

# A Nutritious Cocktail for the Treatment of Melanoma: A Case Report

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*The reporter is a cardiologist who has worked in Intensive Therapy Unit for fifteen years, and in the last five years has changed his medical preconceptions. Three years ago, he and his wife, a biologist, founded an institute which practices Orthomolecular medicine.*

The patient is a fifty-one-year-old white male, engineer who has suffered from melanoma in his cervical area for three years. He underwent surgery and it returned; was operated on once more, and his lymphatic net was taken out. He then began taking synthetic interferon in order to avoid new metastases. However, a new nodule appeared in his left lung six months later. He was given a tomography with dirigible nodule puncture, and the tissue sample confirmed melanoma nodule metastasis after histological analysis. His oncologist told him to stop taking synthetic interferon, to go back home and wait for any resolution, saying to him that there was nothing to be done. He was very ill, very thin, desperate and frustrated when he told his son to make an appointment with our office.

He started attending our institute in August, 1997. We began his treatment and he quickly improved in regard to his physical performance, sleeping appetite and weight. He took all nutrients methodically (at a rate of 50 capsules daily) and took care of his eating habits, staying away from fried food, fat, sugar, meat, industrialized food and increasing his consumption of natural seeds, vegetables, fruit juices, extra virgin olive oil and a lot of fish and occasionally, chicken.

He attended the institute daily to have his intravenous nutrients for five weeks. He

developed more vitality but he was worried about his nodule in the left lung, and requested a new x-ray after a month at our institute. At this time we found that his nodule had disappeared and were very surprised with such a fast evolution and recovery. He visited his oncologist who was surprised with his clinical condition. However, he insisted that the nodule was still present concluding: "If your doctors used x-rays techniques like we do they would also see the nodule." Although I had less experience in this regard, I was sure that there was nothing more in that lung area, compared to the x-ray prior to our treatment. But I was cautious to affirm exactly what I thought, until I could get a more specific exam and a specialist to confirm my point of view. So we decided to wait and to go on with the treatment.

Over the following eleven months we worked together. We had two more x-rays showing the same results. The patients first hair analysis detected a great deficiency of nutrients, especially magnesium, calcium, zinc, selenium, germanium, cobalt and copper. Some intoxication by lead, aluminum and mercury was also detected. His blood analysis indicated a small number of leukocytes (leukopenia) probably because of the previous use of synthetic interferon or as a result of his own low immunity. Slowly yet progressively, however, his leukocytes increased in number. Before the beginning of Orthomolecular treatment they were 2,500 and now they are 4,200. The last hair analysis showed the levels of cobalt, zinc, copper, germanium and selenium had increased and he was free from mercury and lead intoxication. However, the deficiency of magnesium and calcium persisted despite his large intake of these supplements, which suggested a greatly increased metabolic

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consumption of these minerals.

Today, ten months later, the patients health is improved. Now he is very happy, gained 10 kg, presents with no fatigue, is eating very well and has an excellent appearance. All blood analyses, liver proofs, full abdominal ultrasonography are normal too. At last, we submitted him to a new modern thorax tomography, conducted by a qualified expert, and instead of the nodule, only a little fibrous tissue scar was evident.

The results we observed were:

On 06/19/97, an x-ray showing a nodule in the left lung measuring 0.6 centimeter.

On 08/11/97, a tomography with dirigible nodule puncture, with tissue sample confirmed a melanoma nodule metastasis after hystological analysis .

Between 08/20/97 and 09/10/97 he began having his nutrients orally and intravenously (for 20 days only).

On 09/10/97, an x-ray showing the nodule absence.

On 06/18/98, a new tomography showing only a little fibrous tissue scar.

We used the following in his daily treatment :

Coenzyme Q10 400 mg  
Vitamin C 25,000 mg  
Vitamin A (Palmitate) 10,000 IU  
Beta-Carotene (Pro-vitamin A)15,000 IU  
Vitamin E 2,000 IU  
Vitamin B12 3,000 mcg  
Vitamin B6 250 mg  
Biotin 300 mcg  
Niacin 20 mg  
Niacinamide 50 mg  
Vitamin B2 70 mg  
Folic Acid 400 mcg  
Para-Amino Benzoic Acid 150 mg  
L-Cysteine 120 mg  
Eicosapentanoic Acid 1,800 mg  
Docosahexaenoic Acid 1,200 mg  
Calcium Dibasic Phosphate 300 mg  
Magnesium Aspartate 500 mg  
Potassium Citrate 50 mg  
Calcium Gluconate 40 mg  
Magnesium Citrate 150 mg

Inositol 70 mg  
Rutin 25 mg  
Pantothenic Acid 70 mg  
Chromium Chelate 20 mg  
Manganese Gluconate 2 mg  
Copper Gluconate 0.5 mg  
Zinc Citrate 30 meg  
Selenium 100 mcg  
Molybdenum 5 meg  
Germanium 100 mg  
L-Cysteine 100 mg  
DL-Methionine 100 mg  
L-Glutathione 50 mg  
L-Lysine 50 mg  
L-Ornithine Aspartate 2.40 g  
L-Arginine Cloridrate 9.00 g  
L-Citriline 0.60 g  
Catalase 20,000 IU  
Glutathione peroxidase 5,000 IU  
Superoxide dismutase 5,000 IU  
Dimethyl Sulfoxide (DMSO)  
Ethylenediaminetetracetic Acid (EDTA)

### Conclusion

As I mentioned before, the patient submitted to an entire program of 9,000,000 UI of synthetic interferon three times a week for six months which unfortunately was not beneficial to him, and worsened his clinical condition (i.e. decreased the number of leukocytes and in the end a nodule appeared in his lung). When the patient started Orthomolecular treatment in our clinic, he took intravenous nutrients which contained large amounts of vitamin C (a natural interferon stimulator) at a rate of 50 grams daily five days a week, during the first month. These IV treatments also contained high doses of other nutrients such as: selenium, magnesium and calcium; and in a lower quantity, Pyridoxine , panthenol, zinc, copper, manganese and chromium. The anti-inflammatory solvent, Dimethyl sulfoxide (DMSO), was also added to his intravenous cocktail three times a week. Ethylenediami-

netetraacetic Acid (EDTA) was also used to reduce the previously detected lead and mercury levels .

Since the very beginning the patient took 400 mg of Coenzyme Q10 daily. Our idea of using Co Q10 emerged from reading a publication by professor Debasis Bagchi in the *Journal of Orthomolecular Medicine*,<sup>1</sup> who reported the successful treatment of lung metastasis of breast cancer in some cases using Co Q10 for four or five years.

The use of the antiinflammatory Dimethyl Sulfoxide in the patients "nutrient cocktail" was rather intuitive. Once I had a patient who had a metastatic nodule from the bladder diminished after taking DMSO for a period of time. I also had read some old publications about DMSO that mentioned its property to inhibit some kinds of tumors in experiments on rats. The good result obtained in this treatment made me wonder about its actual potential in treating cancer. At present, the patient goes on taking his intravenous cocktail two times a week, and also takes 400 mg of Q10 along with other nutrients. I think the certainty of a full recovery we need to have will come only with time and that is why we will keep the same treatment and the best nutrition.

During the treatment the patient followed all my instructions. He accepted the treatment and he trusted me, maintaining the changes in his eating habits as I prescribed. I believe this was an important factor in his recovery.

We all know that it is very difficult to

believe in nutrients defeating cancer. However, non-traditional medical thinking about cancer has made great progress in number of cases all over the world.

This is a report about a small melanoma metastasis nodule measuring only 0.6 centimeters but containing millions of powerful cancer cells which were destined to kill its living host. We just beat it with nutrients and maybe with the help of the antiinflammatory DMSO. Putting it all together with their antioxidant action we obtained this result. That's the New Orthomolecular Nutrition.

### Acknowledgements

As with all my work, I dedicate this report to my wife Idelma and my daughters Ingrid, Rebeca and Marjorie . I am grateful to professors: Oslim Malina, M.D., ISOM President, a true friend, my mentor, for introducing me to Orthomolecular Medicine; Abram Hoffer M.D.,Ph.D., the admirable and obstinate scientist, for giving me inspiration and stimulus; Patrick Quillin, Ph.D., R.D. for his research on nutrition beating cancer; Debasis Bagchi, Ph.D., for his research on coenzyme Q10 ; Udo Erasmus , Ph.D., for his research on fats; and Max Gerson, M.D. for his research on cancer.

### References

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