THE ANSWER TO STAGE 4 CANCER and Terminal Liver Disease

TRANSCRIPT

STOP CANCER
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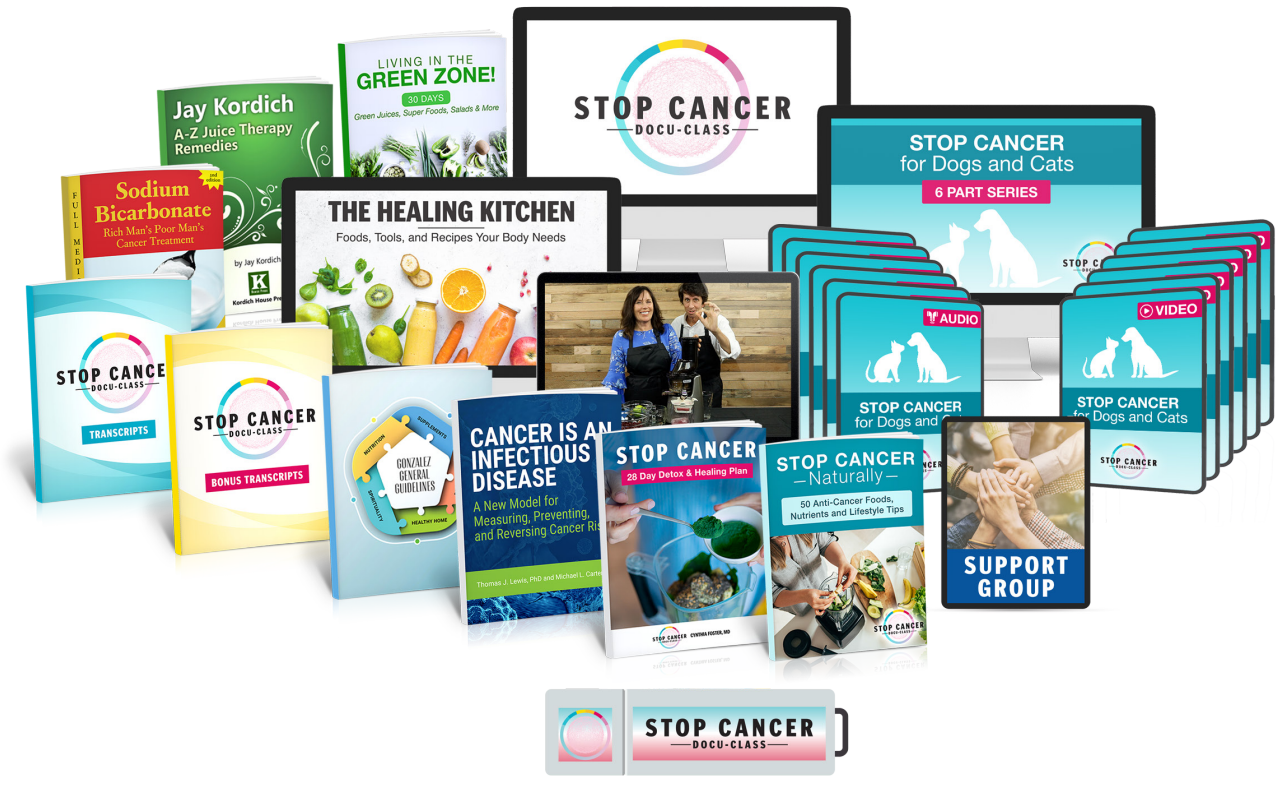

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ABOUT JONATHAN LANDSMAN

As the creator of NaturalHealth365 Programs, I've worked with some of the brightest minds in natural health and science. Having been in the health and fitness industry for over 35 years, I've produced over 500 health programs with over 300 of the finest integrative healthcare providers in the world.

Reaching millions of people, worldwide, I am committed to educating the public about the importance of eating a healthy, organic (non-GMO) diet; consuming high-quality nutritional supplements, as needed and participating in healthy lifestyle habits like, exercise, detoxification protocols and mind/body work, on a regular basis.

STOP CANCER
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THE ANSWER TO STAGE 4 CANCER AND TERMINAL LIVER DISEASE

Guest: Burt Berkson, MD, PhD

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JONATHAN LANDSMAN

Welcome! I'm your host, Jonathan Landsman.

Our guest practices integrated medicine in New Mexico and is an adjunct professor at Oklahoma State University College of Medicine and New Mexico State University. He has worked as a researcher and professor at several institutions, including the Max Planck Institute, University of Illinois and Rutgers University. In addition to his medical degree training, our guest earned a Masters of Science Degree and a PhD from the University of Illinois. He has authored and co-authored many scientific papers and has authored four books, including, "The Alpha Lipoid Acid Breakthrough."

Today, you'll learn about a therapy that the pharmaceutical industry does not want you to know about, which is fairly inexpensive and has literally cured most life-threatening conditions for over 30 years. We're talking about alpha lipoic acid and an antioxidant therapy that my guest Dr. Burt Berkson has been successfully using since the 1970s, first to treat people

with terminal liver disease and then many other health issues, including diabetic neuropathy, several autoimmune diseases and the very deadly pancreatic cancer considered by many to be a “hopeless” disease.

Please join me in welcoming Dr. Burt Berkson to our show. Dr. Berkson, welcome!

DR. BERKSON
Thank you very much, Jonathan.

JONATHAN LANDSMAN
This show is for educational purposes only. Always consult a trusted healthcare provider for medical issues that concern you and make an informed decision.

Dr. Berkson, why don’t we start out about just talking first about why you decided to become a medical doctor?

DR. BERKSON
When I was young, right out of college, I really didn’t want to be a medical doctor. I really wanted to be a scientist. But I had a friend who was in medical school and he was failing his first year because he was going deaf and his father, who was a large contributor to the school, encouraged me to start medical school so I could help his son take notes so he could pass. I actually started medical school in Chicago and was there for some time. I’d ask questions and they would always tell me to be quiet.

Then, one day one of the professors came up to me and he said, “You know, you are not at a stage where you ask questions now. We give you information, you memorize, you give it back to us, just like we give it to you. Then you become a doctor.” I sort of didn’t want to be there and I quit. I went to the University of Illinois, I eventually got a Masters Degree, a PhD in microbiology and cell biology of fungi, became a professor at Rutgers University, (and) was there for several years. Then, several years later, a family started having problems with doctors in Chicago and I’d call them up and they never had time to talk. And I had my whole life set out before me and I thought, you know, maybe I’ll pick up an MD and never practice, just have a lot more power at the university.

So, I was on a committee with the dean of a well-known Ivy League medical school and I went to visit him and I said, “You, know, I have the first two years of medical school, I’ve eight years of education above a medical doctor, but I don’t have the hospital years. Can I do that at your place?” And he said, “You know, Burt, if you ever became a doctor, you’d drive everybody crazy. They’d drive you crazy. You ask too many questions. You know, in medicine, we follow algorithms… you would upset the whole thing…but if you agree, if you want, I think I could probably get you into the next class, but you will have to start as a first year student again.” I said, “I have all A’s in my first two years.” He said, “But you haven’t been programmed to think like an MD.” I knew I couldn’t do it. I know my personality. I had already been a medical school professor for several years.

Then I serendipitously heard that the United States had given a piece of land to Mexico called the Chamizal and one of the conditions was they build a world-class international medical school there. They had plenty of medical doctors, but they didn’t have enough medical professors to teach the first two years. So they made a deal with 26 medical school professors from the United States—from UCLA, from Yale, from University of Michigan—from various medical schools in the United States to come down and teach our students. The first two years of medicine will allow you into the hospital years.

It sounded like an adventure. I took a leave of absence from my professorship, went down there. It was lots of fun. We were able to do practically many things you would never be allowed to do in the United States even after four years of medical school and we were there one year. It was lots of fun, wonderful education. They probably had the best first two years of medical school of any school in the world. Wonderful professors. Then a group came down from Cleveland, from the Cleveland Clinic and from (Case) Western Reserve University, Yale University Medical School and they said, “What are you guys doing in Mexico? If you come up to New Haven or Cleveland, we’ll pay you for what you’re doing.”

There were some reasons I wasn’t interested in New Haven, so I went to Cleveland. Finished up there and went into their internal medicine program. And I was there for a very short time when one of their chiefs came up to me and said, “I’m really upset with you, you don’t have any death on your service.”

I said, “Well, aren’t I supposed to keep people alive?”

And he said, “Well, everybody’s seen 12, 15 deaths and you’ve seen 0. There’s something crazy going on here, I’ve never seen this before. So, we’re going to give you two people who will surely die. Their livers are shot. They have something called acute hepatic necrosis. The only cure for this would be a transplant, but we can’t get one in time. They will be dead in two weeks.”

I said, “How do you know this?”

He said, “Our experts said so. You don’t trust experts?” “No.”

“You’re a terrible doctor, you know that?”

I said, “Well, I can’t wait to get back to my professorship.”

“So go upstairs, their livers are gone. Nothing can save them. They will be dead in two weeks and they are your responsibility.”

So I went upstairs to these two folks. They were the sickest people I have ever seen in my life and as a good medical doctor, I should have followed the orders of the chief and watched them die. Taken notes, presented it to grand medical rounds when they died in two weeks. But as a scientist, I was always looking for new things. So, I called National Institutes of Health—Dr. Fred Barter, who was the chief there. And I asked him, “Is there anything in the world that will regrow a liver?” This is in 1977. He said he was studying alpha lipoic acid intravenously as the wonder drug for the reversal of diabetic neuropathies and other diabetic applications. But when he gave it to people with diabetes, they seemed to regenerate their organs.

He sent me two cases. I ran down to the airport, picked it up from the commercial pilot the same day, ran back to the hospital, (and) injected it into the two terminal patients, who, in two weeks—they regenerated their livers. They’re still alive today with no liver damage, in their 80s. Dr. Barter was so impressed, he flew up to Cleveland with a team of doctors from NIH to examine the people and set up a national conference on organ regeneration and he asked me to be the lead speaker. The chiefs were angry at me. They said, “You know, can’t you follow orders? We told the families they’d be dead in two weeks—now we look like fools! They’re alive and well, walking

around. And you used a drug that wasn't on our formulary!"

"Well, when does the formulary committee meet?" "Well in a month."

"Well, I had to do something quickly."

"You know, you just don't know the ways of a hospital and you're dangerous around here!"

And they probably would have fired me if Dr. Barter didn't control the grants to the hospital. And Barter and I gave this agent—intravenous alpha lipoid acid—to 79 people all across the country, (who were) waiting for liver transplants and couldn't get them. Their doctors would call him up in Washington or me up in Cleveland, we'd send a case out to them. Seventy-five out of 79 regrew their livers within a month. I wrote a short note to the *New England Journal of Medicine* and I got angry comments from liver experts, saying, "You're not a liver expert, you have no right to treat liver disease!"

Then Dr. Barter and I were invited to the Max Planck Institute in Germany, to be visiting scientists there. We gave several speeches. It became a big, big drug in Germany. When I got back to Cleveland, I was told, "You know, this is bad for our business here. We're in the liver transplant business. We're controlling this. We don't want to regrow livers, we want to transplant livers. That is how we support these big institutions. So, you have really two choices: keep your mouth shut about liver transplantation and stay a professor of microbiology and have anything you want (or) continue telling people they can regrow livers cheaply. (You) will destroy your career." That's the beginning of the story.

JONATHAN LANDSMAN

Dr. Berkson, it's not often that I say I am speechless, but I can't believe what i am hearing and I know for sure there is no reason for you to say this story unless it was absolutely true. It just boggles my mind, how close-minded conventionally trained doctors could be and when I've often said, on many other shows or variety of different stories outside of what you just told, that there is such controlling interests out there that these are business decisions. I know a lot of people who are new to this information find it hard to believe, but you lived this. And I'd like you to talk a little about—I mean, you were inside the FDA as well, no?

DR. BERKSON
Yeah, I was the FDA chief investigator for alpha lipoic acid for 23 years. I got a call one day from one of the big medical centers in America. The chief of neurology said he had 1,200 people waiting to have their toes amputated quite possibly, would this help them? We thought it might, so I sent him a number of cases and never heard from them again. Then, a few years later, read this article that these people had given these 1,200 people intravenous alpha lipoic acid and within three weeks, they grew new blood vessels and new nerves, and their toes (did) not require amputation, and they published it. Well, I thought, finally it will become a prescription drug. They stopped doing it. So, I called one of the representatives of the drug company and spoke to him and I said, "You know, why did they have such great results and they stopped?"

He said, "Don't quote me, off the record. This group makes a lot of money from amputations and people that have to keep coming back. They don't make any money in regenerating the tissues. Your drug is bad for business and it will never get on the market because it has too many indications. If we use it for diabetic neuropathies, it also lowers blood sugar. So, we lose money on our insulin. It gets in the heart, chelates plaque, we lose money on our heart drugs. Regenerate the liver, we lose money on our hepatic drugs. It regenerates lung tissue, we lose money on our pulmonary drugs. We want one drug for one indication. And it's just business."

This is the way it is, and the pharmaceutical industry has some fantastically wonderful products and they have a lot of really worthless ones, too.

JONATHAN LANDSMAN
Dr. Berkson, I want to clarify something because my non-medical understanding is that ALA, alpha lipoic acid, is not a drug, but you've been using that term, "drug." Could you please clarify for me?

DR. BERKSON
Originally, it was a drug. Originally, it was an investigational prescription drug. It was covered by the FDA. But I don't know, I suspect after it was shown to be so effective for so many things, they changed the designation to a nutraceutical from a drug.

JONATHAN LANDSMAN
And for those that might be curious, because I know our audience, they

want to know a little bit more detail—what exactly is ALA? Where does it come from? Are there different sources? Maybe you could run through that a little bit with us.

DR. BERKSON
Well, every cell of our body produces alpha lipoic acid. (It's) the reason we're all alive right now, because it is the rate limiting factor for the production of energy from our foods. We're all familiar with the mitochondria. Food goes into the cell, gets converted into something called pyruvate. Incidentally, cancer cells just go this far, they convert carbohydrate into pyruvate and that's it.

They often go to lactate, but they don't go any further. In order for the food to get into the cell, the pyruvate has to be converted into something called acetyl coenzyme A. And this goes right into the mitochondria to produce energy. And the mitochondria is the energy factory of the cell. Lipoic acid is responsible for the conversion of pyruvate into acetyl coenzyme A. There's any enzyme there called pyruvate dehydrogenase, but lipoic acid is the major part of that enzyme.

Incidentally, since cancer cells only go from carbohydrate to pyruvate, if there's a lot of lipoic acid available, that forces cancer metabolism into normal metabolism and the cancer cell sloughs off and dies. Thats called apoptosis, a cell suicide. You know, the reason we're all sitting here, listening to this, is because our bodies, each cell of our body, is converting the pyruvate into acetyl coenzyme A to produce energy to stay alive.

JONATHAN LANDSMAN
And Dr. Berkson, when we talk about these terms like lipoic acid, alpha lipoic acid, I've even seen R-ALA, can you help me to get out of the confusion? Is it all one in the same?

DR. BERKSON
No. Alpha lipoic acid is the same thing as lipoic acid. The brand name in Europe is Thioctan or Thioctic Acid. Lipoic acid, the prescription product in Europe, is R form plus S form. The R form is the natural form, the S form is the synthetic form. That's the prescription stuff in Europe. That's what we used intravenously. The R form, theoretically, is probably the better form. It's the natural form. But the drug, the drug lipoic acid, or the nutraceutical now, is R plus S.

JONATHAN LANDSMAN
And also, where is it derived from? How do they create this new nutraceutical?

DR. BERKSON
Well, it could be made synthetically with an A-carbon molecule called octanoic acid. They attach two sulfurs to one end and an acid group or carboxyl group to the other end. But I think some of it is made pharmaceutically through a patented method that is a mystery.

JONATHAN LANDSMAN
And to be clear for those people who are tuning in that are suffering with serious problems, you've already mentioned quite a few that really caught my attention in terms of diabetics or people suffering with high blood sugar levels, that's one group. Then we've got people that are experiencing cancer, or serious lung or blood infections, all of this, when it comes to ALA, really has a big role to play, right? Is it fair to say that a lot of these people who are that chronically sick, I mean, they are just inundated with all kinds of issues, they really are deficient in this nutraceutical, is that fair to say?

DR. BERKSON
I think that's true. You know, if people want to know about this, if they go to Google, they type in "Berkson, National Cancer institute," they can see a newsletter from the National Cancer Institute in Washington describing one of my visits there where I spent a whole afternoon lecturing and their experts went over each case and they seemed to agree that whatever I was saying was valid about cancer at least.

JONATHAN LANDSMAN
And when it comes to this state of, let's say the experts if you will, who are looking into this any more, you know I know you have a huge experience with this, at the NIH or the FDA. Is anyone looking at this anymore, before we get into more of your therapy, what we want to talk about today, are they looking at ALA at all?

DR. BERKSON
Well, I think what they are trying to do is to change the molecule so that they can patent a new molecule so that it might have fewer indications than the natural product.

JONATHAN LANDSMAN
I want people to hang in there because for the next half of this program, we're going to get into ALA and also what the heck LDN is—this whole antioxidant therapy program that Dr. Berkson is using and how this specifically relates to a lot of chronic disease symptoms that people are experiencing today. Dr. Berkson, why don't we talk about, again, like I just alluded to before—what the heck is LDN? What does it stand for and why should people care about it?

DR. BERKSON
Well, low-dose naltrexone…First of all, I learned about it from a patient, about 20 years ago. I got fed up with university work and became a country doctor, not far from Lubbock, Texas. My kids thought they were cowboys and cowgirls. Then I took a job at, with the department of defense, I was department of defense doctor for seven years. Then about close to 20 years ago, I opened a practice here in Las Cruces, and a man walked in, he had a walker, he could hardly even move. He told me he had rheumatoid arthritis and also he had prostate cancer metastasized to his bones. He was in terrible pain. He wanted to know if I would give him pain pills because M.D. Anderson medical center told him that he only had a few weeks to live and he had to have his wife put in a home before he died. I said sure, I would give him the pain pills. Then he asked me if I ever heard of Dr. Bihari of New York. I said no. He said he heard Dr. Bihari was curing cancer and autoimmune disease.

I said, "Why don't you go up there and see him?"

He said he was just at an old, little office. "If he was any good, wouldn't he be at a big university?"

And I said, "You know, they usually treat a lot of cancer, they don't cure many cancers. You know, if they could cure cancer, maybe put them out of business." And I told him how they were angry at me in Cleveland because I was regrowing livers rather than transplanting livers. So, he went up and saw Dr. Bihari.

I thought he'd died. Three years later, he walks in without his walker and he told me that Dr. Bihari stopped the growth of the cancer and actually reversed it and cured the rheumatoid arthritis with a drug that costs $15 a month, a prescription drug called low-dose naltrexone. And I was very, very

skeptical. But I had maybe 70 people with systemic lupus and rheumatoid arthritis and…put them all on it and almost every one of them was off of most of their drugs and doing very well on the low-dose naltrexone.

So I started using it. A man walked in with a pancreatic cancer stage 4 metastasized to the liver. The big medical center told him to go to hospice, nothing could be done. I asked him if he wanted to do this and he said yes, so I gave him the low-dose naltrexone at bedtime, which actually fools the brain into thinking there is not enough endogenous opioids in the blood stream. So, the more you get a flood of endogenous opioids, and at least one of them called met-enkephalin finds the cancer cells and kills them. He also came in for the intravenous form of alpha lipoic acid twice per week. The lipoic acid forces cancer cell metabolism into normal metabolism and floods the cancer cells with oxygen and the cell falls off and dies from this.

So he came in, this terminal patient. Two months later he goes back to work. Nine years later, the CAT scan showed no cancer. I wrote that up for publication, one of the big cancer journals, was published. Zero interest from the oncological community. Then I publish another paper. Three more terminal pancreatic cancer people. Within six months, the scans showed no cancer. Published that. Just a few comments that I'm not a cancer doctor, I've no right to treat cancer. I said, "Do you want to know what I did?"

"No, we have nothing to learn from you." Then I wrote another paper on a terminal lymphoma. Man had big tumors in his neck and in his groin, big as softballs. Then, six months, there was a complete resolution of a problem.

And that's when I received the call from the National Cancer Institute, from the chief over there, Dr. Abrams. He said, "You know I've been reading your work, I'm really interested in what you're doing. Can you come out and lecture to us?" …The first time I went, and the second time, I spent the whole afternoon there talking. And they had their pathologist and radiologist go over all of the cases and they sent out their newsletter and I think most doctors threw it away.

JONATHAN LANDSMAN

I'm getting curious, Dr. Berkson, when it comes to the LDN or the ALA, are there any situations where you say, in particular when it comes to cancer cells, you know, so much oxygen, they can die off. Is there any threat to healthy cells or anything that we want to protect in our body?

DR. BERKSON

Well, if you (have) too much alpha lipoic acid, you could kill healthy cells. You have to know the right amount. Several years back, a group from the primate research labs asked me to be involved in a study to see what the LD50 studies were for ALA, intravenously. And I didn't want any part of it because I don't like to kill monkeys. But they did it anyways and they found that it takes about 90 and 100 mg per kg to kill a monkey. But when they were doing the necropsies, the autopsies, on these monkeys, they asked me to come in and watch, which is very interesting. The very, very, very extremely high dose of lipoic acid intravenously caused necrosis in the heart and in the kidneys and the big muscles of the extremities. And I wondered why this was so. So, myself and my colleagues went over to the university and I did the electron microscopy work on these tissues that were destroyed by extremely high doses of lipoic acid. And I saw that the mitochondria actually blew up. It was revving up the mitochondria so much that it heated up and exploded. And we published this in 2014 in Global Advances in Health and Medicine—all of this stuff has been published. Anybody who wants to find out anything about us, if you go to the National Library of Medicine website and you type in "Berkson, liver disease" or "Berkson, cancer," you'll see these publications.

JONATHAN LANDSMAN

And Dr. Berkson, obviously what you just described also is a very, very high amount. For those who might be interested—you know those sort of in the middle, if you will. They're not at death's door, they're not extreme cases. I know this is an audio program, we don't owe anybody in particular, we're not trying to treat a condition here at all, let's be perfectly clear. But are there some average recommendations in terms of a daily dose for ALA that people can be taking? You know, a general basis for health?

DR. BERKSON

Well, you know, there's several protocols. Myself, sometimes I take a very excellent product, like the Live On product and that's 100 mg of R form. And I'll take that twice a day, with B complex vitamins. You always have to take a good B complex vitamin with it, because if you don't, you deplete your B complex vitamins or I'll take a capsule of 300 mg of Racemic alpha lipoic acid, that's R plus S form. I'll take that twice a day plus a day with the B complex vitamin.

JONATHAN LANDSMAN
And again, outline for us exactly what the ALA does for us, Dr. Berkson?

DR. BERKSON
The most important thing is that it is the…factor for the production of energy from our food. Secondly, it is a wonderful antioxidant. So, as we build up free radicals in our body, it mops them all up. It neutralizes them. Thirdly, it interferes with many of the chemicals that increase the chances of developing cancer. Another thing it does is it actually works in the nucleus of the cell to help prepare DNA. This was just determined this past year. So, there are just so many things it does. It recycles all of the other antioxidants. When Vitamin C, Vitamin E, CoEnzyme Q10 are all used up, you take alpha lipoic acid and make them useful again. It's just something, you know children produce so much of this, which is why so many children are so healthy and have so much energy. An 80-year-old man hardly produces it any more. If you feed a Thanksgiving meal to a 2-year-old who has plenty of lipoic acid, he's going to be running around the house afterwards. You feed the same meal to an 80-year-old man who has very little lipoic acid, he's going to be sleeping on the couch. But if you give him alpha lipoic acid orally, he at least will be walking around the house. It's an amazing chemical.

JONATHAN LANDSMAN
And then I want to talk a little bit about, in a very general way, about the other things you will do for people in really serious states of health. But before we get there, Dr. Berkson, talk a little bit about and overview in terms of what LDN does for us as well, please.

DR. BERKSON
You take low-dose naltrexone at bedtime, it fools the brain into thinking there are not enough endogenous opioids in the bloodstream. The morning you get a lot of them. They do many things, but at least one of them, met-enkephalin, binds the cancer cell receptors and it causes them to undergo apoptosis, cell suicide. Another thing it does, it interferes with some of the inflammatory markers which reduces inflammation. So, you get much less pain with rheumatoid arthritis or systemic lupus or some of these other diseases.

JONATHAN LANDSMAN
And again, there is a toxicity issue, if someone is taking too much of it, of course, I would imagine.

DR. BERKSON
Well, you know I never go above 4.5 mg at bedtime. Now LDN is a prescription drug at a 50 mg plus for the reversal of heroin addiction. You know, if you have it in the bloodstream and you take a narcotic, you don't feel it. It neutralizes the narcotics. So, if somebody wants to take LDN, they can't take it while they are taking narcotic medication.

JONATHAN LANDSMAN
Dr. Berkson, I don't want to leave this program with this, and I'm sure you would agree, with this sense that these are magic pills. None of our shows are ever saying, "Hey, just take this and don't think about anything else." What are some of the other things that you're speaking to people who are really having serious problems, they're going to get amputations, they're late stage cancers, what are some of these other things that you find you're saying over and over again.

DR. BERKSON
Well, in our clinic, we see people from all over the world. People come here and they stay anywhere from one week to six months. We actually had the head of Islamic religion come in with all his cooks, his bodyguards, all in their African garb from North Africa…and they actually spent six months. He came in with diabetic retinopathy and diabetic neuropathies. When he left, he was walking and reading again. We treat a lot of Hepatitis C. I once wrote a paper several years ago published in the German Journal of Internal Medicine and Pub Med picked it up. I wrote an abstract. I used alpha lipoic acid, which helps regenerate liver cells… selenium, which Dr. Will Taylor from University of Georgia found acts as sort of a birth control pill for the Hepatitis C virus. And silymarin, which protects liver from further damage. A lot of people come in with various liver diseases, like viral liver disease. We treat a tremendous amount of diabetic neuropathies. We have wonderful results with that. With any of these treatments, we have very good results, but it doesn't always work. Especially with cancer.

JONATHAN LANDSMAN
And that being…can you qualify why? Is it just because it is just so far gone at the point that you probably see these people?

DR. BERKSON
I don't know. I think a lot of it, a lot of it has to do with attitude, too. I think when somebody is told they're going to die, by a big medical center that

they respected and if they believe it, nothing will help them. But if they're sort of cantankerous and are a very independent thinker and go along with the program, they often do better.

JONATHAN LANDSMAN

Dr. Berkson, I want to thank you so much for your time. I want to thank our listeners for joining us today.

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