technique).

« Sideeffects »

The Liquid Biopsy-laboratory in Greece is constantly testing new agents that promise success. For example, we had tested a tincture that contains hydrogenperoxide. It proved to be effective against viruses, bacteria and - to our astonishment – also against cancer cells. The sameistrue for colchicine. After many liquid biopsy results that have taken place, we have an overview of the most common positive natural remedies. Those are: SeaCucumber, Vascustatin, Artemisia annua, high dose intravenous vitamin C, Frankincenseorally and as inhalation, Curcumin and DCA.

Conclusion

We believe that the concept presented here offers clear advantages over the unfortunately still common regimen therapy. Although on cologists around the worlds wear by the personalization of treatment, in reality we are still far away from it. If the improved success goes hand in hand with reduced patient burden, we can speak of real progress.So far, we have good experience with this concept. We think it is a logical one.

References

1. Bournameaux Henri, Weniger ist manchmal mehr – «Smarter Medicine»: Das Konzept macht auch in der Onkologie Fortschritte. Swiss Medical Forum 2023;23(12); 970, 10.4414/smf.2023.09308
2. HeczMagdalena, Aebi Stefan et al, «Choosingwisely, Lessismore» bei medikamentösen Tumortherapien; Swiss Medical Forum 2023;23(12);972-977, 104414/smf.2023.09307
3. Gerber M, Kraft E, Bosshard C, Overuse – unnötige Behandlungen als Qualitätsproblem. Schweiz. Ärzteztg.,2016;97(7);236-243
4. Schleicher SM, Bach PB, Matsoukas K, Korenstein D, Medicationoverusein oncology: current trends and future implications für patients and society. Lancet Oncol. 2018;19(4);e200-e209
5. Shah M, Rahman A, Theoret MR, Pazdur R, The drug-dosingsconundrum in oncology – Whenlessismore. N Engl J Med, 2021;385(16);1445-1447
6. https://www.asco.org/news-initiatives/current-initiatives/cancer-care-initiatives/value-cancer-care/choosing-wisely
7. www.rgcc-group.com
8. www.citozeatecsrl.ch
9. https://pubmed.ncbi.nlm.nih.gov/32034492/
10. https://biomedical-center.de/sot-therapie/