The Hope Clinic Integrated Treatment Approach
For Cancer

Welcome

Thank you for your enquiry about the work of the Hope Clinic.

In the following pages you will find information about our philosophy and treatment approach.

You will also find some questionnaires for you and your treating doctor to fill out and return to us. This information will help us in seeing whether the treatment approaches we offer may be of value for you.

We will also arrange an appointment for you with our Medical Director to assess your situation in detail and to recommend a suitable treatment approach for you.

We look forward to being able to offer you assistance with your quest for good health.

Index

Welcome ............................................................................................................. 1
Index ................................................................................................................... 1
Introduction To The Hope Clinic........................................................................ 2
Selected Scientific References............................................................................ 6
  Dr. Ralph Ballard............................................................................................... 10
Discussion On An Integrated Approach To Cancer Treatment......................... 10
References......................................................................................................... 25
HOPE CLINIC DETAILED MEDICAL QUESTIONNAIRE......................... 30
Symptoms and Degrees of Distress in Patients with Cancer ............................ 41
Karnovsky Daily Activities Worksheet ............................................................ 43
Letter To Be Given To The Treating Doctor.................................................... 48
Hope Clinic

Introduction To The Hope Clinic

Welcome to our integrated whole person approach for dealing with serious illnesses such as cancer.

Successful treatment of cancer must make use of all three components of:

- Tumour Destructive Therapy
- Metabolic Therapy
- Psycho-Spiritual Support

Tumour Destructive Therapy involves the use of a range of effective conventional and complementary medical therapies to destroy the cancer which is currently present in the body.

Metabolic Therapy uses a range of lifestyle and complementary therapy approaches to restore full health to the physical body, so as to assist the body in its fight against disease.

Psycho-Spiritual Support utilizes a range of psychological and complementary therapy approaches, as well as the power of meditation, prayer, visualisation, effective deep relaxation, and of mother nature, to allow emotional problems to be resolved and to help activate the inner healing resources present within us all.

Integrated medicine aims to combine the most effective therapies from conventional medicine, complementary medicine, natural therapies, and mind-body medicine in order to achieve the best possible outcomes for the individual patient – both in terms of disease improvement, and also in terms of life span and quality of life.

Our Approach

The Hope Clinic has been in operation since 1998, offering an integrated treatment approach for cancer and other immune system diseases. Our key practitioners have also had much individual experience in cancer treatment prior to this time.

We believe that the treatment program offered at the Hope Clinic is a comprehensive approach addressing a broad range of conventional medical, complementary therapy, and mind-body approaches to cancer treatment. The use of these approaches is based on the best available up-to-date clinical and scientific research from Australia and abroad. The program is administered by suitably qualified medical and healthcare practitioners, and it is delivered in a caring ethical patient-oriented manner. Our number one concern is for the welfare of each individual patient who attends our clinic.

Treatment Outline
Hope Clinic

The integrated cancer treatment program at the Hope Clinic includes:

- **Treatment with photodynamic therapy (PDT).** This treatment technique is accepted in many hospitals around the world, including the Royal Melbourne and Austin Hospitals in Melbourne, as a useful method to destroy cancer, using first generation agents such as Photofrin. Our approach uses a second-generation photosensitizer agent derived from spirulina (containing chlorin pigments found in chlorophyll), together with improved light technology.

- **Intravenous Anti-oxidant Therapy.** This tumour destructive treatment is based on current scientific research into high dose Vitamin C, alpha Lipoic Acid and Glutathione given by intravenous infusion. Scientific studies confirm that this is an effective approach both to destroy cancer cells and to boost the immune system.

- **Ozone therapy - Transcutaneous administration via sauna and cupping.** Ozone therapy has been used around the world for over 50 years to treat a range of cancers and infections.

- **Electrotherapy - Based on the work of Royal Rife, Dr. Beck, and others.** This approach has shown promise in overseas work to boost the immune system.

- **Mild hyperthermia treatment and detoxification through the use of saunas.** This is a good approach to activate immune function, enhance the effectiveness of other therapies such as PDT and radio-wave therapy, and to help cleanse toxins from the body.

- **Chelation treatment for heavy metal toxicity, where this is found to be a problem.**

- **Intensive dietary treatment and oral nutritional supplementation (including oral trace elements, B group vitamins, and anti-oxidants).**

- **Some patients also receive:**
  - Immune boosting supplements (including astragalus, reishi & shiitake mushrooms, Ambrotose, and Transfer Factor).
  - Anti-angiogenesis agents (such as bovine cartilage extracts)
  - Hydrazine sulphate (to help reverse wasting from illness)
  - Autologous blood-derived tumour vaccines
  - Tumour ablation via alcohol injection into the tumour

- **Complementary/natural therapies – Particularly herbal therapies (often Hoxsey or Essiac combinations, sometimes with additional gut or liver herbs).**

- **Mind-body therapy (mainly counselling and meditation).**

- **Neuro-immune treatment using amino acids – from the work of Dr. Fuad Lechin.**

- **Appropriate use of conventional medical oncology and surgical care.**

- **Information lectures providing an overview of integrated treatment for cancer.**

- **The usual program involves 3 weeks of intensive treatment at the clinic, followed up with a supervised ongoing home treatment program.**

- **Some patients also make use of further periods of intensive treatment at the clinic.**
Hope Clinic

Our Clinical Results

Initial Results
From 1999 to 2002 we treated over 100 patients with a wide variety of cancers using the integrated approach outlined above, minus the use of PDT, radio-wave therapy, autologous vaccine or Dr. Lechin approach.

The results of our treatment program were:
1. Approximately 80% of patients experienced a worthwhile improvement in quality of life.
2. 60% of patients have had a documented improvement in their cancer and immune system function.
3. Major reduction in the cancer mass was much more variable.
4. We saw best results in prostate cancer where 80% of patients experienced major tumor reduction.
5. We have also seen several very impressive results with lung cancer.

Please note that generally the numbers of patients with any one cancer were quite small and so statistical analysis is difficult.
Overall less than 20% of these 100+ patients have died (to the best of our knowledge) – a significant positive result given that we tended to see people with advanced stage IV cancers, which had spread throughout the body.

2003 Improvements
From September 2003 we developed the treatment regime further with the addition of “PDT (PhotoDynamic Therapy)” using a new chlorophyll (spirulina) based photo-reactive agent, containing chlorin E6. The approach was derived from published scientific studies from Europe and Japan. In addition during 2003, Noel Campbell and Ralph Ballard travelled to Europe to study the most up-to-date methods of PDT, sponsored by the Chancellor of Swinburne University of Technology.

A review of patients who had been treated with this new regime took place in July 2004. Only patients who had commenced treatment at least 6 months prior were included in this review, in order to look for indicators for the medium to long-term results of the program.

Of the 11 patients assessed at this time:
- 2 patients had early cancer (Stage 1 or 2).
- The remaining 9 patients had advanced cancer (Stage 3 or 4).
- 5 patients (45%) had significantly outlived their prognosis and were still alive.
- 9 patients (82%) had a significant documented improvement in the state of their cancer – improved disease outcome.
- 1 patient had experienced a worsening of their disease.
None of these patients had gone into total remission.

1 patient had died.

6 patients (54%) had a significant improvement in quality of life – using assessment based on the Karnovsky Rating Scale.

4 patients (36%) had no change in their quality of life, while 1 patient (9%) had a deterioration in quality of life.

In summary it appeared that the program was delivering useful benefits to many of the patients, but further improvements were desirable.

2004 Improvements

In 2004 we began using intravenous infusions of the anti-oxidants vitamin C, alpha lipoic acid and glutathione. These agents have been shown in scientific studies to have significant cancer-killing effects by both a direct cytotoxic action and by inducing programmed cell death in the cancer mass (apoptosis).

In addition, from September 2004 we added “Radio-wave Therapy” to the treatment regimen for cancer patients. This therapy was based on the work of Dr. John Holt (with updates from current published scientific research), and involved administration of radio-waves at 434 MHz to the patient’s cancer masses while at the same time giving an intravenous injection of high dose vitamin C, glutathione, and alpha-lipoic acid to act as glucose blocking agents.

Over 100 patients have been treated with this latest regime since September 2004. Results suggest that this new combined treatment program is significantly more effective in terms of reducing cancer cell growth, and in shrinking tumour masses.

2005 Improvements

The approach of Dr. Fuad Lechin has been added in as additional support for immune function, particularly where this has been depleted by major stress. Dr. Lechin has published over 70 papers on his work where he has found specific abnormalities in the body’s neurotransmitter levels occurring in severe stress and in a range of serious illnesses, including cancer. These chemical abnormalities can cause or aggravate immune deficiency. These neurotransmitter and immune problems can be improved by amino acid supplementation, with additional medical or naturopathic medications.

In addition the NHMRC review of the work of Dr. John Holt was published in September 2005, and found the use of 434 MHz radio-waves as an anti-cancer therapy did not yield any better results then conventional radiotherapy. As a result we have stopped routinely using this radio-wave therapy, although there is a place for this treatment where all the options with conventional chemotherapy and radiotherapy have been exhausted. We have continued with our pre-existing intravenous anti-oxidant therapy - this has a well established place in innovative cancer treatment based on significant published scientific studies, as well as on the benefits we have seen it produce for our patients.
We are continuing to look into innovative methods of cancer treatment, such as the use of autologous tumour vaccines and tumour ablation by alcohol injection.

Selected Scientific References

1. PhotoDynamic Therapy (PDT):

2. Ozone therapy:

3. Dr. Peter Vaupel’s work on the benefit of combining hyperthermia & PDT

4. Studies on the benefit of combining hyperthermia with radiotherapy:
Hope Clinic

By Van der Zee J., Gonzalez Gonzalez D., van Rhoon G. C., van Dijk J. D., van Putten W. L., Hart A. A. 

• “Heating the patient: a promising approach?”

5. Studies on the cancer-killing effects of Vitamin C:
   • “Cytotoxicity of Ascorbate, Lipoic Acid, and Other Antioxidants In Hollow Fibre In Vitro Tumours” By J.P. Casciari, N.H. Riordan, T.L. Schmidt, XL Meng, J.A. Jackson and H.D. Riordan, British Journal of Cancer (2001) 84:11, 1544-1550
   • “Sodium ascorbate (vitamin C) induces apoptosis in melanoma cell lines via the down-regulation of transferrin dependant iron uptake receptors.” By Jae Seung Kang, Daeho Cho, Young-In Kim et al. Journal of Cellular Physiology. 2005. 204:192-197.
   • “Neuroprotective effect of reduced glutathione on cisplatin-based chemotherapy in advanced gastric cancer: a randomised double-blind placebo-controlled trial.”
6. Studies on electrotherapy in cancer:
   • “Nonthermal levels of electric currents applied in capacitive
electric transfer therapy provokes partial cytotoxic effects in
human neuroblastoma cultures”
   By Hernandez-Bule ML, Trillo MA, Bazan E, Martinez-Pascual
MA, Leal J, Ubeda A.
   • “Disruption of cancer cell replication by alternating electric
fields.”
   By Kirson ED, Gurvich Z, Schneiderman R, Dekel E, Itzhaki A,
Wasserman Y, Schatzberger R, Palti Y.
   Cancer Res. 2004 May 1;64(9):3288-95
   • “Antitumor effects of electrothermal and electrochemical therapy
on mice with sarcoma180.”
   By Sun CJ, Xie L.

7. Dr. Fuad Lechin’s work on neuro-immuno-modulation:
   • “Neurocircuitry and Neuroautonomic Disorders – Reviews and

8. A study on autologous blood-derived tumour vaccines:
   • “Anti-tumoral Effect of a Vaccination Procedure with an
Autologous Hemoderivative”. By Lasalvia-Prisco E, Cucchi S.
   Cancer Biology & Therapy 2:2, 123/1-123/6, March/April 2003.

9. A major study showing that attending regular support groups can double
survival time with cancer:
   • “Effect of psychosocial treatment on survival of patients with
metastatic breast cancer.”
   Spiegel D, Bloom JR, Kraemer HC, Gottheil E.

10. Website references:
    • For information on cancer treatments in general see
www.cancerdecisions.com by Ralph Moss PhD.
    Search through the newsletter archives for specific topics.

    • For information on supplements see the Life Extension
Foundation website www.lef.org

    • For additional information on specific innovative therapies see
the Dove Clinic website www.doveclinic.com
Hope Clinic

- For information on the work of Dr. Faud Lechin see www.lechin.com
- In addition the Hope Clinic website provides information www.smile.org.au

Conclusion

At the Hope Clinic we offer a program of integrated therapies for patients with cancer, and other immune system diseases based on rational ethical scientific and clinical work from around the world. We provide a combination of therapies drawn from the best of conventional medicine, complementary medicine, natural therapies, and mind-body medicine.

In this way we aim to cover the three crucial areas of:
- Tumour destructive therapies
- Metabolic Therapies
- Psycho-Spiritual Support

Our therapeutic approach is designed to provide effective whole person healthcare for people facing serious life-threatening diseases.

Prof. Noel Campbell  FACNEM, FASID, BDSc, LDS.
Clinic Director
Clinical Research Scientist

Wholistic medical practitioner
Lecturer at the Graduate School of Integrative Medicine, Swinburne University of Technology, and at the Complementary and Integrative Medicine Unit, Victoria University of Technology.

Dr. Bill Paspaliaris  BSc(Hons), PhD.
Clinical Research Scientist

Shirley Krishna  Dip. Acupuncture.
Reception
Dr. Ralph Ballard is a holistic medical practitioner.

He combines conventional medicine with natural therapies and mind body medicine. He examines each patient attending the Hope Clinic and provides information lectures and booklets about integrated treatment for cancer.

Discussion On An Integrated Approach To Cancer Treatment

Introduction:

Our standard treatment program begins with a one to three week period of intensive daily treatment at our clinic. This is followed up by home treatment. Some patients may return to the clinic for further periods of intensive treatment every 3 months or so, depending on treatment results.

Four out of five cancer patients who attend the Hope Clinic for three weeks of intensive treatment, 3 to 4 hours each day, Monday to Friday, and continue treatment at home for six months to two years, experience an improvement in the quality of their life and an extension of life beyond that expected by western medicine.

1. Photo Dynamic Therapy has been used by western medicine for over 50 years. Russian and other scientists have improved the technique by discovering that an extract of Spirulina can be used instead of drugs. The Chancellor of Swinburne University sent Dr Ballard and Prof Campbell to Europe twice in 2003 to learn this technique. We now manufacture the agent in Melbourne at one fifth of the cost of the Russian agent so that it can be cost effective for the average Australia.

2. High dose Vitamin C with Lipoic Acid as developed by Dr Riordan in the United States is an effective treatment for some cancers as well as an immune booster. Glutathione is also given to enhance the effect of the Vitamin C, and also because it can reduce side effects from chemotherapy. This is administered as an intra venous drip over 1 to 2 hours.

3. Ozone therapies have been used in hospitals in Germany for over 50 years to treat many medical problems including cancer. This is administered through saunas, cupping and insufflation.
4. Mild hyperthermia treatment is given via sauna. This has a triple effect to boost the immune system, detoxify the body, and to enhance the effectiveness of other cancer-killing therapies such as Photo Dynamic Therapy.

5. Electrotherapy was developed in the United States to treat HIV. In addition the work of various doctors and scientists over the last 100 years, including Royal Rife and George Lahkovsky, have contributed to this field. It has been found to be useful in cancer because 90% of cancer patients have lowered levels of lymphocytes such as CD4, CD8 and NK cells in their immune systems. These lymphocytes and NK cells are crucial in the body’s fight against cancer. This therapy is administered through hand held electrodes and levels are usually restored to normal after three weeks of treatment in the clinic.

6. Neuro-immunology as developed by Prof. Faud Lechin in Venezuela corrects the Th1 and Th2 balance in the immune system and this has a dramatic effect on many cancers. Prof. Lechin found a major benefit in treating cancers from correcting these stress disturbances in the body’s neuropeptide chemicals. This then corrects the stress-induced immune system disturbances commonly seen in cancer patients.

We provide six different therapies to every patient making the fee of $7,500 for two weeks intensive treatment plus PDT agent for 6 months of home treatment, a very economic therapy as compared to the real cost of chemotherapy which can often cost $60,000 for one course of treatment. Some patients do also purchase additional equipment for home treatment at between $1,700 and $3,000.

There is no medical rebate as our treatments are not yet recognised as routine therapies in the health system of Australia. However we hope this will change following publication of the results of our research.

**Our Philosophy of Cancer Treatment:**

Cancer can be most successfully reversed through an Integrated Medicine approach, which adds up to Complementary Medicine working hand in hand with Western Medicine. This is the approach used in Europe, especially in the successful oncology clinics and hospitals in Germany, where this sort of treatment has been used for over 50 years. This is a wealth of experience which can be utilised for the benefit of cancer patients world-wide.

Each year more than 86,000 people are diagnosed with cancer in Australia and this number is increasing rapidly.

Prevention through diet, exercise, avoidance of pollutants and relaxation needs to be taught throughout life if we are ever to control this plague. The increase in cancer is linked to the pollution of the modern world with pesticides, carcinogens in food, air, and water, electromagnetic radiation, tobacco smoke, antibiotics, conventional drugs,
hormone therapies, irradiated foods, nuclear radiation, mercury toxicity from dental fillings, diet and nutritional deficiencies, parasites, toxic emotions, and X-Rays.

Surgery is sometimes necessary for complete removal of the cancer or reduction in size when complete removal is not possible.

Minimal radiotherapy and chemotherapy are sometimes used with hyperthermia, oxygen therapy and electrotherapeutic treatments that are synergistic with lower doses of western medicine.

**Breast Cancer:**

Let us give you an example: A 53 year old lady developed breast cancer and although she had consulted with surgeons who recommended surgery, radiotherapy and chemotherapy, she proceeded with self treatment using a poultice of dead sea mud, sage, garlic, castor oil and molasses to draw the tumor to the surface of her breast.

She then presented herself to our clinic. Oxygen treatment was administered through cupping together with electrotherapeutic treatment and advice on diet, exercise and relaxation, and the patient was referred to an oncologist.

She had one course of chemotherapy and five sessions of minimal radiation. After 6 months of this Integrated Medicine she was clear of cancer.

**Skin Cancer:**

Another example: Mr. L’s skin was exposed to the sun for many years through his occupation. He presented to us with a basal cell carcinoma on the right ear that had progressed to the stage where a surgeon had decided that his ear needed to be surgically removed. After treatment with oxygen therapies the cancer was gone and Mr. L’s ear was saved.

**Associated Specialists:**

Our doctors have excellent qualifications and experience and bring to cancer care many years of careful study and practice.

**Dr. Ralph Ballard** is a medical practitioner with post-graduate qualifications in naturopathy, acupuncture, homeopathy and mind-body medicine, providing non-toxic holistic integrated approaches to treating cancer. Dr Ballard is our medical director and
Hope Clinic

examines every patient being treated at The Hope Clinic and provides us with a lecture program on the integrated whole-person approach to cancer treatment.

Our Treatment Program

There are many different types of cancer and each individual patient requires different holistic treatment using several different methods. A full examination of the patient starts with several questionnaires and interviews by our health professionals who develop an integrated treatment plan through joint consultation.

A healthy immune system is essential in the fight against cancer. Our doctors will order blood tests that will provide a baseline view of the current status of the patient’s immune system and several cancer markers that measure the activity of the cancer.

By repeating these tests during treatment we have a measure of the success of the treatment plan. Modern testing is one of the most important tools for combating cancer, and both the patient and the doctor should be familiar with the latest testing methods and should establish a regular testing schedule.

Some cancers will require x-ray, magnetic resonance imaging (MRI), computer aided tomography (CAT) or positron emission tomography (PET) scans to be detected and/or monitored, while other cancers can be monitored using blood tumor markers.

The majority of cancer patients suffer from heavy metal toxicity where they have become contaminated with arsenic, cadmium, lead, mercury, nickel and tin which are carcinogenic or capable of depressing the function of the immune system.

We use hair analysis and DMPS urine provocation testing together with the medical history and examination to diagnose heavy metal toxicity.

Most conventional oncologists disregard toxicity as a factor in cancer, and fail to address the root cause of the cancer. However extensive experience in Europe has shown that this is an important part of effective long-term management of cancer.

Oxygen steam saunas, as shown in the photograph above, are used at a temperature of 40 degrees Centigrade to help remove these toxic contaminants and to provide gentle hyperthermia treatment to boost the effect of the other therapies. If removal of the heavy metals is not completed by the sauna approach we then recommend DMSA, a sulphur drug, to complete the chelation.

The basic principles of our treatment protocols are:

1. Detoxify the body of its cumulative poisons.
2. Fortify the body with organic nutrients and good quality filtered water.
3. Strengthen the immune system.
4. Use natural substances and techniques to stop the growth of the cancer.
5. Use chemotherapy, radiotherapy, hormonal therapy and surgery carefully and selectively for maximum benefit with minimal side effects.
6. Honor the Hippocratic Oath: “First do no harm”.

Western doctors of all ages are opening their minds to new possibilities, to complementary approaches and are working with complementary practitioners to provide a holistic approach which leads to the most successful and comfortable outcome for the patient.

**Interest in complementary Therapies:**

In 1993 the New England Journal of Medicine published a study showing that 34% of Americans had used at least one ‘complementary’ practitioner and that one third of these had exclusively seen a complementary practitioner an average of 19 times in that year. The study also revealed that 72% of those consulting complementary physicians did not tell their conventional doctor of this choice (1).

Further studies since that time show that the numbers are increasing further for people who make exclusive use of complementary therapists.

We believe this to be a sad situation as our clinic has demonstrated that co-operation between western and complementary health practitioners can increase the success rates in treating cancer and produce the best outcomes.

**Nutrition:**

Nutrient deficiencies weaken the body and its immune systems, making a person vulnerable to cancer. Nutritional supplementation is the first step in treating cancer because without a fully active immune system the fight is likely to be lost.

Our average diet is made up of fats and refined sugars with no micronutrient density. A significant percentage of the population receives under 70% of the recommended daily allowance (RDA) for vitamins A, C, and B-complex, and the essential minerals calcium, magnesium and iron and less than 80% of the RDA for zinc, copper and manganese. Vitamins and minerals help regulate the conversion of food to energy in the body.

As such they can be separated into two general categories:

1. Energy nutrients, which are principally involved in the conversion of food to energy.
2. Protector nutrients, which help defend against damaging toxins derived from drugs, alcohol, radiation, environmental pollutants, or the body’s own metabolic enzyme processes.

In the process of converting food to energy, free radicals are produced that can damage the body and trigger degenerative diseases, including cancer, arthritis, heart disease, and premature aging.

These processes can be prevented or delayed by nutrients such as vitamin E, beta carotene (a nutrient from which vitamin A is made), vitamin C, and the minerals zinc, copper, manganese, and selenium.

There are two main ways to obtain these nutrients:

- Careful construction of a diet
- Supplementation

A proper diet decreases fat and sugar and increases fibre and nutrients, particularly the numerous antioxidants and other phytochemicals that have been identified as beneficial anticancer nutrients.

Fibre is the transport system of the digestive tract, sweeping food wastes out of the body before they have a chance to form potentially cancer-causing and mutagenic chemicals.

These toxic chemicals can cause colon cancer or pass through the gastrointestinal membrane into the blood stream and damage other cells. Eating more nutrient dense plant foods tends to decrease one’s desire to consume processed sugars and lower sugar consumption then decreases overall calorie intake. At the same time the extra nutrients increase our protection against cancer.

Broccoli offers particularly strong anticancer potential. (2, 3) A primarily vegetarian diet will not only tend to keep the body less burdened by toxins, but it will directly support the body’s anticancer defences. (4)

Nutritional factors in reversing cancer:

- Beta carotene (5)
- Vitamin B6 (6)
- Vitamin C (7)
- Vitamin E (8)
- Selenium (9)
- Folic acid (10)
- Calcium (11)
- Iodine (12)
- Magnesium (13)
Melanoma:

From 1975 to 1992 melanoma, a form of skin cancer, increased by 300%, increasing more than any other cancer, and accounting for 75% of all skin cancer deaths. It is more likely than other skin cancers to spread to other parts of the body, making it the most lethal.

Malignant melanoma is now the most common cancer among women aged 25-29 and second only to breast cancer in ages 30-34. Early detection is essential and a herbal botanical program is important to strengthen the immune system.

Regular exercise, reduction in exposure to sunshine (UVA) and reduced stress levels also help in preventing a recurrence. Oxygen therapies and high dose Vitamin A can also be helpful in treating melanoma.

Skin cancer comes in three types depending on the type of skin involved:

1. Melanoma, formed from melanocyte skin cells is the most lethal because it spreads to distant body sites. Scientists believe that the ultraviolet component of sunlight can induce a permanent mutation at a specific point in the DNA, affecting a single gene called the p53 tumor suppressor gene of skin cells, especially in fair skin of the Caucasians in Australia, who are constantly exposed to intense sunlight, and who suffer the highest rate of skin cancer in the world.

2. Squamous and basal cell cancers are less lethal because they do not spread.

Diet: Of patients with Stage IVa melanoma, 39% of Gerson therapy patients survived for 5 years, compared with 6% of patients treated by Western Medicine alone. (19) Dr Gerson believed that cancer would be unlikely to occur in bodies with a properly balanced and functioning liver, pancreas, thyroid and immune system. In his approach, thyroid extracts seem to enable the body to fight cancer more effectively by stimulating liver and thyroid function. Coffee enemas are used as needed for pain reduction, appetite stimulation, and liver detoxification; patients take 3-4 coffee enemas a day for detoxification and pain relief. Enemas of chamomile tea or castor oil are also used.

There is also supplementation with pepsin (an enzyme), potassium, iodine, niacin, pancreatin (a digestive enzyme culled from bovine pancreas) and vitamin C. There is also salt & sodium restriction, and potassium supplementation; high doses of micronutrients, especially raw fruit and vegetable juices; severe restrictions on fat intake and a reduction in protein intake.
Hope Clinic

There is a restriction in tobacco, sharp spices, tea, coffee, cocoa, chocolate, alcohol, refined sugar and flour, all processed or canned foods, nuts, soybeans, pickles, cucumbers, and all berries (except red currants). Potassium is prescribed as 4 teaspoons in juice 10 times daily with high doses of Lugol’s solution (iodine plus potassium iodide) and thyroid extract, which he believed went directly to the tumour. With his low-fat, nearly vegan (no animal products, including eggs or dairy) dietary regime, Dr Gerson claimed that he could reverse the majority of cancer in patients that came to him. Small amounts of dairy products are permitted in this diet.

Prostate Cancer:

Prostate cancer is the second leading cause of cancer-related deaths and the second most frequently diagnosed malignancy after skin cancer. The number of new cases detected almost doubled from 1990 to 1994, probably due to the use of screening tests with Prostate Specific Antigen (PSA) a prostate cancer marker. (20)

Prostatic acid phosphatase is an enzyme made from protein in the prostate gland and becomes elevated usually when the prostate develops cancer, infections, inflammation from toxins, or benign prostatic hypertrophy. This provides a second tumour marker in prostate cancer.

The disease can develop and spread with little or no warning signs, and in many cases is discovered too late, that is, after it has spread beyond the prostate and is extremely difficult to reverse. In fact, the Western Medical Establishment believes there is no cure for prostate cancer once it has spread beyond the gland.

However as Integrated Medicine has found, nearly any kind of cancer can be reversed or at least contained using multimode integrated approaches. If cancer is confirmed you should adopt a low-fat, high fibre diet, among other important lifestyle changes. (21) Men consuming meat 5 times a week were 2 to 3 time more likely to develop invasive prostate cancer than those who eat meat once a week. (22)

This increased risk of prostate cancer from eating meats and dairy may be at least in part related to high pesticide content of these foods, as there is a 14 times higher pesticide level in meat and 5.5 times higher pesticide level in dairy products compared to plant derived foods. There is often a significant amount of oestrogen in meat and poultry which can also increase cancer growth.

Ovarian Cancer:

The rate of ovarian cancer reduced 8% over the period 1962-1992. This was probably due to better detection of the cancer at earlier stages – with better treatment outcomes.
Dr Robert Atkins MD has found many of his injectable therapies useful in Ovarian Cancer: Ukrain, 714X, Mistletoe, Carnivora, shark cartilage, Amygdalin / Laetrile, Oxygenating therapies and tissue extracts. (23)

There are few symptoms, sometimes abdominal swelling, in rare cases vaginal bleeding. Women over 40 may experience generalized digestive discomfort. Possible risk factors are increasing age, never been pregnant, residence in industrial country, family history of breast or ovarian cancer, inherited breast cancer gene. Uterine cancer with metastasis has shown a closer relationship with the Tn antigen concentration (24) yet both T and Tn antigens may be elevated in ovarian cancer. (25)

As an example, a 58 year old woman was diagnosed with ovarian cancer in January 2000. Chemotherapy was administered in The Philippines between February and July 2000. This controlled the tumour marker CA-125 until November 2000 when it increased dramatically and chemotherapy was no longer effective. Oxygen and electrotherapy was been successful in reducing the CA125 marker levels during the January and February period of 2001 when she attended our clinic.

This patient now treats herself at home in country Victoria with oxygen and electrotherapeutic equipment. Her Professor at a major Melbourne Hospital stated that he was surprised with the results of the complementary Medicine and that it was time to research these methods.

**Botanical Substances:**

Herbs contain a large number of naturally occurring chemicals that have biological activity.

Botanical agents work against cancer by

- Stimulating DNA-repair mechanisms
- Producing antioxidant effects
- Promoting induction of protective enzymes
- Inhibiting cancer-activating enzymes
- Inducing oxygenating effects

Promising herbs include:

- Curcumin (found in the spice tumeric) and black pepper
- Pau d’arco
- Aloe vera
- Mistletoe
- Wheatgrass juice
Herbal combinations such as the Essiac and Hoxsey formulations

**Traditional Chinese Medicine and Herbal Cancer Treatment:**

Traditional Chinese medicine (TCM) is an ancient system of medicine that combines the use of herbs with acupuncture, food therapy, massage and therapeutic exercise. Life expectancy doubled for patients with rapidly advancing cancers when the herb Fu Zhen was added to their treatment plan. In stage II primary liver cancer, 29 of the 46 people receiving Fu Zhen therapy along with conventional treatment survived for one year and 10 survived for 3 years. In the control group, only 6 of the 30 patients who received just radiation or chemotherapy survived 1 year, by the third year they were all dead.

Astragalus has captured the interest of many conventional doctors because of its ability to reduce the toxic effects of conventional cancer treatment. There was a much higher survival rate among advanced liver cancer patients when they were treated with both radiation and astragalus compared to those treated with radiation alone.

Ginseng-astragalus has a biphasic regulatory effect on natural killer (NK) cell function, increasing it if NK activity is low and decreasing it if NK activity is excessive. Swainsonine, a derivative form of astragalus, can inhibit the development of distant metastases of malignant melanoma, a deadly form of skin cancer. (26)

**Innovative Anticancer Substances:**

Full strength chemotherapy destroys the immune system while reversing, at best, 7-15% of a few cancers. Complementary physicians now rely on new substances such as bovine cartilage, Glutathione and N-acetyl cysteine, and hydrazine sulphate, as well as minimal dose chemotherapy, producing better results than with full dose chemotherapy and with fewer side effects.

**Immune Stimulation:**

The human immune system which is usually compromised in most cancer patients, can be enlisted as a therapeutic agent against cancer. Using the principle of vaccines but with non-toxic substances and electrotherapeutic techniques, innovative physicians can restore the immune system and provoke intense specific responses against cancer.
Enhancing Metabolism:

Once metabolism is corrected, the energy becomes available again for healing. Therapies include oxygen therapies, enzymes, and glandular extracts. Along with diet and nutritional factors, these make up metabolic therapies. Cancer generally grows in the absence of oxygen. Oxygen therapy with hydrogen peroxide and pure oxygen or ozone can produce excellent results. Metastatic bone and brain cancers have been successfully treated with intravenous hydrogen peroxide. (27)

Ozone therapy relies on both oxidation and oxygenation pathways. Ozone is more reactive than oxygen and readily oxidizes other chemicals. During oxidation in the body, the extra oxygen molecule in ozone can break away, leaving a normal O2 molecule. Often it does this by combining with water to form hydrogen peroxide and oxygen. The net result is to increase the oxygen content of the blood or tissues. Ozone therapy can enhance the tumour fighting ability of standard chemotherapy by stimulating the activity of cytokines, natural cancer killing proteins. Ozone can selectively inhibit cancer cell growth in tissue culture for cancers of lung, breast and uterus at dose levels as little as 0.3 to 0.8 parts per million (ppm). (28). The growth of normal cells was not inhibited suggesting that cancer cells are less able to compensate for the oxidative burden of ozone than normal cells.

Enzymes:

Enzymes are crucial for digestion of all foods, especially protein, but when protein is inadequately broken down, due to enzyme deficiencies, it putrefies in the intestinal tract and forms ammonia - a known carcinogen. Enzyme therapy gets the appropriate enzymes back into the body.

Glandular and Organ Extracts: Pancreatic enzymes, DHEA, Melatonin, Thymosin, and T3 Thyroid. (29)

Purified extracts from endocrine glands of animals are of benefit in restoring a cancer patient’s overall metabolism, especially when the physician knows that the patient’s own endocrine levels are low.

Physical support therapies for reversing cancer:

Flushing toxins out of the body is a prime task of any cancer therapy, and to achieve this complementary physicians use dentistry (to remove toxic mercury amalgams and clean up chronic infections in root canals or tooth abscesses), massage, colon cleansing, and
heat therapy (to sweat out the toxins), combining them according to the needs of the individual patient.

**Biological Dentistry:**

Holistic dentists safely remove sources of dental toxins and galvanic currents associated with cancer. Mercury leaching from mercury amalgam fillings causes 60% of the body burden of mercury (WHO) and some root canals have hidden untreated infections which can now be tested with a biochemical kit. (30)

**Water Therapy:**

Water can benefit the cancer patient through stimulation of the immune system, increasing the body’s white blood cell count, aiding the removal of accumulated toxins and producing a state of general relaxation essential to the healing process. Hydrotherapy is the use of water, vapour, ice, steam and water at hot and cold temperatures to maintain and restore health.

**Heat Therapy:**

Hyperthermia makes cancer cells more susceptible to being killed by many conventional medical and complementary therapies – including radiotherapy and glucose blocking agents. (31, 32) This can be applied through sauna systems or more intensively with focussed microwave therapy.

**Bodywork, Therapeutic Massage and Exercise:**

You must involve the physical body with its musculo-skeletal system in cancer treatment. These techniques help the patient to relax, stimulate blood and lymphatic circulation, enhance the immune system and clear problem emotions and attitudes.

**Qigong:**

This ancient Chinese slow-movement therapy develops great peace of mind, deep relaxation, and enhanced oxygen and lymph circulation. In many cases tumour growth and pain are controlled. (33)
Energy Support Therapies:

Electromagnetic energy in the body can be used for diagnosis and treatment. Every disease state is thought to be preceded by and indicated by an energy signal detectable by electrodermal screening devices gathering information from the acupuncture meridian system.

Vega and Mora treatment systems, as well as classical acupuncture, are useful in this diagnosis and treatment.

Acupuncture and TENS devices are commonly used for pain control. (34) Considerable pain reduction is experienced within 2 weeks of regular TENS use.

Cold laser therapy uses a beam of low-intensity laser light to initiate a series of enzymatic reactions and bioelectric events that stimulate the natural healing process at the cellular level.

Hands-on healing approaches, such as Reiki, can also enhance the body’s natural healing responses.

Magnetic Field Therapy:

Magnets and electrical coils are used to generate controlled magnetic fields. Cancers subjected to a negative magnetic field, can start to reverse as the magnetic energy helps restore oxygen levels and reduce acidity. (35)

Light Therapy:

Light is essential to health and deficiencies are associated with cancers such as melanoma. A 10 year epidemiological study showed that exposure to full-spectrum light (including the ultraviolet frequency) is positively related to the prevention of breast, colon and rectal cancers. (36)

In addition it has been observed that the incidence of many cancers is lowest in countries around the equator, such as India and Africa.

It has been suggested that this could be due to:

- The beneficial effects of diets rich in leafy green vegetables providing plentiful chlorophyll, combining with the action of the abundant sunlight
and the body’s own porphyrin systems, to destroy cancer cells, through photo-reactive production of activated oxygen within the body to destroy fragile cells, such as cancer cells – an effect like regular mini-PDT. (37)

- The beneficial effects of spices in the diet such as turmeric & black pepper, which have been shown to have a cytotoxic effect. (38)

**Cancer Pharmacology:**

Chemotherapy may be clinically necessary to control tumour mass in some patients. Low dose chemotherapy combined with nutritional and botanical substances is often more effective and so preferable to full strength chemotherapy on its own. A major study in 1993 demonstrated that chemotherapy provided a satisfactory curative response in only 3% of patients with the most common cancers (breast, lung, prostate, and colon), while another 4% of these patients had a significantly prolonged survival period. In summary only 7% of patients with the most common cancers had lasting benefit from treatment with chemotherapy. (39)

**Biological Response Modifiers:**

Nutrients and numerous other ‘biological response modifiers’ can directly impede tumour growth and metastases. (40)

No significant drop in immune cell counts was observed after several cycles of chemotherapy in a group of breast cancer patients using Chinese herbs. (41)

It has been observed that timing of surgery for breast cancer, in relation to the menstrual cycle, makes a significant to outcomes. Specifically women who had the lumpectomy or mastectomy during days 18-20 of their cycle had a 76% better long-term survival rate than those who had surgery during days 3-12. This is because progesterone levels are highest premenstrually, and progesterone can inhibit cancer growth. (42)

**Rational Chemotherapy Through Assay:**

Prof. Robert Nagourney has developed a test called Ex Vivo Apoptic Assay to measure the effects of a number of chemotherapy agents against a patient’s tumour cells in the laboratory. His test can determine the likely effect on human cancer tissue from any of about 70 chemotherapy drugs, given singly or in combination. All that is required is a living tissue sample of cancer cells obtained from the patient by biopsy or a blood sample in the case of leukemia. The goal is to see which substances produce cancer cell death during a 72-96 hour process in which the cancer is grown in a test tube. On this basis, the
physician can then tailor a customized treatment plan with a fair measure of assurance that it will be effective. On average a patient that is found sensitive to a drug is 2-3 times more likely to respond favourably when the drug is given clinically. Generally the assay’s ability to predict outcomes was scored at 19 out of 21, while between 85% to 95% of specimens submitted provide successful studies. (43)

The Mind:

The mind and spirit play an essential role in recovery from any major disease process including cancer. A deep belief in one’s own ability to recover, a real enjoyment and love of life, a true purpose for living, the ability to relax deeply and find inner peace and a sense of contentedness to the world are all crucial aspects in the healing process. (44, 45)

In addition the ability to express feelings to others, regular relaxation and the support of good friends and family can greatly enhance the treatment outcomes in cancer. (46)

CONCLUSION:

The integration of conventional medical treatment with complementary therapies is showing the best results in treatment of cancer. Extensive clinical experience overseas, as well as work at our clinic, has shown this repeatedly and now scientific studies are being published which confirm the value of this integrated treatment approach.

The recommended regime in cancer treatment is the combination of

1. Conventional cancer destroying therapies (surgery, low dose chemotherapy and radiotherapy, and hormonal therapy) with
2. Complementary cancer destructive therapies (Intravenous anti-oxidant therapy, hyperthermia, oxygen therapies, and Rife-type electrotherapy) with
3. Metabolic support (nutrient support, detoxification, removal of heavy metals, eradicating any chronic infections, immune system
4. Therapies and natural substances to inhibit cancer growth (such as herbs) with
5. An effective mind-body approach (exercise, meditation, prayer, counselling, flower essences, Qigong, and energy medicine)
References:

7. Ibid
33. Hongmei a et al. Curative Effect Analysis of 122 Tumour Patients Treated by the Intelligence Qigong. Second World Conference on Academic Exchange of Medical Qigong (September 15, 1993), 130.
Summary Patient Questionnaire

Date:

Name:

Address:

Telephone:

E-mail:

Date of Birth:

Sex:

Height:

Weight:

Diagnosis - Type of Cancer:

Cancer Stage:

Date of First Diagnosis:

Are there metastases at:
Liver:
Lungs:
Bones:
Brain:
Other - please describe where:

How would you describe your general health at present?

Are you able to walk unassisted?

How many metres can you walk without any problems?

Is there any shortness of breath when you are walking?

Do you need oxygen?

Did you lose much weight during the last 4 months?
If so, how much?

Are you weak?

Do you have oedema (swelling) in your arms or legs?

Do you have fluid in your abdomen (ascites) or in your lungs (pleura)?

Are there any other problems?

Have you had any other types of treatments?

If yes, what types?

Are you currently having any other treatments?

If yes, what types?

Have you had surgery in the recent past?

Date and type of last surgery

Are you currently on any medication?

If yes, what medications are they?

Questions or comments.
HOPE CLINIC DETAILED MEDICAL QUESTIONNAIRE

Professor Noel Campbell

Level 8, 167 Collins Street, Melbourne
Telephone 9639 6090
Fax 9639 6392
Mobile 0412 994 001
Email noelc@smile.org.au
Website http://www.smile.org.au
All correspondence to P.O. Box 137, Parkville, Vic. 3052

Welcome to our clinic.
Please complete this questionnaire before attending your appointment.

Appointment Date / / Time AM / PM
Date questionnaire completed / /

Surname
First name
Initial
Address
Suburb
State
Postcode
Phone
Business
Home
Pager
Mobile
Fax
Email
Internet Home Page
Date of birth / /
Age
Sex
Height
Weight
Occupation
Place of employment

Marital status
Spouse’s Name
Spouse’s Date of birth / /
Spouse’s place of employment

Emergency contact - Closest relative not living with you:
Name
Address
Phone

Who referred you to our practice?
Name
Address
Phone
Fax
Email
Practice Staff?
TV Show?
Yellow pages?

Insurance information
Medicare number
Insured's name
Private medical insurance company name
Private dental insurance company name
Dental insurance table Low cover Medium High

Medical History
Are you in good health Yes No
Has there been a change in your general health Yes No
Details

My last medical physical examination was on / /
Are you under a physician's care Yes No
Name of physician
Address of physician
Phone
Fax
Email
What is your most important problem at this time?
Details

How and when did your problem begin?

When did you last feel completely well?

Please provide details of your:
Appetite
Weight
General wellbeing

Do you have problems with:
Fatigue  Yes  No
Fever or chills  Yes  No
Night sweats  Yes  No
Aches or pains  Yes  No
Rash  Yes  No
Lumps or bumps  Yes  No

Cardiovascular and respiratory system
Chest pain  Yes  No
Shortness of breath  Yes  No
Shortness of breath on lying flat  Yes  No
Waking up breathless  Yes  No
Ankle swelling  Yes  No
Palpitations  Yes  No
Are you aware of your heart beating  Yes  No
Sputum  Yes  No
Sputum colour
Blood in sputum  Yes  No
Blackouts  Yes  No
Smoking  Yes  No
How many cigarettes do you smoke each day
Emphysema  Yes  No
Irregular breathing  Yes  No
Persistent cough  Yes  No

Gastrointestinal system
Nausea  Yes  No
Vomiting  Yes  No
Difficulty in swallowing  Yes  No
Indigestion  Yes  No
Abdominal pain  Yes  No
Bowel habits  Normal  Abnormal
Hope Clinic

Diarrhoea  Yes  No
Blood in stools  Yes  No
Jaundice  Yes  No
Urine very dark  Yes  No
Stools pale  Yes  No
Recent injections or transfusions  Yes  No
Travel abroad recently  Yes  No
How much alcohol do you drink each day

Genitourinary system
Loin pain  Yes  No
Do you have trouble passing urine  Yes  No
Do you pass urine more than six times a day  Yes  No
Are you thirsty most of the time  Yes  No
Does your mouth frequently feel dry  Yes  No

Women
Any problems with menstruation  Yes  No
Do you bleed in-between periods  Yes  No
Vaginal discharge  Yes  No
Pain on intercourse  Yes  No
Are you pregnant  Yes  No
Are you nursing a baby  Yes  No
Are you taking oral contraceptives  Yes  No
Are you on hormone replacement therapy  Yes  No

Nervous system
Headaches  Yes  No
Details
Blurred or double vision  Yes  No
Hearing difficulties  Yes  No
Dizziness  Yes  No
Difficulty in walking or running  Yes  No
Weakness  Yes  No
Areas of numbness or increased sensation  Yes  No
Pins and needles  Yes  No
Any difficulties holding your water or bowels  Yes  No
Fits, faints or funny episodes  Yes  No

Mental State
Depression  Yes  No
Periods in which you are particularly active  Yes  No
Have you worried a lot recently  Yes  No
Do you get anxious  Yes  No
Do you worry about your health  Yes  No
Hope Clinic

Do you have panic attacks Yes No
Any difficulties sleeping Yes No
Have you consulted a neurologist Yes No Name:
Have you consulted a psychiatrist Yes No Name:

Eyes
Have your eyes generally been red Yes No
Have your eyes generally been uncomfortable Yes No
Have your eyes generally been painful Yes No
Has your vision been blurred Yes No
Have you ever seen double Yes No
Do you wear contact lenses Yes No
Do you use eye drops Yes No
Do you have excessive tears in the eyes Yes No
Do you have dry eyes Yes No

Locomotor system
Pain, stiffness or swelling of joints Yes No
How far can you walk
Can you walk up a flight of stairs Yes No
Is any particular movement difficult Yes No
Details

Thyroid disease Yes No
Weight change Yes No
Do you strongly dislike the hot or cold weather Yes No
Are you more or less irritable now compared with a few years ago
Diarrhoea Yes No
Constipation Yes No
Palpitations Yes No
Dry skin or greasy hair Yes No
Depression or lowered mood Yes No
Croaky voice Yes No

Past History
Any serious illness or operation Yes No
Details

Have you been admitted to hospital with a serious illness Yes No
Details

Cancer, tumour or malignancy Yes No
Details

Have you had any emotional or nervous problems Yes No
**Hope Clinic**

**Allergies**
- Local anaesthetics  Yes  No
- Penicillin  Yes  No
- Other antibiotics  Yes  No
- Sulphur drugs  Yes  No
- Barbiturates  Yes  No
- Sedatives  Yes  No
- Sleeping pills  Yes  No
- Aspirin  Yes  No
- Iodine  Yes  No
- Codeine  Yes  No
- Other narcotics  Yes  No
- Bandaids or dressings  Yes  No
- Other - details

**Family History**
- Are your parents alive  Yes  No
- Are your brothers and sisters fit and well  Yes  No
- Are your children fit and well  Yes  No
- Is there any history in your family of:
  - Heart trouble  Yes  No
  - Diabetes  Yes  No
  - High blood pressure  Yes  No
  - Cancer  Yes  No
- Details
- Other serious illness – Details:

**Personal and social history**
- Are your relationships at home good  Yes  No
- Where do you live – Details:
- Are your living conditions OK  Yes  No
- Is your job satisfactory  Yes  No
- Will your illness affect your work  Yes  No
- What do you do in your spare time – Details:
- Do you have a good social life  Yes  No
- How much alcohol do you drink each day – Details:
- Do you smoke  Yes  No
- How many cigarettes per day
- Do you take recreational drugs  Yes  No
- Details

**Medication**
- Are you taking any medicines at the moment  Yes  No
- Details
### DENTAL AND ORTHOPAEDIC HISTORY

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you taken any other pills in the last few months?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you taking any vitamins, herbs or natural remedies?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DENTAL AND ORTHOPAEDIC HISTORY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head and neck pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have frequent headaches, neckaches or toothaches?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you get stiff necks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you suffer lower back pain</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is there a family history of these problems?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you have difficulty, pain or both when opening your mouth, for instance when yawning.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does your jaw get stuck, lock open or closed, or go out of its normal position?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you have pain or difficulty when chewing, talking, or using your jaws</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Are you aware of noises or stuffiness in the jaw joints in front of your ears</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do your jaws regularly feel stiff, tight or tired</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you have pain in or about the ears, temples or cheeks</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you had a recent injury to your head, neck or jaw</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you been aware of any recent changes in your bite</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you been previously treated for unexplained facial pain or a jaw joint problem</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you get blurred vision</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you get tunnel vision</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you work in the same fixed position for long periods of time</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you talk on the telephone for long periods of time</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>How do you hold the telephone – Details:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What position do you sleep in – Details:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does food or water stick in your throat</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you have trouble swallowing</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>How many kilometres each week do you drive – Details:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is one of your legs shorter than the other</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you sleep with the covers over your head at night</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you pick your nose and does it cause headaches</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you bump into walls or doors</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you drift when walking</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>With a bad headache would you do the dishes before going to bed</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does bright light worsen your pain</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>What relieves the pain – please circle: yawning / eating / speaking / shouting / singing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are your jaws clenched on awakening</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>When did it start – Details:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you clench or grind your teeth during sleep</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you clench or grind your teeth when you are awake</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Hope Clinic

Do your jaw muscles ever feel tired      Yes      No
Have you noticed any change in your saliva      Yes      No
Do you have a salty taste in your mouth      Yes      No
Has there been any change in your ability to hear      Yes      No

HEAVY METAL TOXICITY

Behavioural and Psychological Symptoms
Do you suffer from:
Anxiety      Yes      No
Apathy      Yes      No
Confusion      Yes      No
Depression      Yes      No
Emotional instability      Yes      No
Fits of anger      Yes      No
Forgetfulness      Yes      No
Hallucinations      Yes      No
Inability to concentrate      Yes      No
Irritability      Yes      No
Lack of self control      Yes      No
Loss of self-confidence      Yes      No
Lowered intelligence      Yes      No
Manic depressive or bipolar disorder      Yes      No
Schizophrenia      Yes      No
Nervousness      Yes      No
Nightmares      Yes      No
Psychological disturbances      Yes      No
Short attention span      Yes      No
Short-term memory loss      Yes      No
Sleep disturbances      Yes      No
Tension      Yes      No
Trouble with making decisions      Yes      No
ADD or ADHD      Yes      No
Asperger’s Syndrome      Yes      No
Unexplained suicidal thoughts      Yes      No
You wish you were dead      Yes      No
Your doctor said "It's your nerves"      Yes      No
Your doctor said "It's all in your head"      Yes      No

Cardiovascular System
Abnormal electrocardiogram (ECG)      Yes      No
Anaemia      Yes      No
Angina      Yes      No
Arteriosclerosis      Yes      No
| **Bradycardia** | Yes | No |
| **Heart attack** | Yes | No |
| **High blood pressure** | Yes | No |
| **Irregular heart beat** | Yes | No |
| **Low blood pressure** | Yes | No |
| **Pressure in the chest** | Yes | No |
| **Tachycardia** | Yes | No |
| **Unexplained chest pain** | Yes | No |

**Central Nervous System**

| **Chronic headaches** | Yes | No |
| **Convulsions** | Yes | No |
| **Difficulty in walking** | Yes | No |
| **Dim vision** | Yes | No |
| **Dizziness** | Yes | No |
| **Epilepsy** | Yes | No |
| **Facial twitches** | Yes | No |
| **Failure of muscle coordination** | Yes | No |
| **Hearing difficulty** | Yes | No |
| **Insomnia** | Yes | No |
| **Loss of ability to perform movements of the hand** | Yes | No |
| **Mental disability** | Yes | No |
| **Muscle paralysis** | Yes | No |
| **Muscle twitches** | Yes | No |
| **Multiple Sclerosis** | Yes | No |
| **Narrowing of the field of vision** | Yes | No |
| **Noises or sounds in the head** | Yes | No |
| **Numbness of arms and legs** | Yes | No |
| **Ringing in the ears** | Yes | No |
| **Speech disorders** | Yes | No |
| **Tingling of fingers, toes, lips or nose** | Yes | No |
| **Tremors of hands, feet or lips** | Yes | No |
| **Unexplained leg jerks** | Yes | No |
| **Voices in the head** | Yes | No |

**Digestive System**

| **Colitis** | Yes | No |
| **Constipation** | Yes | No |
| **Diarrhoea** | Yes | No |
| **Digestive problems** | Yes | No |
| **Diverticulitis** | Yes | No |
| **Frequent bloating** | Yes | No |
| **Frequent heartburn** | Yes | No |
| **Loss of appetite** | Yes | No |
### Stomach

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stomach cramps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach ulcers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Endocrine System

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic low body temperature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cold hands or feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased sexual activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetic tendency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently get up at night to urinate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased sweating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney stones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leg cramps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oedema</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain in joints</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slow healing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thyroid dysfunction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight gain</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Energy-Related Symptoms

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic fatigue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drowsiness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyoglycemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of energy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lethargy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscle weakness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oversleeping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tiredness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tired when awakened in the morning</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Immune System

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candida Albicans (yeast infection)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Fatigue Syndrome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epstein-Barr virus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hodgkin's disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphoma</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Immune deficiency diseases
- Yes
- No

### Leukemia
- Yes
- No

### Melanoma
- Yes
- No

### Mononucleosis
- Yes
- No

### Chronic Rhinitis
- Yes
- No

### Sinusitis
- Yes
- No

### Susceptibility to flu, colds, viruses, etc
- Yes
- No

### Swollen glands
- Yes
- No

### Oral Cavity
- Bad breath
- Yes
- No

- Bleeding gums
- Yes
- No

- Bone loss around teeth
- Yes
- No

- Burning sensation in the mouth
- Yes
- No

- Enlarged salivary glands
- Yes
- No

- Increased flow of saliva
- Yes
- No

- Leukoplakia
- Yes
- No

- Loosening of teeth
- Yes
- No

- Metallic taste in mouth
- Yes
- No

- Mouth ulcers
- Yes
- No

- Periodontal (gum) disease
- Yes
- No

- Purple-black pigments in gums
- Yes
- No

- Stomatitis
- Yes
- No

- Swollen tongue
- Yes
- No

- Increased tartar (calculus) formation
- Yes
- No

- Unexplained loss of teeth
- Yes
- No

- Unexplained sore throat
- Yes
- No

### Skin
- Acne
- Yes
- No

- Dermatitis
- Yes
- No

- Excessive itching
- Yes
- No

- Rough skin
- Yes
- No

- Skin flushes
- Yes
- No

- Unexplained skin rashes
- Yes
- No
Symptoms and Degrees of Distress in Patients with Cancer

Please rate how you currently feel for each of the following items – circle the number on each line to show where you would rate yourself:

Nausea

1 2 3 4 5
I do not feel sick at all I feel as sick as I could possibly be

Mood

1 2 3 4 5
Could not feel happier Could not feel more miserable

Appetite

1 2 3 4 5
Normal appetite Cannot face food at all

Insomnia

1 2 3 4 5
A perfect night’s sleep Could not have been worse

Pain

1 2 3 4 5
No pain Worst pain I have ever had
Mobility

1 2 3 4 5
I am able to do everything

Fatigue

1 2 3 4 5
I am not tired at all

Bowel Pattern

1 2 3 4 5
Normal bowel pattern

Concentration

1 2 3 4 5
Normal concentration

My Appearance

1 2 3 4 5
Appearance has not changed

Reference:

Karnovsky Daily Activities Worksheet

This Daily Activities Worksheet asks for information about your impairment to help provide an accurate understanding about the impact of your illness.

Name:

Date:

A. ARE YOU WORKING?

1. Are you working?

2. If not, can you work all day, five days a week, year round?

3. Did your health stop you from working?

4. If so, when did you stop being able to work (month, day, year)?

B. ACTIVITIES OF DAILY LIVING

1. TYPICAL MONTH. Please state how many good, fair, and bad days you have each month. (Consider a month to be 30 continuous days.)

   a. GOOD DAYS - days when you do well and complete all living and home care activities.
   Total good days a month:

   b. FAIR DAYS - days when you function with serious difficulty and fail to complete some living and homecare activities.
   Total fair days a month:

   c. BAD DAYS- days when you function very poorly and fail to complete most living and home care activities.
   Total bad days a month:

   d. Please describe your TYPICAL MONTH in terms of GOOD, FAIR, and BAD days, and give examples of how bad days or fair days are worse.
2. Are there days when you don't go out because of your health? 
If yes, how many days a month does your health keep you in?

Please explain:

3. Compared with a year ago, are you functioning:
Better?
Worse?
About the same?
Please explain.

4. Caring For Yourself

a. PERSONAL NEEDS. Do you have serious difficulty taking care of any personal needs, including the following, due to your medical condition? 
(Tick and describe any that apply, and give additional examples if these don't cover your situation.)
   ___Bathing
   ___Taking medicines on time/in right dose
   ___Shaving
   ___Understanding/following instructions
   ___Hair care
   ___Keeping well-informed
   ___Dressing
   ___Using the telephone
   ___Eating
   ___Personal business/finance
   ___Sleeping
   ___Caring for others
   ___Using the toilet
   ___Visiting people
   ___Getting to the toilet
   ___Shopping
   ___Using stairs
   ___Getting places
   ___Holding on to objects
   ___Recreation
   ___Doing things on time
   ___Hobbies
   ___Finishing things
   ___Group activities, like church or clubs
   ___Making decisions

Other Activities? Describe:
Hope Clinic

b. MEALS. Do you prepare or serve meals?  
If so, what meals do you do?

1. BREAKFAST. Describe what you do. How many days a month?

2. LUNCH. Describe what you do. How many days a month?

3. DINNER. Describe what you do. How many days a month?

4. Does anyone help with meals?  
   If yes, please explain what you do and what they do.

5. Caring For The Place You Live.

a. THINGS YOU DO. 
   Describe the home care activities you do regularly.

b. THINGS OTHER PEOPLE DO. 
   Describe the home care activities which other people do around the place 
   you live.

c. THINGS THAT DON'T GET DONE. 
   Describe any homecare activities which need to be done, but do not get 
   done because of your health.

d. THINGS YOU DID BEFORE THAT YOU DON'T DO ANYMORE. 
   In the past, did you do things you don't do now due to your health?  
   If so, describe them and why you don't do them now.
C. WORK RELATED ACTIVITIES.
Do you have serious difficulty doing any of the following on a sustained basis? (Describe any that apply.)
- Sitting
- Pushing/pulling with hands
- Standing
- Pushing/pulling with legs
- Walking
- Reaching up, out, down
- Crawling
- Finishing what you start
- Crouching/squatting
- Grasping, handling, fingering
- Speaking
- Bending over
- Hearing
- Keeping your balance
- Seeing
- Getting along with people who supervise you
- Remembering
- Getting along with people who annoy you
- Understanding
- Adjusting to changes
- Carrying out instructions
- Working productively all day, every day, year
- Concentrating round
- Lifting
- Travelling (driving or using public transportation)
- Carrying
- Functioning in bad environments, like those involving risks, heat or cold or humidity, pollutants, fumes, drafts, irritants like noise or vibration

OTHER ACTIVITIES.
Describe:

D. DO YOU REMEMBER ANYTHING ELSE THAT MIGHT HELP THE DOCTOR UNDERSTAND YOUR IMPAIRMENTS?
If yes, please explain.
APPLICANT STATEMENT

The information listed above is complete and correct to the best of my knowledge.

Signature of Applicant _______________________________________________________

Date ______________________

This Daily Activities Worksheet may be reproduced for use in your own application, but you may not delete any part of it including this copyright notice.
To request permission to distribute contact:
Physicians' Disability Services, Inc., Third Floor Publishing Division, Post Office Box 827, Arnold, MD 21012
Telephone: (410) 431-5279; Fax: (410) 431-5485
E-mail: smith@disabilityfacts.com Web: www.disabilityfacts.com/
© Physicians’ Disability Services 1998-1999 all rights reserved
Dear Doctor,

Your patient has contacted the Hope Clinic with regard to additional supportive treatment for their cancer. We make use of an integrated approach for cancer treatment, including conventional medicine, promising new medical developments from Australia and overseas, scientifically validated natural therapies, and suitable mind-body therapies.

We offer the patient a treatment program tailored to suit their specific needs.

Therapies we typically offer to the patient include:

- PhotoDynamic Therapy (PDT) – a new treatment approach using photo-reactive agents (the agent we use is derived from spirulina), to induce cancer cell destruction when activated by exposure to light of the appropriate wavelength. PDT is making a serious impact in mainstream oncology.
- Intensive intravenous anti-oxidant therapy with IV Vitamin C injections, combined with IV alpha-lipoic acid and IV glutathione.
- Mild hyperthermia and transcutaneous ozone administration via sauna.

We are keen to work in conjunction with you.

We would appreciate information about the patient’s history, diagnosis and current condition. To assist with this we have enclosed a standardised assessment form, including information for you to provide a “Karnovsky Rating” on the patient, in order to indicate their general level of fitness.

We would also appreciate information about any conditions which may complicate our proposed management approach.

Specifically does the patient suffer from:

- Uncontrolled or unstable Diabetes
- Thalassaemia
- Severe anaemia
- Porphyria
- Severe cardiovascular disease

In addition, we would appreciate a copy of any relevant specialist reports on the patient, as well as any current or recent test results.

We would also appreciate it if you would assist in patient assessment by organising for the following tests to be done and the results provided to us:

- U&E
- LFT’s
- FBE / ESR
Hope Clinic

- LSA – Lymphocyte Surface Markers
- Tumour Markers relevant to the patient:
  - For cancers in general – CEA
  - For breast cancers – CA19.9, CA125, CA15.3
  - For gastro-intestinal, abdominal viscera & pelvic malignancies – CA125, CA15.3, alpha FTP, HCG
  - For prostate cancer – PSA, Free PSA, Prostatic Acid Phosphatase
- Relevant scans of the tumours
- Tissue pathology results

If tests have been performed recently, such tests which would be useful to us include:
- For any of the blood tests listed above, tests performed within the last 2 weeks are suitable.
- For scans to visualise the tumour masses, tests performed within the last 1 month are suitable.

We will be in touch with you after the patient has completed the standard intensive 2-week treatment program, or prior to this if there are any specific issues to investigate.

Please feel free to contact us at any time.

Yours Sincerely,

Prof. Noel Campbell
Clinic Director

Dr. Ralph Ballard
Wholistic Medical Practitioner and Lecturer
Selected Journal References

1. PhotoDynamic Therapy (PDT)
   - “Perfusion, oxygenation status and growth of experimental tumors upon photodynamic therapy with Pd-bacteriopheophorbide.”
   - “New Light On Medicine”
   - “PhotoDynamic Therapy: a clinical reality in the treatment of cancer.”

2. Hyperthermia
     Van der Zee J., Gonzalez Gonzalez D., van Rhoon G. C., van Dijk J. D., van Putten W. L., Hart A.

3. Combined PDT and Hyperthermia
   - “Intensified oxidative and nitrosative stress following combined ALA-based photodynamic therapy and local hyperthermia in rat tumors.”
     Frank J, Lambert C, Biesalski HK, Thews O, Vaupel P, Kelleher DK.
   - “Enhanced effects of aminolaevulinic acid-based photodynamic therapy through local hyperthermia in rat tumours.”
   - “Combined hyperthermia and chlorophyll-based photodynamic therapy: tumour growth and metabolic microenvironment.”

4. Intravenous Vitamin C plus IV alpha-lipoic acid and glutathione
   - “Cytotoxicity of Ascorbate, Lipoic Acid, and Other Antioxidants In Hollow Fibre In Vitro Tumors”
5. Ozone therapy:
MEDICAL ASSESSMENT SCALE

To Be Completed By The Patient’s Treating Doctor

Patient’s name: ...

Diagnosis: ...

Stage: ...

Active metastases:  
- Liver
- Bones
- Lungs
- Brain
- Others – Specify:

How is the patient’s general condition:

- very good
- quite good
- medium
- poor

(Karnofsky: 100% = very good  80%-90% = quite good  70% = medium
>70% = poor)

The patient is well enough to travel a long distance without problems:

- yes
- no

The patient is suffering from severe cachexia or is rapidly losing weight:

- yes
- no

The patient is anaemic:

- yes
- no

The patient is suffering from porphyria:

- yes
- no

The patient can walk unaided:

- yes
- no

The patient can walk steps unaided:

- yes
- no

The patient is bedridden:

- yes
- no
The patient is confined to a wheelchair: □ yes □ no

The patient is on supplemental oxygen: □ yes □ no

The patient’s vitality is low: □ yes □ no

The patient has a poor appetite: □ yes □ no

The patient is severely depressed: □ yes □ no

The patient can shower and dress himself/herself: □ yes □ no

The patient is on enteral supplementary nutrition: □ yes □ no

The patient is on parenteral supplementary nutrition: □ yes □ no

The patient suffers from major uncontrolled pain: □ yes □ no

The patient needs an opioid pump for pain medication: □ yes □ no

Tumours are involving the spinal cord with a risk of vertebral collapse: □ yes □ no

Tumours are involving a major blood vessel with a risk of major haemorrhage: □ yes □ no

The patient has stents implanted for pancreatic cancer or bile duct cancer: □ yes □ no

Is it likely that the situation of the patient will soon get significantly worse: □ yes □ no

Is it likely that the patient will soon have to be hospitalised: □ yes □ no

Please list the patient’s medications:
Karnofsky Scale

Developed by Karnofsky, Abelmann, Craver & Burchenal, 1948

The Karnofsky Scale has been adapted for use in many areas, including hospices, cancer clinics, etc., as well as used by various CFS researchers and physicians (Leonard Jason, PhD; Jay A. Goldstein, MD).

The 10-point scale is a quick and easy way to indicate how you are feeling on a given day, without going through several multiple choice questions or symptom surveys.

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>Able to work. Normal; No complaints; No evidence of disease.</td>
</tr>
<tr>
<td>90</td>
<td>Able to work. Able to carry on normal activity; Minor symptoms.</td>
</tr>
<tr>
<td>80</td>
<td>Able to work. Normal activity with effort; Some symptoms.</td>
</tr>
<tr>
<td>70</td>
<td>Independent; not able to work. Cares for self; Unable to carry on normal activity.</td>
</tr>
<tr>
<td>60</td>
<td>Disabled; dependent. Requires occasional assistance; cares for most needs.</td>
</tr>
<tr>
<td>50</td>
<td>Moderately disabled; dependent. Requires considerable assistance and frequent care.</td>
</tr>
<tr>
<td>40</td>
<td>Severely disabled; dependent. Requires special care and assistance.</td>
</tr>
<tr>
<td>30</td>
<td>Severely disabled. Hospitalized, death not imminent.</td>
</tr>
<tr>
<td>20</td>
<td>Very sick. Active supportive treatment needed.</td>
</tr>
<tr>
<td>10</td>
<td>Moribund. Fatal processes are rapidly progressing</td>
</tr>
</tbody>
</table>
Patient’s Name:

Doctor’s Score For The Patient:

……….. Points (out of 100)

Reference: