

Cancer diagnosis?

Put tumours and cancer cells in the crosshairs with these 2 natural 'tree tricks'...

By Dr. Glenn S. Rothfeld

When I see patients with cancer, my main goal is to see how I can support them in their choice of therapies – whether conventional or alternative.

In either event, I try to strengthen their immune system function in order to maximise their ability to fight off the cancer.

How do I know if what I'm doing is working? Well, with many of my patients, I rely at least in part on a type of measurement called 'biomarkers'.

In general, biomarkers can give some information about how your body is functioning in the present... and how it will function in the future.

It's important to 'look under the hood', so to speak – because you could actually feel fine, but your biomarkers may tell another story.

Even if you don't know them by name, you've surely run into biomarkers many times before.

Blood pressure and pulse are biomarkers... as are your weight, height, and ability to read an eyechart... and those measured via blood tests, like fasting blood sugar, cholesterol, serum uric acid, and so on.

There are two biomarkers you may not have heard of, though, that I've been using in my practice with cancer patients: vascular endothelial

growth factor and galectin-3.

These biomarkers are actually involved in the genesis and growth of the cancer. Constructing a therapeutic approach that addresses them, can have a positive effect on the immune system and its battle with cancer growth.

The science behind the process can get a little complicated, but stick with me – because if you or someone you love is struggling with any number of different types of cancers, you'll want to know how targeting these biomarkers can improve your odds.

A matter of supply and demand

The first biomarker I mentioned, vascular endothelial growth factor (or VEGF, pronounced VEG-F), is a signal protein that stimulates the formation of new blood vessels (vasculogenesis) as well as their growth (angiogenesis).

There are several situations that might make it necessary for your cells to produce VEGF, including:

- To develop new blood vessels associated with

the growth of the embryo in utero.

- When an injury presents the need for new blood vessels to grow.
- During exercise, which stimulates the growth of new blood vessels.
- When arteries are blocked, usually via atherosclerosis, angiogenesis occurs as part of the compensating healing process.

Obviously, the production (or, in medical terms, 'expression') of VEGF is necessary for many healing functions.

But if left unchecked, the formulation and growth of blood vessels can be a sign of disease as well.

You see, in order to support their growth, cancers – particularly solid tumours – need a lot of blood supply. In order to create that blood supply, cancer cells express high amounts of VEGF, creating angiogenesis.

So, if we can see how much VEGF is being produced (expressed), we can get a sense of how far along the cancer has gotten. In fact, multiple studies have recently validated the use of VEGF to track the progress

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Dr. Glenn S. Rothfeld's

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Nutrition & Healing UK is dedicated to helping you keep yourself and your family healthy by the safest and most effective means possible. Every month, you'll get information about diet, vitamins, minerals, herbs, natural hormones, natural energies, and other substances and techniques to prevent and heal illness, while prolonging your healthy life span.

Dr. Glenn S. Rothfeld, operates the renowned Rothfeld Center for Integrative Medicine in Waltham, Mass., in the US, and he regularly scours the globe looking for the latest advances in natural health.

For nearly 35 years Dr. Rothfeld has helped patients identify and conquer the true underlying causes of diseases like diabetes, arthritis, and even cancer. His cutting-edge research into neurological diseases is creating exciting new avenues of treatment for seniors struggling with everything from Alzheimer's to Parkinson's disease.

Dr. Rothfeld's commitment to uncovering the latest health breakthroughs and educating his fellow physicians and patients is never-ending. He was named a fellow at Harvard University's prestigious Channing Laboratory, and developed one of America's first courses on alternative health for the world-class Tufts University School of Medicine.

As an author of nine books on everything from thyroid disorders to back pain, Dr. Rothfeld has helped thousands of patients find lasting solutions to even the most stubborn health problems. Now you can access all these latest health discoveries each month through Dr. Rothfeld's *Nutrition & Healing UK* newsletter.

CANCER BIOMARKERS

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of cancer therapy and to predict the growth and spread of tumour cells.

Among the cancers for which VEGF measurements can be useful are gastric (stomach), breast, prostate, angiosarcoma (blood vessels), and ovarian, among others.

In pharmaceutical medicine, of course, that means the race is on to develop a monoclonal antibody that will block VEGF and, presumably, block the growth of cancer by strangling its blood supply.

So far, this result has been elusive – but several chemotherapy drugs do currently target VEGF, thereby blocking angiogenesis and the means by which cancer cells grow and metastasise.

As you know, chemotherapy generally takes a 'scorched earth' approach – destroying everything in its wake. That means that it poisons the cancer cells AND the healthy cells, because it can't tell the difference between the two.

But there's something found in nature that can – and believe it or not, it comes from the bark of a tree.

This bark takes a bite out of cancer

Magnolia bark – or, more specifically, a compound extracted from the bark of a magnolia tree, called honokiol (HNK) – is well known by practitioners of Chinese medicine for its variety of applications over the last several millennia, including for anxiety, digestive disturbances, and skin conditions.

Its role in cancer prevention and treatment, however, has only been investigated seriously over the past decade or two – but in that short time, it's been extensively

studied for its possible role in controlling the growth and metastasis of cancer cells.

In cases of osteosarcoma (bone cancer), this natural compound appears to directly block VEGF – and it seems to do so without poisoning your healthy cells and sickening YOU.

In fact, as shown in a 2012 study of its lethal effects on metastatic bone cancer cells, it directly attacks tumour cells!¹

But that's not all it can do. In fact, multiple mechanisms have been suggested and studied, given the range of effects of this remarkable substance.

HNK is a small molecule, making it easy for your body to absorb and easily assimilated into cells. And, as it can cross the blood-brain barrier, it can be useful with intracranial (brain) cancers, which are notoriously difficult to treat.

A 2012 study demonstrated that HNK interfered with the signals maintaining the viability of leukemia cells, hastening their cell death.²

In gastric cancer, HNK appears to prevent the spread of cancer cells by inhibiting angiogenesis.

Breast, prostate, lung, liver, colon, and other cancers are all also susceptible to HNK's effects, demonstrating the same increased cell death and lack of growth.

A 2013 study showed the same effect on non-small cell lung cancer cells,³ and another in 2007 showed this cell death in prostate cancer cells, regardless of the hormone sensitivity of the cancer.⁴

Make your conventional therapies work better

Not only does HNK appear to interfere with the cancer life cycle (thereby triggering apoptosis of the cancer cell by a number of different

mechanisms), but it works well in conjunction with other anticancer agents... and it even seems to reverse multi-drug resistance!

And these effects are present whether the tumour is solid (as with breast or prostate cancers) or blood-based (as with leukaemia).

That's why we like to say that honokiol 'plays well with others'. That is, HNK actually makes chemotherapy drugs work better.

This has been shown in multiple studies – including treatment of breast, colon, and ovarian cancers, as well as leukaemia.

In the case of radiation, HNK has been shown to make colon cancer cells more sensitive to the effects of radiation (yet another 'scorched earth' approach to treating cancer), including those cancerous cells otherwise known to be resistant to radiation damage.

In addition to its toxic effects on cancer cells, HNK has been shown to have powerful antioxidant effects on normal cells – in one study, up to 1,000 times the antioxidant effects of vitamin E.⁵

This suggests a use for HNK in radiation therapy – both to enhance the effect of the therapy and to protect the surrounding cells from damage.

But, as I mentioned earlier, VEGF isn't the only cancer-related biomarker that can be targeted... and magnolia bark isn't the only natural compound that can help treat cancer by targeting a biomarker.

The ties that bind

The second biomarker I'd like to share with you is galectin-3, a type of protein called a 'lectin' that has the ability to bind to a certain kind of carbohydrate called starch beta-galactose.

The expression of this type

of protein by cells contributes to inflammation, cell growth, the formation of scar tissue (aka fibrosis), and the ability to 'stick' to cells around it – all processes that are involved in the progression of cancer.

In short, galectin-3 is expressed by cancer cells to facilitate their growth and spreading (metastasis) – because in order for a cancer cell to metastasise, it first must clump together, become stickier, and then begin to spread.

Once galectin-3 is present in elevated amounts, it also contributes to angiogenesis, tumour cell survival, and the ability of some cancer cells to transform themselves into cells with different properties, making them harder to kill.

There's even a suggestion that galectin-3 and other lectins help the tumour cells to avoid detection by the immune system!

And, as biomarkers like these don't always work completely on their own, galectin-3 actually has the ability to modify VEGF expression.

A wide range of cancers appear to use this method to

do their damage – including prostate, ovarian, melanoma, thyroid, liver, colorectal, and others.

It seems to work something like this: A tumour is ready to grow, so it expresses galectin-3, which then turns on a number of other processes, including the expression of VEGF.

VEGF promotes angiogenesis, opening up more 'supply routes' for the growing malignance.

Immune cells respond, but scar tissue blocks their access to the tumour.

And the immune cells that do manage to get through can't easily detect growing cancer cells they come into contact with because of their unique ability to 'hide'.

But there is something that can put this game of cat and mouse to an end – and it's not a drug.

In fact, like HNK, it comes from a tree!

The citrus secret to becoming cancer-free

I'm talking about modified citrus pectin, or MCP.

Cancers shown to be negatively affected by MCP treatment include colon, breast, prostate, melanoma (skin), multiple myeloma, and angiosarcoma, among others.

You may have heard of 'pectin' before – it comes from the starchy portion of the peel and pulp of citrus fruits.

Normal pectins are long-chained, making them less absorbable in the gut... and less able to dissolve in water. But treating (modifying) those pectins in a high-pH and high-temperature environment breaks them into shorter chains that are more absorbable.

Not only that, but their smaller size and dissolving abilities enable them to bind tightly to the galectin-3

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A cancer fighter in its own right?

It actually appears that MCP has its own anticancer effects – not having to do with the blocking of galectin-3.

This may be an effect by MCP on something called the Caspase-8-to-Caspase-3 signalling pathway that's thought to pave the way for cell apoptosis.

This has been studied in multiple myeloma and in prostate cancer cells so far, and I look forward to hearing what else researchers find in future studies on other types of cancers, too.

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– specifically to the carbohydrate (galactose) binding sites that I mentioned earlier.

If MCP can block the galectin-3 by doing that, the cancer cell can't clump... it can't adhere to surfaces... it can't grow new supply routes... and so on.

The end result? Less growth and less (or no) spreading.

This anticancer effect has, in fact, been validated in both in vitro and in vivo studies, across many different cancer types.

And since metastatic cells produce galectin-3 as part of their malignancy, it's been shown that the blocking effect of MCP reverses the 'stickiness' of metastatic cells to their new environment, preventing them from attaching to the target organs.

This has been demonstrated in vitro using melanoma, breast, and prostate cells, among others.

In one study of prostate cells, 11 anti-adhesion agents were studied, and MCP showed the greatest ability to prevent those cancer cells from sticking to bone marrow epithelium.⁶

Animal studies have confirmed this, as well.⁷

And even more exciting, we are beginning to see in vivo studies as well. In one 2005 study, MCP was shown to reduce the metastatic cell deposits from breast and prostate cancer to common metastatic sites of the lung and bones by OVER 90 per cent!⁸

Putting an end to the game of hide and seek

But that's not all that MCP can do to fight cancer.

Other anticancer effects of MCP include inhibition of the direct growth of cancer cells at the primary site. In addition, by interfering with the regulation of the cancer cells' life cycles, MCP appears to accelerate

the process of apoptosis (programmed cell death).

And that can create increased cell death of cancer cells at the metastatic site.

In addition, MCP blocks the angiogenic (new blood cell growth) effects of galectin-3 (and of VEGF as well) – and, as I described earlier, angiogenesis is critical for cancer cells to grow.

Even more exciting is the apparent ability to augment the effect of chemotherapy drugs on cancer cells.

Remember: galectin-3 has the effect of enhancing the 'shielding' effect of cancer cells so that they are less recognised and susceptible to immune cells. But galectin-3 also helps them 'hide' from chemotherapy agents like cisplatin, doxorubicin, bortezomib, and etoposide.

The theory is that in blocking galectin-3, MCP can help make cancer cells more 'visible' – and therefore more vulnerable to the effects of chemo treatments.

This has actually been demonstrated on myeloma cells – which in one study became more sensitive to treatment with bortezomib⁹ – and on angiosarcoma cells, which showed a 10 times greater response to treatment with only doxorubicin.¹⁰

Make your cancer battle a bit more precise

When patients with cancer come into my office, we blood test them for VEGF and galectin-3, as well as other biomarkers. With the results, we

are able to get a more complete picture of whether the tumour is growing, spreading, or more dormant.

We can then form a plan that's a more individualised way of supporting the immune system and interfering with the cancer activity.

As I mentioned earlier, billions of pharmaceutical company dollars have gone into efforts to block VEGF and galectin-3, thereby slowing down or stopping angiogenesis and tumour growth.

But it turns out that NATURE has provided us with substances that are both plentiful AND effective.

Most people take HNK orally – and many supplements contain this compound. A typical dosage is 250mg, once or twice daily.

Just keep in mind that it's not only fat-soluble but actually hydrophobic, so there needs to be some fat present in order for your body to properly absorb it.

To boot, both HNK and MCP have extraordinary safety profiles, with very few side effects. As a fibre product, for instance, MCP can loosen the stool.

Interestingly, not all preparations of MCP have the same effects – but we don't yet know which modifications of the pectins provide the BEST effects.

At the Rothfeld Center, we give 15g of MCP daily, usually in divided doses of 5g, three times daily. If the levels of the VEGF and galectin-3 biomarkers are significantly elevated, we might go up to 10g, three times daily.

Generally, we give it as a powder dissolved in water or juice, but for those who prefer a 'pill', we can also put it into 500mg capsules. **GR**

Food for thought

Modified citrus pectin is such a powerful healing agent that we also use it to reduce our patients' heavy metal load and treat toxicity in general.

Blocked artery?

Stent Implants: The latest medical procedure that ROCKED mainstream medicine

By Dr. Glenn S. Rothfeld

Very recently, something happened in the medical world. You may not have heard about it yet, but it still has heads spinning. And you can bet that this is just the beginning.

In fact, it could change the way that we treat and view the most lethal disease in the country.

Not only that, it could also change the way that medical devices and procedures are approved... and it might even change how the medical establishment views what is the 'standard of care' of treating almost any disease.

No, it wasn't the discovery of a new cure. Not exactly, anyway.

It was a study published in the *Lancet*, one of the most important and influential medical journals out of Europe, and it looked at one of the most commonly performed procedures for coronary artery disease.

And you know what the study found? That it doesn't work.

At least, that it doesn't work any better than the fake version of the same procedure.

And up until this study was published, it was conventional wisdom that it was a waste of time and money to do anything other than unclogging the arteries.

Now, it appears that if you have a blocked artery, the last thing you need is a stent implant.

So, if you've been diagnosed with this potentially killer disease... and your doctor is urging you to get a stent procedure... you need to know what your other options are.

And if your doctor is up to date on the latest when it comes to stents, you'll want

to arm yourself with all the information you need to keep him from piling multiple drugs on you as an 'alternative'.

Half the time, stents are a SHAM

We hear about new studies all the time... and I love sharing the latest research with you.

But sometimes, the latest scientific findings may not seem like such a 'big deal' – at least not on their own.

I'm here to tell you, however, that this one is a very, very big deal.

In the new study, which was funded by Europe's National Institute for Health Research, a total of 230 patients with chest pain and severe coronary artery blockage were given one of two procedures.

They either had a stent (a metal tube) inserted into the blocked artery to open it, or they had a 'sham' medical procedure, during which nothing was done other than place some other kind of wire in their body.¹

Upon their follow-ups, there were no differences in exercise capacity and chest pain between the two groups.

That is to say, there was no difference in outcomes – whether they had the stent procedure or not!

Even though stent placement is the 'standard of care' for the treatment of chest pain (angina) in a heart patient who's considered 'stable' (not actively having a heart attack), the authors say that "there is no evidence from blinded, placebo controlled randomised trial to show its efficacy."

Now, if you're having an

active heart attack, a stent can save your life. I'm not against a stent in that scenario.

But this study looked at non-emergency situations, in which the patients had chest pain and a severe blockage... but no active heart attack.

Everything they thought they knew got turned on its head

As you can imagine, this study has sent reverberations throughout the conventional medical world and mainstream media.

In fact, when the story broke, the *New York Times* released a breathless headline that read: "Unbelievable': Heart Stents Fail to Ease Chest Pain."²

This was such a big breakthrough that, as some media outlets reported, heart doctors were cancelling their patients' stent procedures in the wake of it!³

That might seem a bit rash, but considering the fact that heart disease is one of the top killers in the world – and unclogging clogged arteries with stents is the most common means that conventional doctors have to 'fix' this issue – anything that questions the efficacy or validity of that procedure deserves some pretty serious attention.

Journalists may call this news 'shocking' and 'unbelievable', but integrative medical doctors like me have been 'preaching' for a long time that heart disease is not really about unclogging arteries.

It's not as simple as a plumber unclogging a clogged pipe!

Yet every conventional doctor has been so focused on 'flushing'

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all the cholesterol they can out of your arteries.

This study has already started and will hopefully continue opening everyone's eyes – both on the conventional and unconventional sides – to the fact that treating heart disease, chest pain, atherosclerosis, and cardiac-related death is not as simple as taking a blocked artery and then unblocking it!

But, as I said, the integrative medical world has known that for a long time.

You've got to start at the beginning

Sad to say, this latest research is probably not going to put all of us in a better place – at least,

not right away.

Sure, it pokes a hole in the use of stents... and it casts a shadow of doubt upon other expensive and dangerous medical procedures. But where will doctors shift their attention as a result?

Based on all the media coverage since the study was released, it looks like doctors are ready to turn to their prescription pads.

Because one way of interpreting this study is by concluding that if you don't use stents for a blockage, then you have to use at least three strong prescription medications to equal what stents

supposedly accomplish!

One to aggressively lower their blood pressure and thin their blood... another to lower their cholesterol (a statin)... and a third to treat angina (nitroglycerin pills).

But if blockage of the major arteries is not the easy answer... then what's at the root of one of the most common causes of death in the world?

I'm a firm believer that cardiac disease, heart attacks, and blockages can come from a complex process of inflammation and oxidation that occurs in the bloodstream and the arterial walls.

Look at it this way: An

Who cares if it's safe... if it doesn't WORK?

When doctors, researchers, and journalists were writing about this groundbreaking study, they unearthed a scary truth: The American Food and Drug Administration (FDA) approved stents based only on a study that was decent from a scientific perspective but wasn't anything earth-shattering.

In fact, there was never any 'slam-dunk' evidence to prove that stents work... and there's still no proof that they're the lifesavers that we've been duped to think.

Yet stents still became the 'standard of care'.

Now, in theory, it does seem reasonable: If you unblock a major cardiac artery, you should have less chest pain, and you should have fewer cardiac complications.

But in reality, stents just aren't a magical fix... and there's way more to the story of cardiac deaths and blockage.

Don't expect medical authorities to dig any deeper than they have to, though.

Medical authorities approve medicines, medical procedures and equipment in the following way: After reviewing safety data, a government authority determines that a procedure or medical device is safe enough to put a stamp of approval on it.

But 'safe enough' does not necessarily mean 'safe'... or that it WORKS.

Medical authorities just don't wait for tons of amazing medical data that show any given drug, procedure, or medical device can actually cure the condition that it gets approved for.

And once something goes through this questionable process... and it manages to become the 'standard of care'... conventional medicine treats it like gospel.

And none of them see any reason to question whether the 'standard' ever really, truly worked.

Integrative doctors, however, do question and don't practise standardised medicine – and the mainstream criticises us for not 'following the rules'.

Yet, the entire medical world is being forced to take a good hard look at what's been accepted as 'standard' for heart disease.

Medical devices and procedures that invade the human body (like a stent) should require the same scrutiny as a drug to get approval – that is, comparison with a placebo control.

In the end, my hope is that maybe this will spur other doctors and researchers to investigate more... and do new studies to challenge the standard of care in many other aspects of medicine as well.

inflammatory process (like a fire) can damage your arteries, and then your body uses cholesterol in an oxidative process (like rust or rusting) to heal the wound. The inflammation can also cause your blood to become sticky and hot, like lava.

This lava-like, 'hot', sticky blood is much more apt to form a clot that causes a 'coronary thrombosis'.

Take away the inflammation... and you'll reduce the amount of oxidised cholesterol in your arteries... and keep your blood thin.

And that, in turn, will stop this entire chain reaction before it starts.

Beat back inflammation, as easy as 1-2-3

If you've been reading my *Nutrition & Healing* newsletter and daily *Health eTips* for a while now, you know that inflammation is at the source of many different diseases.

And coronary artery disease is no exception.

But no matter what the ailment, inflammation typically comes from one of three major sources (or some combination thereof):

1. The foods we eat.
2. Hidden infections in the body, and
3. Toxins (such as lead, cadmium, mercury,

and aluminium).

It stands to reason, then, that the key to preventing heart attacks and further arterial clogging is not a statin or any other drug.

It's to:

1. Reduce inflammatory foods (by switching to the Paleo Diet) and take anti-inflammatory supplements (like curcumin)

2. Kill hidden infections in the body (with supplements and foods such as garlic and oil of oregano), and

3. Remove heavy metals from your body (with natural detoxifiers like curcumin, coriander, or chlorella – or a more aggressive treatment like chelation therapy).

Of course, it's possible that you still may have some oxidation in your arteries... and your blood may still be too thick... but that doesn't give cause to taking any of those drugs that conventional doctors will want you to take in place of getting a stent implant.

Instead, taking antioxidants (such as vitamin C, E, and/or glutathione) can do a world of good in beating back oxidation.

And, as I shared with you in the November 2017 issue of *Nutrition & Healing*, natural blood thinners include fish oil and nattokinase (as well as

drinking plenty of water and even donating blood).

Flush out the toxins, not the blockage

We integrative doctors have always treated blocked arteries with a multitude of lifestyle changes and nutraceuticals.

And while all of the natural therapies I've just shared with you can be incredibly effective on their own or in combination with each other, there's an even more aggressive treatment that can not only clear out the toxins and therefore reduce inflammation... but it can also improve your circulation.

I'm talking about chelation therapy.

As I've shared with you in the past, chelation involves injecting an agent that can bind to metals and other toxins in your body and sweep them out. Thus, it moves one of the root causes of coronary artery disease away from your body.

Chelation therapy can have a multitude of effects on the blood vessels of your entire body, but the biggest one is this: It can transform your hardened, 'lead pipe' arteries into flexible garden hoses.

As I shared with you in the February 2016 issue of *Nutrition & Healing*, a double-blind, placebo-controlled study published in 2012 called TACT (The Trial to Assess Chelation Therapy) showed a statistically significant difference in patients receiving chelation versus placebo over the course of four years (a respectable period of time).

In the government-backed study, chelation reduced the amount of heart attacks, stroke, stents, hospitalisation for chest pain (angina), and death – and patients with diabetes and who'd had a heart attack before (anterior MI) benefitted the most.⁴

Yet this intravenous therapy is far from being the 'standard of care' for heart disease!

In fact, at the time, that
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The elephant in the room finally gets noticed

Even though the internet was abuzz with the news about this startling discovery, the even more sobering news was that this study reminded us that this is not new information!

A study published in the *New England Journal of Medicine*, cast a shadow of doubt that stents were the way to go... all the way back in 2007!⁵

That study wasn't as bold as this latest study – mostly because one group of patients had the stents and medications and the other group just had medications – but it had 10 times as many patients AND a longer study duration.

The study boldly concluded that stents 'did not reduce the risk of death, myocardial infarction, or other major cardiovascular events when added to optimal medical therapy'.

Isn't it funny that this study was out there for the world to see and read more than a decade ago... but back then, nobody wanted to acknowledge this elephant in the room?

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study received a ton of flak from members of the conventional medical world, who critiqued it up and down and found every way they could to discredit it.

Those naysayers should be ashamed of themselves!

Because now, millions of people have had stents performed... and billions of pounds have been spent on this potentially unnecessary procedure.

But it's not just about wasted money – because it also pulls

the wool away from our eyes to show us the wasted opportunities to treat folks with coronary artery disease with therapies that DO work, like those I've shared with you here. **GR**

Ask Dr. Rothfeld – Natural Compound Keeps Scar Tissue At Bay

Reader's Question: My uncle has been diagnosed with idiopathic pulmonary fibrosis and given a terminal prognosis. Are there homeopathic remedies that might alleviate his symptoms?

Dr. Glenn Rothfeld: First of all, I'm sorry to hear about your uncle. Of course, it's never easy on the patient who receives a prognosis that's terminal, but I've found that most life-threatening conditions – especially those in which a shortened life expectancy is a certainty – affect the entire family.

My thoughts are with you during this difficult time.

I've previously shared some information on fibrosis with my readers in the past, but there are actually several different kinds that can be found in various parts of the body. To put it simply, fibrosis is the build-up of fibrous tissue in the musculoskeletal system, skin, and brain tissue. We often refer to this process as 'scarring' or the formation of 'scar tissue'.

Fibrosis often happens in the kidneys – but, in the case of 'pulmonary' fibrosis, it occurs in the lungs. And that can make it incredibly difficult to breathe. Not only that, but that growing mass of fibrous tissue can trigger an immune response which can lead to neurological and other symptoms. The biggest issue with idiopathic pulmonary fibrosis (IPF) is that first word, 'idiopathic', a term the medical community uses to describe a condition that has no known cause. It's not that the scar tissue just appeared out of thin air... but it's just that no one has figured out why. And with no root cause to address, that makes it a difficult condition to improve.

In my medical practice, I've treated problems of pulmonary fibrosis with something called N-acetylcysteine, or NAC for short – specifically, in its inhaler and nebulizer forms. Studies have shown that administering NAC in this way can help delay the progression of the disease. NAC is a known anti-fibrotic agent, and it's known to help increase the levels of the 'master antioxidant' glutathione in the body – including in the lungs. I've found it can help some patients feel – and breathe – better, too. Unlike some of the patent medicines that Big Pharma may push on patients with IPF that come with a high price tag and aren't covered by insurance, NAC is not only inexpensive but also tolerated well by most patients without side effects.

If you've got a question that's weighing on your mind, drop me a line at askdrothfeld@nutritionandhealing.com. I answer a different question every week, and I might choose yours next.

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1. Steinmann, P., Walters, D. K., Arlt, M. J., Banke, I. J., Ziegler, U., Langsam, B., ... & Fuchs, B. (2012). Antimetastatic activity of honokiol in osteosarcoma. *Cancer*, 118(8), 2117-2127.
2. Ishikawa, C., Arbiser, J. L., & Mori, N. (2012). Honokiol induces cell cycle arrest and apoptosis via inhibition of survival signals in adult T-cell leukemia. *Biochimica et Biophysica Acta (BBA)-General Subjects*, 1820(7), 879-887.
3. Singh, T., Prasad, R., & Katiyar, S. K. (2013). Inhibition of class I histone deacetylases in non-small cell lung cancer by honokiol leads to suppression of cancer cell growth and induction of cell death in vitro and in vivo. *Epigenetics*, 8(1), 54-65.
4. Hahn, E. R., & Singh, S. V. (2007). Honokiol causes G0-G1 phase cell cycle arrest in human prostate cancer cells in association with suppression of retinoblastoma protein level/phosphorylation and inhibition of E2F1 transcriptional activity. *Molecular cancer therapeutics*, 6(10), 2686-2695.
5. Tsai, S. K., Huang, S. S., & Hong, C. Y. (1996). Myocardial Protective Effect of Honokiol: An Active Component in *Magnolia officinalis*. *Planta medica*, 62(06), 503-506.
6. Lehr, J. E., & Pienta, K. J. (1998). Preferential adhesion of

prostate cancer cells to a human bone marrow endothelial cell line. *JNCI: Journal of the National Cancer Institute*, 90(2), 118-123.

7. Glinsky, V. V., & Raz, A. (2009). Modified citrus pectin anti-metastatic properties: one bullet, multiple targets. *Carbohydrate research*, 344(14), 1788-1791.
8. Glinskii, O. V., Huxley, V. H., Glinsky, G. V., Pienta, K. J., Raz, A., & Glinsky, V. V. (2005). Mechanical entrapment is insufficient and intercellular adhesion is essential for metastatic cell arrest in distant organs. *Neoplasia*, 7(5), 522-527.
9. Chauhan, D., Li, G., Podar, K., Hideshima, T., Neri, P., He, D., ... & Carver, B. (2005). A novel carbohydrate-based therapeutic GCS-100 overcomes bortezomib resistance and enhances dexamethasone-induced apoptosis in multiple myeloma cells. *Cancer research*, 65(18), 8350-8358.
10. Johnson, K. D., Glinskii, O. V., Mossina, V. V., Turk, J. R., Mawhinney, T. P., Anthony, D. C., ... & Raz, A. (2007). Galectin-3 as a potential therapeutic target in tumours arising from malignant endothelia. *Neoplasia*, 9(8), 662-670.

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1. Al-Lamee, R., Thompson, D., Dehbi, H. M., Sen, S., Tang, K., Davies, J., ... & Nijjer, S. S. (2017). Percutaneous coronary intervention in stable angina

(ORBITA): a double-blind, randomised controlled trial. *The Lancet*. [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32714-9/fulltext?elsca1=tlxpr](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32714-9/fulltext?elsca1=tlxpr)

2. Kolata, G. (2017) 'Unbelievable': Heart Stents Fail to Ease Chest Pain, *The New York Times*. Retrieved from www.nytimes.com/2017/11/02/health/heart-disease-stents.html
3. Ibid.
4. Lamas GA, Goertz C, Boineau R, et al. Effect of disodium EDTA chelation regimen on cardiovascular outcomes in patients with previous myocardial infarction: the TACT randomized trial. *JAMA*. 2013;309(12):1241-1250
5. Boden, W. E., O'Rourke, R. A., Teo, K. K., Hartigan, P. M., Maron, D. J., Kostuk, W. J., ... & Chaitman, B. R. (2007). Optimal medical therapy with or without PCI for stable coronary disease. *New England journal of medicine*, 356(15), 1503-1516. www.nejm.org/doi/full/10.1056/NEJMoa070829#t=article

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