

CANCER

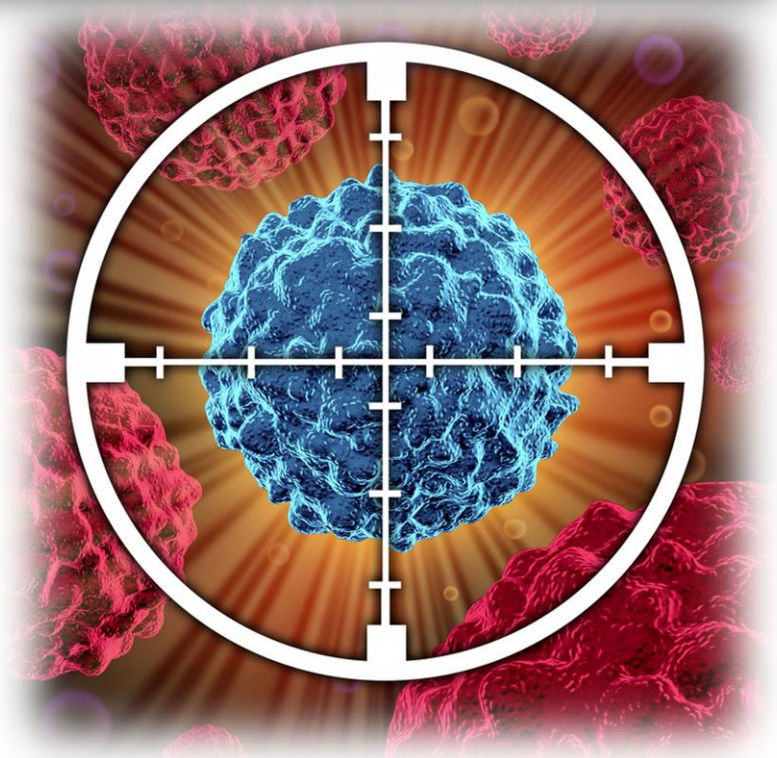
HALTIWANGER, HOLMAN, DORNEANU & DRAKE

NUTRITIONAL RECOMMENDATIONS

to accompany

***CANCER: Considerations for a
Strategic & Targeted Approach
to Guided Self-Treatment and***

***CANCER: Supplemental Articles
& Papers***



WORK IN PROGRESS

This document and related supplements are being made available for information and review purposes, and should not be considered a “completed” document. Much of the information contained within is requested of us on a daily basis. While this remains a work in progress, we welcome your comments and feedback and hope it helps assist you in your considerations and decisions.

These nutritional recommendations have been prepared to conveniently accompany **CANCER: Considerations for a Strategic & Targeted Approach to Guided Self-Treatment** as well as **CANCER: Supplemental Articles & Papers**. The most recent and up to date versions and even more informative content may be found on the PulsedTechResearch.com website in “The Electric Human”

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NUTRITIONAL RECOMMENDATIONS FOR CANCER

Prepared by Steve Haltiwanger, MD, CCN

Ed. Jimmie Holman

DIET CHANGES

Eliminate fats; salted foods; fried foods; smoked foods; pickles; soft drinks; caffeine; alcohol; chocolate; and all processed, fried, and junk foods from the diet.

- A high alcohol intake predisposes to cancer.
- Do not eat too much salt.
- **Cancerous tumors require sugar in order to grow.** Older women who use generous amounts of sugar are much more likely to contract cancer. Do not use any cane sugar products, such as cake, pie, jelly, ice cream, candy, etc. Cancer thrives on glucose. They produce a 3- to 5-fold increase in glucose uptake compared to healthy cells. Studies of cancer patients revealed that they tended to eat more sugar than healthy people. It was also found that high-sugar intake increases the likelihood of cancer.
- Simple sugars (glucose, fructose, sucrose [white sugar]) honey, and orange juice significantly impaired the capacity of neutrophils to engulf bacteria.

RECOMMENDATIONS

- Eat a nutritious diet centered around fresh fruits and vegetables, whole grains, and nuts. Eat garlic and onions. Drink spring water and fresh fruit and fresh vegetable juices. Get extra fiber.
- Do not eat too much soy or peanut products. Avoid meat; dairy products; alcohol; caffeine; nicotine; and processed, fried, white-flour, and junk foods. **Do not take supplements containing iron or zinc.** Unless you are iron deficient.
- Exercise to maintain good circulation.
- (To reduce tumors) Combine clay, castor oil and macerated cabbage leaves, and mix together with powdered flaxseed and water. Make a thick paste; add a pinch of cayenne, and spread on a linen cloth. Apply to the area where the tumor is located. It can be left on for several hours.
- Poultices have been found to be helpful. Jethro Kloss said that he frequently removed hard swellings in the breast, bowels, rectum, and vagina with hot applications, massage, and herbs.

Avocados - are an excellent source of fats. According to the late Dr. Robert Atkins, *"avocados are not only nourishing they are a heart promoting, cancer fighting fruit that offers unequalled health benefits."* Not only are avocados a rich source of omega-6 fatty acids including **oleic acid**, which has recently been shown to offer significant protection against cancer, but these fruits also contain the highest amount of the carotenoid **lutein** of all commonly eaten fruits, as well as measurable amounts of related carotenoids (*zeaxanthin, alpha-carotene and beta-carotene*) plus significant quantities of tocopherols (*vitamin E*).



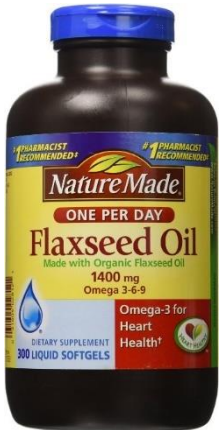
Indian Tea

1. Has many success stories for various illnesses, works by exponential increasing production of T Cells.
2. Drink 6 oz daily 4 days per week.
3. Dr Ron Green, Montana. 406- 822 - 7776 Only positive side effects recorded.

Broccoli and Cruciferous Vegetables

significantly decreased risk for cancer in individuals consuming a diet rich in crucifers.

add to diet



Flax Seed and Flax Oil

2 tablespoons twice a day of refrigerated flax oil

Flaxseed oil can reduce metastasis even after tumor is excised,

CHECKLIST FOR A COMPREHENSIVE ANTI-INFLAMMATORY PROTOCOL

- ☐ **Restrict intake of animal-based foods:** meat, dairy, poultry (dietary sources of arachidonic acid).
- ☐ **Substantially increase dietary sources of omega-3 polyunsaturated fatty acids (PUFAs),** particularly eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA): cold-water fish and fish oil supplements, block metabolism of arachidonic acid).
- ☐ **Limit intake of plant-source omega-6** oils to prevent enzyme competition and reduce inadvertent shunt to arachidonic acid and inflammatory chemicals.
- ☐ **Increase dietary antioxidants:** 7 to 9 servings a day of deeply pigmented fruits and vegetables (to reduce biosynthesis of inflammatory substances).
- ☐ **Eliminate hydrogenated or partially hydrogenated and trans-fatty acids,** alcohol, simple sugars, and refined carbohydrates.
- ☐ **Ensure adequate intake of magnesium, ascorbate, niacin, and pyridoxine** (coenzymes for desaturase metabolism of omega- 3 PUFAS).
- ☐ **Optimize blood glucose regulation:** address hyperinsulinemia (excess insulin shifts dihomogammalinolenic acid toward PGE2 synthesis).
- ☐ **Provide a combination of several anti-inflammatory botanical agents** (modulate inflammatory cascade through multiple and synergistic actions).

SUPPLEMENTATION

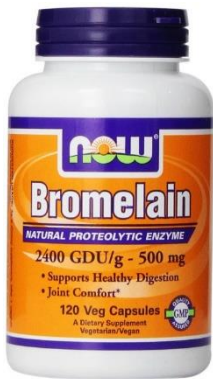
- ☐ Probiotics *
- ☐ Bromelain * *250-750 mg (5 Tabs before meals)*
- ☐ Cox-2 Inhibitors: Fish Oil * *1000mg capsules 3 twice a day*
- ☐ Green-Lipped Mussel Extract * *1-2 per day*
- ☐ Curcumin * *400 – 1200 mg per day.
1-4 capsules daily in divided doses*
- ☐ Quercetin *500mg daily*
- ☐ Aloe Vera Extracts *2 capsules twice a day*
- ☐ Green Tea Extracts *700 –2100 mg of EGCG per day*
- ☐ Resveratrol *500 mg per day*
- ☐ Garlic *2 tablets twice a day*
- ☐ Astaxanthin * *16 mg daily in divided doses*
- ☐ Melatonin * *9mg at bedtime*
- ☐ Vitamin C Calcium Ascorbate * *1 tsp of powder in fluids twice a day*
- ☐ Vitamin D * *4000-6000 units of D3 daily*

**These items will be discussed individually in more detail*



Do not take any supplements with Zinc, since Zinc is believed to make cancer cells grow.

Probiotics -- intestinal microflora products should be used. Some broad-spectrum products contain lactobacillus, bifidus, streptococcus faecium.



Bromelain

Since its introduction in 1957, more than 400 scientific papers have been published on its therapeutic applications. A review article documents the following actions for bromelain: (1) interference with growth of malignant cells, (2) inhibition of platelet aggregation, (3) fibrinolytic activity, and (4) anti-inflammatory actions. Historically, bromelain has been used to reduce inflammation in cases of arthritis, sports injury, trauma, and postsurgical swelling. Bromelain selectively stimulates the production of PGE1273 and inhibits the synthesis of pro-inflammatory PGE2 in a dose-dependent manner. Bromelain's inhibition of PGE2 biosynthesis exceeds the anti-inflammatory effects of prednisone,

Typical oral dose ranges from 250 to 750 mg, TID, on an empty stomach - Use **Nutrizyme 5 tabs TID before meals.**

COX 2 inhibitors

Must use anti-inflammatory strategies

The frontier of COX inhibition in cancer prevention and treatment is being probed by several lines of evidence.



COX-2 has a direct effect on cell proliferation. So it is important to reduce this chemical in cancer.

COX-2 increases the invasive properties of tumors by up-regulating metalloproteinases (e.g., MMP-2), **spreading enzymes** thereby resulting in increased tumor cell migration. COX inhibitors significantly reduce levels of these spreading enzymes.

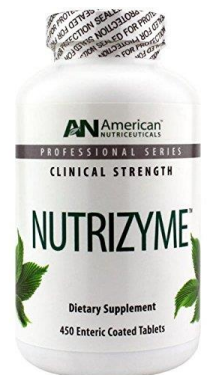
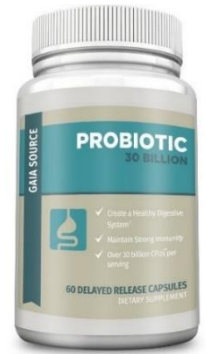
The administration of COX inhibitors alone as an anti-inflammatory strategy is like trying to fight a fire with a single blast of water while continuing to feed the flames with dry wood and flammable liquids. These concerns underline the need for a nontoxic and comprehensive approach to controlling inflammatory chemicals produced by cancer cells. The application of natural, nontoxic anti-inflammatory strategies, may be preferable in both chemoprevention and cancer therapy.

In general, the goal of dietary modification is to reduce available substrate arachidonic acid (AA) for the production of inflammatory chemicals while substantially increasing the substrate for anti-inflammatory compounds. Compared to non-cancer cells, cancer cell membranes have greatly increased AA content, with up to 40% fatty acid composition of the cell wall as AA. **Consumption of animal fats and omega-6 vegetable oils increases the AA content of cell membranes, particularly membranes of cancer cells.**

Dietary sources of AA should be actively restricted, emphasizing a low-fat, plant-based diet (i.e., near-vegetarian). In addition, **plant oils rich in omega-6 fatty acids—corn, safflower, peanut, soybean,**

sesame, and other vegetable oils—should be eliminated. Canola oil, soybean oil, do contain small amounts of omega-3 fatty acids; however, these oils are abundant in omega-6 polyunsaturated fatty acids (PUFAS) and should therefore be avoided. Omega-6 PUFAS should be limited to reduce the risk of inadvertent production of inflammatory chemicals.

Sources of omega-3 fatty acids should be markedly increased, particularly cold-water fish, but also good quality flax seed oil. Western diets are overly abundant in sources of omega-6 fats and deficient in sources of omega-3 fatty acids,



often exceeding a ratio of 10:1 to 20:1 omega-6 to omega-3 fatty acids. Whereas in conditions of health a 4:1 ratio is considered ideal, the therapeutic ratio in inflammatory conditions targets a 1:1 ratio. Greatly increasing the omega-3 component of the diet helps prevent enzyme competition by omega-6 fats.



Fish Oils (EPA and Docosahexaenoic Acid)

Fish oil supplements derived from cold-water fish, generally herring, mackerel, salmon, bluefish, and tuna, are rich in EPA and docosahexaenoic acid (DHA). Long-chain w-3 fatty acids are rapidly incorporated into cell membrane phospholipids, where they influence cell metabolism. In addition to modulating the synthesis of inflammatory chemicals, they alter cell membrane fluidity to produce subtle changes in receptor function, alterations in cell-signaling mechanisms, and regulation of gene expression. EPA, and to a lesser extent DHA, antagonize AA via several mechanisms. Fish oils have been shown to **selectively inhibit COX-2**.

Dose recommendations for fish oils among nutrition- oriented practitioners vary widely, and further research is needed to characterize the optimum dose of fish oil in cancer patients. Research on inflammatory conditions reports effective oral doses ranging from 1.2 to 6 g/day of fish oil (600 to 2300 mg/day EPA + DHA).

Fish oil 1000mg capsules

3 twice a day

Green-Lipped Mussel Extract

1-2 per day

Marine lipid extracts from, the New Zealand green-lipped mussel, also deserve attention for their potent anti-inflammatory effects.



Curcumin

1-4 capsules daily in divided doses

A substance in the spice turmeric (*which is an ingredient in curry*), has several cancer-fighting properties. A study found that in laboratory, curcumin can actually repair DNA that has been damaged by radiation. This is very good news, because one cannot avoid all radiation sources. According to University of Chicago scientists, curcumin inhibits a cancer-provoking bacteria (*H. pylor*) associated with gastric and colon cancer (Magad GB, *Anticancer Research*, Nov-Dec 2002).

In their latest of a series of reports, scientists at M. D. Anderson Cancer Center in Houston state, *"Curcumin can suppress tumor initiation, promotion and metastasis. Pharmacologically, curcumin has been found to be safe. Human clinical trials indicated no dose-limiting toxicity when administered at doses up to 10 g/day. All of these studies suggest that curcumin has enormous potential in the prevention and therapy of cancer."* (Aggarwal, BB et al, *Anticancer Research*, Jan-Feb 2003). And in the June 1998 issue of *Molecular Medicine*, researchers at Harvard Medical School published their

findings that curcumin inhibits angiogenesis (*the formation of new blood vessels*) which tumors use to nourish themselves as they spread.

Astaxanthin

16 mg daily – divided doses of 8mg twice a day

The potent antioxidant activity of astaxanthin has been related to various biological functions, shown both in animal and clinical trials. Astaxanthin has promising applications for human health and nutrition. Several studies have associated carotenoid intake with lower cancer incidence. A large number of substances have antioxidant activities, including vitamins A, C, and E, selenium, zinc, carotenoids, flavonoids, coenzyme Q10, N-acetyl cysteine, lipoic acid, and numerous other compounds.



Melatonin

9mg at bedtime

Melatonin may have some modulatory effects on human diseases.



Vitamin C Calcium Ascorbate

1 tsp of powder in fluids twice a day

An additional 8 grams of vitamin C in the form of calcium ascorbate is recommended. Doses of vitamin C at 10 grams or more have been used in human cancer treatment without toxicity. This form of buffered vitamin C was selected because ascorbic acid at high doses can upset the stomach in some patients.



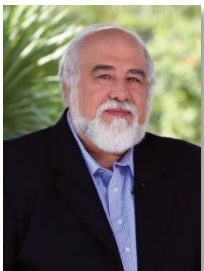
Vitamin D

4000-6000 units of D3 daily

Laboratory (in vitro) and animal (in vivo) evidence as well as epidemiologic data suggest that vitamin D status could affect cancer risk



About the Author and Editors:



Dr. Steve Haltiwanger, MD, CCN – is a valued consultant, contributor, and joint researcher in investigating the underlying physics involved in today's emerging bioenergetic technologies. Dr. Haltiwanger's focus on the electrical aspects of orthomolecular chemistry and nutrition to provide insights much needed in these new fields of science and health.

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Thomas Drake – is primarily affiliated with Pulsed Technologies Research (USA). Mr. Drake provides primary engineering, product planning, and active coordinator for Pulsed Technologies US and EU logistical operations. Additionally, Mr. Drake serves as Mr. Holman's primary research assistant in all matters regarding protocol research, coordination, and publication.

