

The Trophoblast and the Pancreatic Enzyme Treatment of Cancer

By Henry Schneiker

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This is a brief introduction to the science, history and protocols used to stop cancer and destroy tumors based on the work of John Beard and his trophoblastic theory of cancer. It assembles a collection of the latest material references for those interested in researching the topic.

An estimated 1,685,210 newly diagnosed cancer cases are expected in the USA in 2016 along with 595,690 expected deaths. Worldwide numbers are far worse. In other words, roughly 1 in 3 people diagnosed with cancer are dying from cancer. The major killers are lung, colorectal, pancreas and breast cancers, in that order. Men have a lifetime 1 in 2 chance of getting cancer while woman have a lifetime 1 in 3 chance. That roughly translates to men having a 1 in 6 chance of dying from cancer while woman have a 1 in 9 chance of dying from cancer. Figures are from the National Cancer Institute.

With all of the money spent on cancer research over the last 50 years, conventional treatments have only increased the 5-year survival rate of all cancer patients by 2 - 3%. A few isolated cancers have seen tremendous improvements while most cancers have seen no significant improvement. Clearly, if you are one of those lucky folks, you are very happy.

Certain cancers have a much higher mortality (death) rate. For instance, pancreatic cancer has a mortality rate approaching 92% over 5 years. In other words, you have 10 chances out of 11 of being dead in 5 years – or just 1 chance in 11 of still being alive in 5 years. Some sources put 5-year mortality from pancreatic cancer as high as 98% but these are probably referring to late stage diagnosis. 53,070 people are expected to be diagnosed with pancreatic cancer in 2016 while 48,984 of those people are expected to die within 5 years. So if you get diagnosed with pancreatic cancer, it makes sense to look at alternatives that have a higher 5-year survival rate. Specifically, you are looking for treatment protocols that have a solid scientific basis and a well-documented success rate.

My research has turned up one treatment protocol that meets the “solid scientific basis and a well-documented success rate” criteria and is the subject of this paper. Note that this treatment ONLY provides significant increase in the probability of survival.

The gold standard for proving a medical protocol's efficacy – i.e., how well a protocol works – is a well designed randomized double-blind human trial. Unfortunately, no such trial has been done on the protocol being presented here. So you must rely on a different statistical method to judge how good the protocol is.

Let's stay with pancreatic cancer. Given that 21 out of 23 people diagnosed with pancreatic cancer die within 5 years, you have a good background statistical basis for comparison. Those numbers lump together people who are diagnosed with all types of pancreatic cancer, all stages of pancreatic cancer and all treatment modalities. In other words, those numbers represent the state of the art – on average – and represent the best that modern medicine can offer - on average.

If you select a subset of the average – for instance, early detection with “complete” resection and chemotherapy – your 5-year survival rate improves to almost 21%. You should note that the resection (operation to remove the cancer) got you the first 11% while the chemotherapy (gemcitabine) got you the remaining 10%. You can use data from published trials to bracket the survival rates under various interesting circumstances.

You can now design a meta study using well kept patient records to document the protocol's success rate and compare that to an “equivalent” control data set. It is important to understand that this study method can contain self-selection, placebo or other bias. There are many questions that the study will not be able to answer. For instance, are the people seeking this treatment representative of the control? How many people were not good candidates after their initial consultation and did not become patients – and hence, there are no corresponding patient records? Are people who chose this protocol predisposed to a particular outcome?

You must eliminate patient records that do not provide the needed information or who do not meet the criteria for the study. For instance, you want biopsy confirmation by a major medical facility so you know a patient actually had cancer and not something else. You need to know what was done to the patient prior to starting the protocol – i.e., what (conventional) treatments were performed and what was the general health of the patient. You want documentation that the patient followed the protocol – and if not, why not. A patient may not be capable of following the protocol due to bad health or being in the hospital. And then you need patient records that go on long enough after the protocol starts so you can see how long they lived after using the protocol.

See the referenced link below for a discussion about the issues in trying to generate meaningful statistics from a private practice.

With good patient records and a well designed study, you can get a good idea if a protocol appears to be effective from the historical record. You want the study to show a significant increase in survival rates compared to existing conventional

treatment protocols. Such studies have been done and you should look carefully at what they show before you rely on them.

When you are diagnosed with cancer, you have some really tough decisions to make. Do you go ahead with conventional treatments? Do you combine conventional treatments with a well documented alternative protocol? Do you skip the conventional treatments and use only the well documented alternative protocol? Unfortunately, on the day your cancer is discovered, the clock is ticking and you don't have a lot of time to research the subject and make a choice.

To be fair, conventional chemotherapy treatments only have to show a temporary shrinkage in tumor size to be approved. Even if the tumors regrow after the temporary shrinkage, the treatments are still approved. There is no requirement for randomized double-blind studies showing significantly improved 5-year survival rates. And serious side effects are common. Extending life for a few weeks or even months – without regard to the quality of life – is seen as a wonderful success in conventional medicine. So why should a well documented alternative treatment have to meet higher standards in order to be accepted?

One failing of modern oncology is that the likelihood of any particular approved chemotherapy treatment working changes from cancer to cancer and person to person. It is rare that chemotherapy sensitivity testing is performed before administering chemotherapy – which would allow doctors to ascertain which chemotherapy drugs have a low likelihood of working on a specific cancer and eliminate them from the therapy.

Discussing the politics and vested interests of various parties is beyond the scope of this paper. Many of these issues are discussed at length in the referenced materials.

Finally, there are three very important points I would like to make before proceeding.

First, if the only tool you have is a hammer, all problems become nails. That is, if you have one solution, you tend to view all problems in terms of that solution, even when it is completely inappropriate to do so. You must remain open to the fact that one size probably does not fit all. The biochemistry underlying many cancers – and perhaps most cancers – may prove to be the same and may be amenable to a common solution. However, there may be different underlying biochemical mechanisms for some cancers that require different solutions. The trick is figuring out how to tell the difference.

Second, by the time your cancer is discovered, a tumor may have invaded critical tissues causing structural damage. It may be that the tumor itself is now holding things together. Thus, if you kill the tumor and it decomposes rapidly, your body may not be able to repair the damaged tissue before there is a tissue failure or a secondary disease process sets in. In other words, it may not be the cancer per say

that kills you – but you are just as dead. This scenario is most likely in a later stage diagnosis.

And finally, there are other potential alternative protocols out there. Some protocols may have a legitimate scientific basis while others may not. Testimonials are NOT the same as a good meta study. Some of the available protocols are quite expensive and beyond the means of the average person – since insurance will not cover non-conventional treatment plans. You are well advised to carefully research the literature, paying close attention to published accounts, studies and trials. Just remember that NET – as in the internet – means Not Entirely True. It is very important you separate wishful thinking and hype from valid science and real data.

A quick history and overview

Dr. John Beard is credited with finding the link between tumors, trophoblasts and pancreatic enzymes. The trophoblast is the tissue that gives rise to the placenta and embryo. It took roughly 20 years of careful science to discover and document the similarities between trophoblasts and tumors. Dr. Beard observed that trophoblasts and tumors function the same – before finally drawing the conclusion that they were the same – a tumor being an inappropriately located trophoblast.

Dr. Beard also noticed that the trophoblast transformation from invasive tumor to mature tissue took place when the pancreas was developed enough to generate enzymes – around day 56 in human embryonic development.

After Dr. Beard first proposed using systemic pancreatic enzymes to fight cancer (1902), doctors began treating patients and publishing papers documenting that the protocol worked. Dr. Beard published his book on the subject in 1911: *The Enzyme Treatment of Cancer and Its Scientific Basis*.

In science, it is important to separate what you know from what you don't know. Dr. Beard discovered and carefully documented that when the embryo's pancreas started to function, the trophoblast transformed from acting like an invasive tumor to acting like a well-behaved tissue – the placenta. Dr. Beard assumed that the then known pancreatic enzymes were the cause. However, Dr. Beard never actually isolated one or more substances and showed the isolated substance(s) to be the cause of the effect. That was well beyond the technology available when Dr. Beard was alive. Dr. Beard used fresh, ground up pancreatic tissue (sometimes referred to as pancreatin) to demonstrate the effect.

Processed pancreatic tissue (the pancreatic formulation) contains active enzymes. But it also contains enzyme precursors and other (potentially unknown) biochemical substances. Dr. Beard's observed effect is clearly the result of the pancreatic formulation. We just don't know what aspect of the formulation is responsible for the observed effects.

For brevity, clarity and consistency, we use the phrase “pancreatic enzymes” to include all of the active pancreatic enzymes, enzyme precursors and any other biochemical substances that may be contained in a pancreatic formulation.

Although the active pancreatic enzymes had been discovered by the time Dr. Beard was doing his work, it was not until long after his death that the enzyme precursors and most of the physiology of the pancreas was unraveled. For instance, it was only recently that fat tissue, a significant component of pancreatic tissue, was discovered to generate a whole array of signaling factors.

Dr. Beard pointed out in his book that many failures attributed to his protocol were caused by doctors not following his protocol and/or by using poor quality formulations. Dr. Beard found a 400x range of strength in the commonly available pancreatic preparations available at the time – clearly a serious quality control problem.

But remember, in Dr. Beard’s time, they were testing for a known active enzyme. They were not testing for enzyme precursors or other factors – which were unknown to them. Dr. Beard got around this quality issue by insisting on fresh pancreatic tissues for his formulations. It is interesting to note that quality control issues continued to plague the enzyme production industry up to modern times.

Dr. Beard’s pancreatic formulation is being used as a systemic drug instead of as a digestive aid. This means that the pancreatic enzymes must end up in the circulatory system to have the desired affect. In Dr. Beard’s time, it was believed that pancreatic enzymes could not survive oral consumption and would be destroyed in the stomach. Further, it was believed the enzyme molecules were too large to be absorbed through the small intestine. As a result, Dr. Beard prescribed that pancreatic enzymes should be administered via injection. Only much later was it proven that pancreatic enzymes survive oral ingestion and can be absorbed through the small intestine.

Recent research suggests but has not proven that pancreatic enzyme precursors are probably the aspect of the pancreatic formulation that are actually providing the anticancer affect. These precursors would have been part of Dr. Beard’s formulations given his use of fresh, ground up pancreatic tissues. However, Dr. Beard would not have known anything about them.

Max Gerson was a doctor who developed the Gerson protocol and treated patients for 30 years. Dr. Gerson packaged pancreatic enzymes, a nutrient dense mostly vegetarian diet with lots of raw juice, supplements and detoxification into a comprehensive cancer treatment protocol. Dr. Gerson knew about Dr. Beard’s work but seemed to place most of his emphasis on the digestive benefits of pancreatic formulations rather than on any direct anticancer benefit. So it is possible that

Dr. Gerson believed the diet, rather than the enzymes, was the curative agent. Following his death, his daughter continued his work through the Gerson Institute.

William Kelley was a dentist who developed his protocol while trying not to die of pancreatic cancer. Extensive experimentation and his mother's influence resulted in a protocol that resembled the Gerson protocol. He apparently discovered – independently – that pancreatic enzymes work on cancer while taking massive oral doses of pancreatic enzymes to relieve his severe gastrointestinal distress – a common side effect of pancreatic cancer. When this also shrank his tumors, he began looking for other research and found Dr. Beard's work. Dr. Kelley went into remission and was able to live a long healthy life.

Dr. Kelley continued developing his dietary protocol – he was also helping non-cancer patients. Dr. Kelley discovered his diet did not work on certain patients. He kept experimenting until he found solutions. This led to the discovery of different metabolic types – sympathetic system dominant, parasympathetic system dominant and balanced metabolizers. The current protocol is highly tailored to each metabolic type and runs the range of a red meat diet to a nearly vegetarian diet – with significant differences in supplementation to match. Dr. Kelley published a self-test to allow you to determine your metabolic type.

Dr. Kelley observed that people of the sympathetic system dominant metabolic type were predisposed to solid tumor cancers while people of the parasympathetic system dominant metabolic type were predisposed to immune cell cancers. People in the middle did not tend to get cancer unless they ate a lousy diet. Dr. Kelley believed that following a high quality metabolic type-appropriate diet would allow you to avoid cancer – and was a significant step toward curing cancer.

Dr. Kelley published a protocol for detecting undetected tumors. The protocol consists of taking a regiment of pancreatic enzymes and watching for certain symptoms to develop. Dr. Kelley recommended a person do this every 12 to 18 months because cancers tend to be many years old before they can be (are) detected.

Dr. Kelley's estate has updated and republished his most significant publications so there are current revisions available.

Nicholas Gonzalez was in medical school when he was introduced to the work of Dr. Kelley and was given full access to Dr. Kelley's patient records – some 33,000 of them. After extensive analysis showed that the protocol produced significant successes, the results were written up but remained unpublished until 2010 because no one was willing to publish the work. There is a link below for an interview with Dr. Gonzalez that covers all of this in great detail.

Dr. Gonzalez discovered an issue with Dr. Kelley's protocol when doing the extensive patient file review. The patient records showed that the success rate dropped significantly when Dr. Kelley changed from using a 4x potency formulation

to using a 10x potency formulation. The reasons behind this drop was not discovered until much later – research revealed that higher potency of the active enzymes lowered the potency of the corresponding enzyme precursors and contributes to potency instability during normal storage.

Dr. Gonzalez's protocol started with Dr. Kelley's protocol and added updates and fixes based on current research. Dr. Gonzalez updated the pancreatic formulation, replaced the metabolic type questionnaire with a hair test and updated the supplements list. Dr. Gonzalez died suddenly and unexpectedly in July 2015. Unfortunately, it appears that Dr. Gonzalez never published a detailed protocol specification. His wife has established a foundation to continue his work.

The updated Gonzalez pancreatic formulation makes several improvements to the Dr. Kelly formulation and the Dr. Beard methodology. Although Dr. Beard's basic concept is believed to be correct, he did not have the tools to understand why his formulations worked and other formulations did not. Neither did Dr. Kelley. New research indicates you want a formulation that has been minimally processed so it is high in enzyme precursors, low in active enzymes and retains the fat so it will remain potency stable during storage.

Dr. Linda Isaacs is a fellow doctor and researcher who worked with Dr. Gonzalez. Dr. Isaacs is the last practicing doctor in this lineage and is the last vessel of knowledge for the most up-to-date version of this protocol – everyone else has died. Dr. Isaacs is still accepting patients in her New York City practice.

Dr. James Forsythe is a doctor practicing in Reno, Nevada who has published studies of his treatment system and shown significantly better than average treatment results. Although Dr. Forsythe does not appear to be specifically subscribe to the Beard philosophy, he does subscribe to testing for effectiveness prior to administering treatments and the published data suggests his methodology does increase the survival rate.

Understanding the protocol

It is helpful to understand the separate parts of the protocols and what each part accomplishes.

- Pancreatic enzymes are the anticancer agent. The enzymes also help with wasting syndrome (cachexia) – which is directly responsible for 1/3ed of cancer deaths.
- A nutrient dense diet with low contaminant ingredients is used to maximize the health of the patient and boost the immune system. These diets are designed to rebuild the body and allow it to fight off any disease process efficiently. Processed foods are shunned. Emphasis is on organically grown for maximum nutrient value with minimum chemical toxins. Similar

emphasis is placed on meat – for instance, pastured grass fed beef and low mercury wild-caught fish. The various diets include significant raw content including the use of juices.

- Supplements are used to increase the nutritional value of the diet and make up for any shortages that the diet may not be able to address. The body's hormone production decreases with age and can not be replaced by diet alone.
- Detoxification. This is designed to increase the body's ability to get rid of toxins.

It is dangerous to kill tumors too rapidly because rapidly decomposing tumor tissue can poison and kill the patient. Recent protocols are quite specific in making sure the rate of tumor decomposition is controlled. This is mostly an issue with a later stage diagnosis.

The protocol typically takes 6 months to 2 years, depending on the circumstances. Tumors tend to stabilize quickly – over a period of a few months. In other words, tumors tend to stop growing quickly and then begin shrinking. However, it is not unusual for a small percentage of tumors to persist for several years before finally disappearing – even though the patient appears in good health and is asymptomatic.

Once you have been diagnosed with cancer, you should consider pancreatic enzymes a permanent part of your life. Although it may be possible to reduce the dosage by half, the pancreatic enzymes should not be discontinued. There are two reasons for this.

First, there is no way to know if you have become cancer free – i.e., if you are cured. If you are not cancer free and you discontinue the pancreatic enzymes, the cancer is likely to come back.

Second, you may not have changed the conditions that led to your first cancer developing and thus you may develop an unrelated second cancer. It is known that ionizing radiation, chemicals and viruses can predispose you to cancer. But nobody knows the actual mechanism that starts the cancer process in motion.

In both cases, by the time you detect a new cancer, serious damage may have taken place. At the very least, your health and quality of life will be suffering. It is much simpler to continue the pancreatic enzymes, stay in good health, enjoy peace of mind and avoid the trauma of another cancer diagnosis.

All healthy diet systems try to optimize the immune system. In the end, the immune system is what will kill and eliminate the cancer cells from your body. The subject of optimum diets is well beyond the scope of this paper. Suffice it to say: The “diseases of civilization” are the result of the “western” diet.

The biochemical mechanisms that allow the pancreatic enzymes to work are not fully understood. As a result, the conditions under which the therapy may fail to work are also not fully understood. However, the literature indicates that the therapy is quite effective with few, if any, negative side effects.

Resources: links

These are top level links to the main web sites:

cancer.gov	National Cancer Institute
adjuvantonline.com	Cancer prognostics
gerson.org	Gerson Institute
drkelley.info	Dr. William Donald Kelley
dr-gonzalez.com	Dr. Nicholas J. Gonzalez, MD
drlindai.com	Dr. Linda Isaacs

The following link is to a page containing a long interview with Dr. Gonzalez discussing the history, science and politics of the treatment protocol:

<http://www.drkelley.info/2015/11/10/dr-nicholas-gonzalez-interview-the-quest-for-the-cures/>

The following is a direct link to the YouTube video of the interview from the previously referenced link:

<https://www.youtube.com/embed/zUQEpWSH9ic>

The following is a link to the article *Statistics: Why Meaningful Statistics Cannot be Generated From a Private Practice*:

http://www.alternative-therapies.com/openaccess/ATHM_21_2_Gonzalez.pdf

Resources: books

The following books are just a small sample and represent a good starting point for your research. Remember as you read these books that science has not stood still and you should seek out the most reliable information available. Reading referenced studies is hard work but may be needed to answer questions.

If you are only going to read one of these books, read *The Trophoblast and the Origins of Cancer: One solution to the medical enigma of our times*. It will provide you with a good overall understanding of the concepts, the science, the history, the current state of the art and some patient summaries.

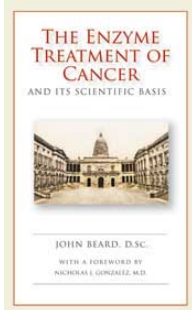
The Enzyme Treatment of Cancer and Its Scientific Basis

John Beard D.Sc.

Foreword by Nicholas J. Gonzalez MD

2009 (1911)

ISBN: 978-0-9821965-2-6



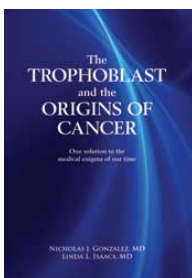
Dr. John Beard's study of the mammalian placenta led him to the conclusion that in its early incarnation, this tissue behaves much as a cancerous tumor. He then proposed that pancreatic enzymes regulate placental development, and in turn represent the body's main defense against cancer. In 1911, he published this book to favorable reviews. Though in his lifetime the scientific community never embraced his ideas about cancer – he died in relative obscurity in 1924 – in recent years, evidence from molecular biology and stem cell research increasingly confirms many of Dr. Beard's fundamental precepts. This historic work is now available again, in a carefully recreated reproduction with a foreword by Dr. Gonzalez.

The Trophoblast and the Origins of Cancer: One solution to the medical enigma of our times

Nicholas J. Gonzalez, MD and Linda L. Isaacs, MD

2009

ISBN: 978-0-9821965-0-2



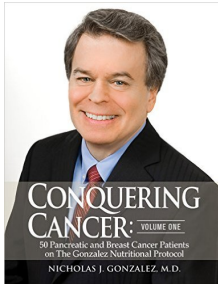
In this book, Dr. Gonzalez and Dr. Isaacs provide a comprehensive review of Dr. John Beard's 100-year-old theories about cancer, from the perspective of contemporary molecular biology. The authors show how Dr. Beard most likely discovered stem cells, and very well may have uncovered the root origins of cancer - and its effective treatment with proteolytic enzymes. The book includes extensive case histories of cancer patients successfully treated with the Gonzalez nutritional-enzyme regimen.

Conquering Cancer: Volume One - 50 Pancreatic and Breast Cancer Patients on The Gonzalez Nutritional Protocol

Nicholas J. Gonzalez, MD

2015

ISBN: 978-09821965-5-7



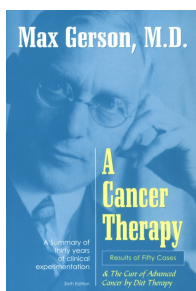
This cancer case report series documents the effectiveness of the nutritional and enzyme cancer treatment designed by Nicholas J. Gonzalez, MD. The book provides an in-depth analysis of the Gonzalez Protocol in both theory and practice, with fifty representative patients with biopsy-proven pancreatic or breast cancer. This pioneering book includes patients diagnosed with a poor prognosis or terminal malignancies who did well under Dr. Gonzalez's care. Volume Two will be available in early 2017 and will cover fifteen additional types of cancer and other degenerative diseases. These two volumes of Conquering Cancer are the culmination of Dr. Gonzalez's twenty-eight-year medical career, as he died suddenly and unexpectedly in July 2015.

A Cancer Therapy: Results of 50 cases

Max Gerson

2002 (1958)

ISBN-13: 978-09611526-2-8



Dr. Gerson (1881-1959), who developed the Gerson Therapy, explains how the treatment reactivates the body's healing mechanisms in chronic degenerative diseases. This is the most complete book on the Gerson Therapy, originally published in 1958 and based upon 30 years of clinical experimentation.

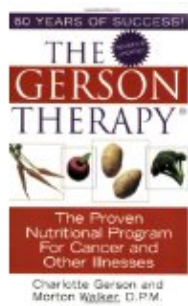
The book incorporates extensive explanation of the theory with scientific research and the exact practice of the therapy, as well as a presentation of fifty documented case histories. Also included is a modified version of the Gerson Therapy for use with nonmalignant diseases or preventative purposes.

The Gerson Therapy: The Proven Nutritional Program for Cancer and Other Illnesses

Charlotte Gerson, Morton Walker

2001

ISBN: 978-15756662-8-0



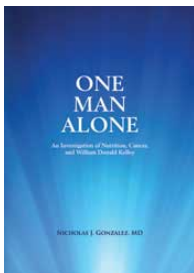
Cancer. Hepatitis. Migraines. Arthritis. Heart Disease. Emphysema. For years, the medical establishment has called these chronic or life-threatening diseases "incurable." But now, *The Gerson Therapy* offers hope for those seeking relief from hundreds of different diseases. Juice your way to wellness. One of the first alternative cancer therapies, *The Gerson Therapy* has successfully treated thousands of patients for over 60 years.

One Man Alone: An Investigation of Nutrition, Cancer, and William Donald Kelley

Nicholas J. Gonzalez, MD

2010

ISBN: 978-0-9821965-1-9



In this monograph, Dr. Gonzalez describes his investigation of the nutritional/enzyme cancer treatment developed by the alternative practitioner Dr. William Donald Kelley. In addition to a discussion of Kelley's treatment approach, the book includes 50 case histories of successfully treated cancer patients. Although

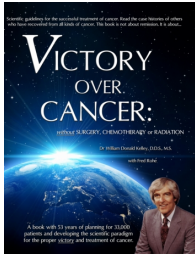
first completed in 1986, this monograph was not published until 2010, rewritten and with an updated introduction by Dr. Gonzalez. The book is now available to all those with an interest in cancer in general, the enzyme treatment of cancer in particular, alternative medicine, and Dr. Kelley.

VICTORY Over Cancer: without Surgery, Chemotherapy, or Radiation

Dr. William D. Kelley

2015 (Kettle Moraine, thebookshelf.us)

ISBN: 978-0-578-16518-9



In this updated and greatly expanded book, Dr. William D. Kelley teaches that, not only is there a recognized cure for cancer – but that cancer is preventable!

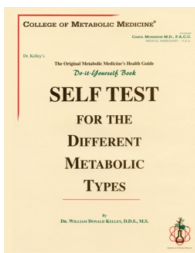
This is a reconsideration of Dr. Kelley’s original book, *One Answer to Cancer* published nearly five-decades ago – and now greatly expanded. (Also replacing, *CANCER: Curing the Incurable without Surgery, Chemotherapy or Radiation*). Cancer is preventable AND curable and this 200+ page book will show you how to insure that you’ll live a long, healthy, cancer free life.

Dr. Kelley’s Self Test for the Different Metabolic Types

Dr. William D. Kelley

2014 (Kettle Moraine, thebookshelf.us)

ISBN: 978-1-620-30413-6



Dr. Kelley developed his *Self-Test for the Different Metabolic Types* in the 1960’s to help bridge the gap of research to practical application. He realized that the overall state of health of this nation could no longer be maintained acceptable unless the nutritional needs of the people were brought into immediate and sharp focus. No one (doctor or patient) knows what a well-balanced meal is. Doctors have not been

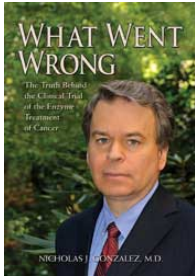
trained along these disciplines, nor do they have the time or inclination to educate themselves in these areas.

What Went Wrong: The Truth Behind the Clinical Trial of the Enzyme Treatment of Cancer

Nicholas J. Gonzalez, MD

2012

ISBN: 978-0-9821965-3-3

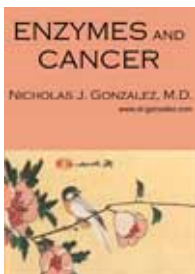


Dr. Gonzalez chronicles the failure of the National Cancer Institute (NIH) funded clinical trial conducted under the auspices of Columbia University, set up to test his nutritional treatment in patients diagnosed with pancreatic cancer. In this first-hand account, Dr. Gonzalez reveals how poor trial design and poor implementation at the highest levels of the academic research world helped undermine this promising project. The book discusses in detail two official government investigations that have confirmed Dr. Gonzalez’s allegations that the study was not properly supervised. Dr. Gonzalez also illustrates the biases within the scientific community that make fair testing of unconventional treatments so difficult.

Enzymes and Cancer (DVD)

Nicholas J. Gonzalez, MD

2008

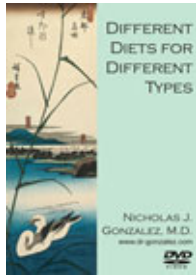


Dr. Nicholas Gonzalez discusses the scientific support for his nutritional approach to cancer and other degenerative diseases in a speech titled “Enzymes and Cancer.” Presented at the Wise Traditions conference sponsored by the Weston A. Price Foundation.

Different Diets for Different Types (DVD)

Nicholas J. Gonzalez, MD

2014



Dr. Gonzalez discusses the physiology and biochemistry of diet and nutrition and the use of diet and nutrients to treat disease, again with emphasis on the pioneering work of Weston Price, DDS, Francis Pottenger, MD, and William Kelley, DDS. Presented at the ALLDOCS Annual Conference in San Marco, Florida.

Resources: pancreatic enzymes

This is the systemic pancreatic formulation developed by Dr. Gonzalez. The formulation is characterized as minimally processed for high precursor enzyme content, low active enzyme content with fat retained for shelf stable potency. The label lists the dosage as 3 per day. However, the published literature indicates the dose depends on your cancer stage. Stage 3 and stage 4 cancers require 35g/day (81 capsules per day). State 2 and stage 1 cancers require 25g/day (61 capsules per day). Once you are in remission, take 11g/day (25 capsules per day) to prevent reoccurrences or new cancers. The published literature indicates pancreatic enzymes are taken for at least 3 but typically no more than 16 consecutive days. This is followed by a 5 day rest period during which no pancreatic enzymes are taken - allowing the body to repair and detoxify. The cycle is then repeated. NutriCology is a marketing name for Allergy Research Group.

NutriCology Pancreas, Natural Glandular (Pork), 425mg capsules, 720 count
UPC: 713947516502