

Case Studies on Integrative Cancer Care

“BX AntiToxin Protocol and Therapy”



Antonio Jimenez, M.D., Medical Director/Founder
Hope4Cancer Institute
www.hope4cancer.com

Hope4Cancer

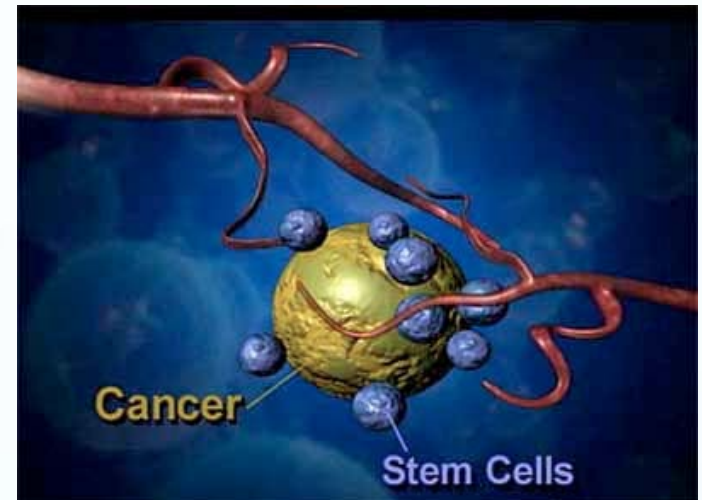
Topics

1. Overview of Treatment Philosophy
2. Overview of the BX Antitoxin theory and therapy
3. Tumor Hypoxia and BX Antitoxin/O₂ Optimization
4. Phase Angle
5. Data Analysis-Case Studies
6. Conclusion



7 Key Principles to Cancer Therapy

1. Non-Toxic Cytolytic and Cytostatic Therapies
2. Food as Medicine: Cellular Nutrition
3. Immune System Optimization
4. Detoxification: Decrease Toxic Burden
5. Anti-Microbial Therapies: Pathogen Oncogenesis
6. Oxygenation: Establishing an Aerobic Milieu
7. Spiritual, Biological and Emotional Conflict Resolution



THE ABNORMAL METABOLIC PATHWAYS OF CANCER CELLS

- In 1924, Nobel Laureate Otto H. Warburg postulated that cancer was caused by the fact that tumor cells generate energy by the non-oxidative breakdown of glucose called *glycolysis*. Glycolysis ends in formation of *pyruvate* that gets reduced to *lactic acid* and an incomplete release of energy.
- In contrast, healthy cells generate energy from the breakdown of pyruvate, which involves the oxidation of this biomolecule in the mitochondria, a process known as *mitochondrial respiration*.
- The abnormally high ratio of glycolysis to mitochondrial respiration of cancer cells became known as the *Warburg Effect* and is one of the most profound and, also, most neglected observations that connect cancer cell biology with a powerful cancer therapy concept.

THE IMPACT OF THE WARBURG EFFECT

- Modern medicine views the *Warburg Effect* as an adaptation of cancer tumor cells to survive in the hypoxic conditions such as present deep inside a solid tumor, not as the cause of cancer.

However

- Recent studies have shown that impaired mitochondrial function and/or respiration is connected to the growth, division and expansion of tumor cells.
- Impaired mitochondrial function also leads to the inhibition of apoptosis (programmed cell death) since functioning mitochondria are needed for that process to happen. This allows the tumor cells to survive and continue to create new generations of tumor cells.

WHAT STOPS MITOCHONDRIAL ACTIVITY?

- 1920-1950 : Koch, Rife and Livingston independently identified a 40 nm, cell wall deficient microbe as the cancer causative agent and developed methods to counteract it. Rife called this microbe the "BX virus". Their science got buried and forgotten in the politics of medicine.
- Independent, private research carried over the past 18 years at Delta Institute, our Hope4Cancer collaborator, identified the causal organism and called it the "stealth bacterium". This micro-organism locks up the oxidative mechanism of the mitochondria, effectively changing the cell biochemistry to that of a malignant cell.

THE BX-ANTITOXIN

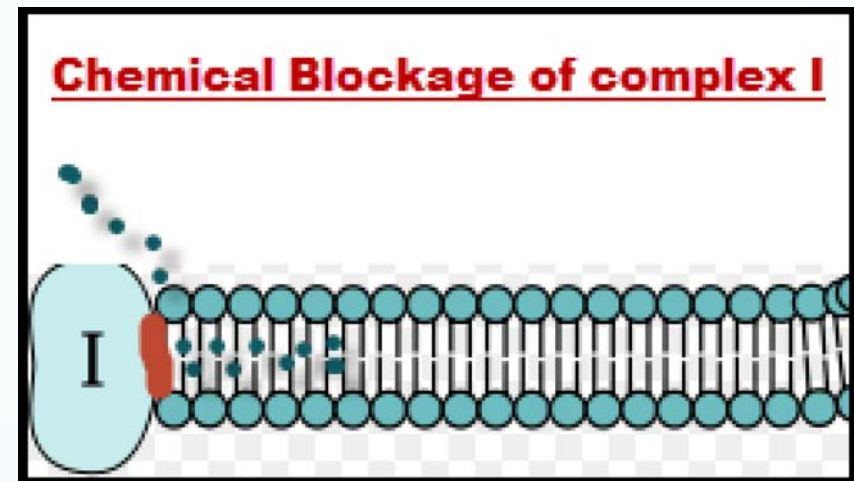
- The BX-Antitoxin is a non-toxic biomolecule, a photochemical catalyst designed to modify the toxic secretion of the stealth bacterium. It dehydrogenates the pathogenic chemistry of the bacterium through oxidative means, restoring mitochondrial activity.



Tumor Hypoxia and BX Antitoxin/O₂ Optimization

“Importance of the oxygen/electron interaction in tumors targeted with the BX Antitoxin, and possible solutions for overcoming tumor hypoxia”

- The BX AntiToxin works by unlocking the Complex-I transport intermediates.
- The following illustration shows lone electrons (the product of sugar breakdown) trying to enter the electron transport chain within the inter-membrane space of the mitochondria.
- As a result of this “blockage”, the electrons are redirected back into the intracellular fluid where they are fermented to produce lactate. In other words the sugar products are not oxidized and the cell reverts to fermentation for its energy needs.

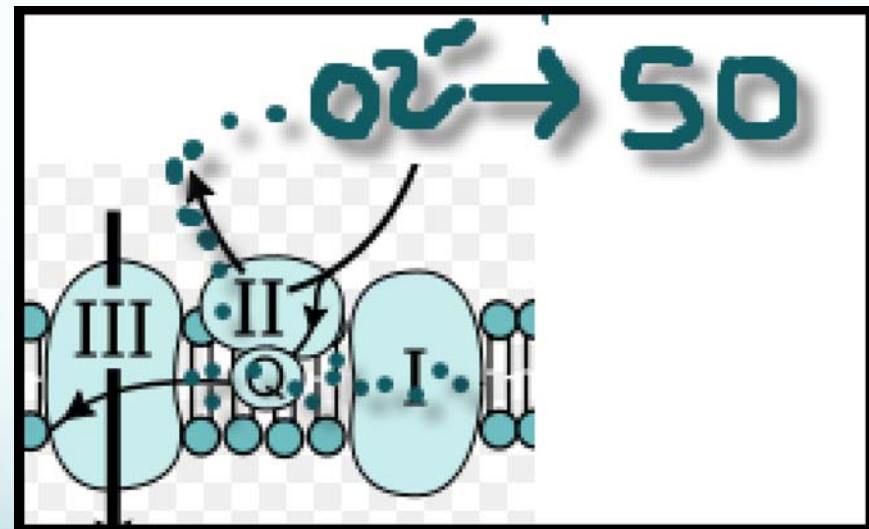


Tumor Hypoxia and BX Antitoxin/O₂ Optimization

The BX AntiToxin simply unlocks the gate so electrons can get past Complex-I. Complex-III is blocked also and we are going to take advantage of that by letting the electrons accumulate between complex-I and complex-III.

Once enough accumulation of electrons has occurred they begin to “leak” across the membrane. **This is where the need for molecular oxygen occurs.**

The BX AntiToxin has provided an abundance of electrons that can now combine with oxygen to form a reactive oxygen species known as “Superoxide”.

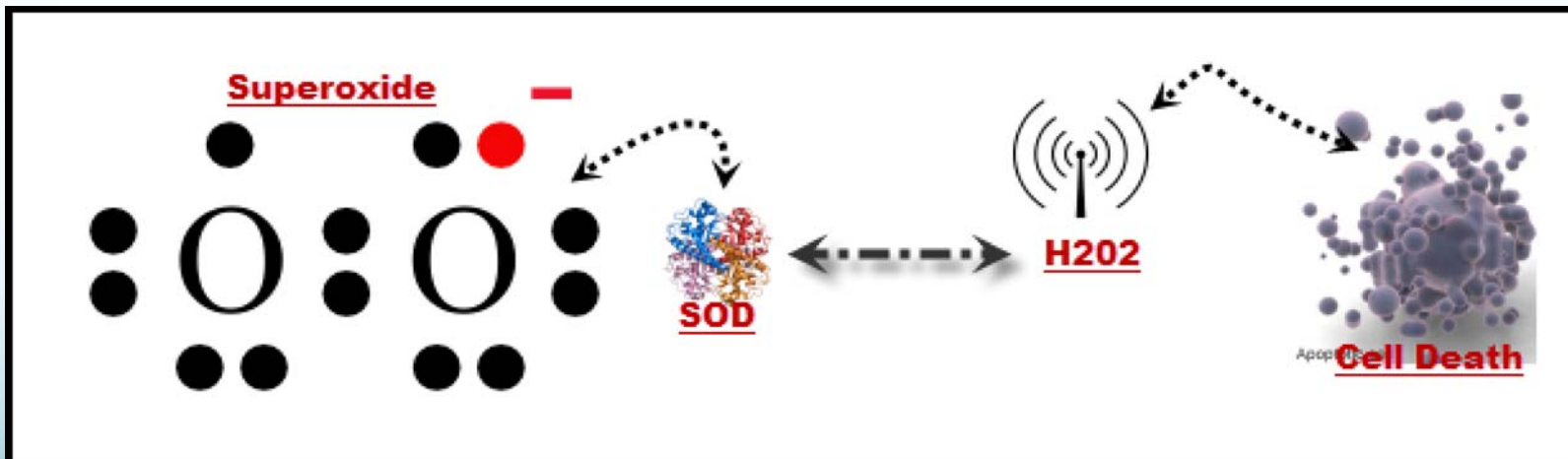


Tumor Hypoxia and BX Antitoxin/02 Optimization

The first requirement of BX AntiToxin efficacy is the excess production of the Superoxide radical.

The excess production of Superoxide is dependent upon the “lone electron” combined with molecular oxygen (O₂).

Again the primary obstacle that must be overcome is achieving ample levels of O₂ in the tumor cells.



Tumor Hypoxia and BX Antitoxin/O₂ Optimization

- So once decent levels of superoxide production are achieved, we can focus on conversion of the superoxide into hydrogen peroxide.
- It is the high levels of H₂O₂ that send the signals that trigger cell death in tumorous conditions.
- This is internal peroxide formation and should not be confused with H₂O₂ therapy.

Tumor Hypoxia and BX Antitoxin/O₂ Optimization

Tumor O₂ Uptake Facilitators

- B3: (Niacinamide)
- Crocetin
- Saffron
- DMSO (70%)
- Hyperbaric Oxygen
- Hyperthermia (*far InfraRed*)

Superoxide Convertors

- Superoxide Dismutase (Glisodin)
- Wheatgrass juice

Misc. Facilitators

- Iodoral
- Monohydrate Creatine
- Calcium with Magnesium, Phosphorus and Vitamin D

Diffusion enhancers are recommended to overcome tumor hypoxia!

PHASE ANGLE

- Bio-impedance Analyzers capture data by sending a low electrical impulse through the body using sensor pad electrodes.
- Within minutes it gives precise data of one's body composition:

Fat body mass, lean body mass, body cell mass, extracellular mass, total body water, intracellular and extracellular water, basal metabolic rate and PHASE ANGLE.

PHASE ANGLE

What is Phase Angle?

1. Indicator of cellular health and integrity
 2. Based on total body resistance and reactance to the electrical impulse
- Several major journal publications have stated that Phase Angle is the best indicator for prognosis on patients with cancer, AIDS and kidney disease.
 - **Low Phase Angle:** consistent with cell death and breakdown of cell membrane
 - **High Phase Angle:** consistent with large quantities of intact cell membranes and body cell mass

PHASE ANGLE

What is phase angle used for?

1. Predict progress of a disease
2. Indicate the course of a disease

One of many studies showed that patients with colon and lung cancer with Phase Angles lower than 5.7 had poor prognosis.

PHASE ANGLE

Low phase angles are consistent with:

- Malnutrition
- HIV/ aids infection
- Cancer (most types)
- Abusive life style
- Chronic alcoholism
- Old age (80 – 100 years old)

Bioelectrical phase angle predicts quality of life and mortality with cancer!



<http://www.lapislight.com/wp/2010/12/18/bioelectrical-phase-angle-predicts-quality-of-life-and-mortality-with-cancer/#.UUX5UBn-C2w>

PHASE ANGLE

Can Phase Angle be modified?

YES

- Phase angle increases with optimal health based on good nutrition, detoxification and exercise
- Phase angle decreases with age and goes down to approximately 4 by the time of death

References:

<http://www.medicavisie.com/media/body%20composition%20white%20paper.pdf>

http://www.drstevenross.com/Bioimpedance_Analysis_Explained.pdf

Cutoff percentiles of bioelectrical phase angle predict functionality, quality of life, and mortality in patients with cancer: *Am J Clin Nutr* September 2010 vol. 92 no. 3 612-619

Case #1

- 45 y/o female patient
- Breast cancer w/ multiple bone metastases

Phase Angle before BX Antitoxin administration: **5.1**

Phase Angle five days after BX Antitoxin administration: **7.6**

Case #2

- 53 y/o female patient
- Left Breast Cancer (invasive ductal carcinoma)

Phase Angle before BX antitoxin administration: **6.1**

Phase Angle five days after BX antitoxin administration: **7.4**

The bioelectrical phase angle has consistently been shown to have great prognostic relevance with regard to morbidity and mortality in disease!

CRP: a biologic marker

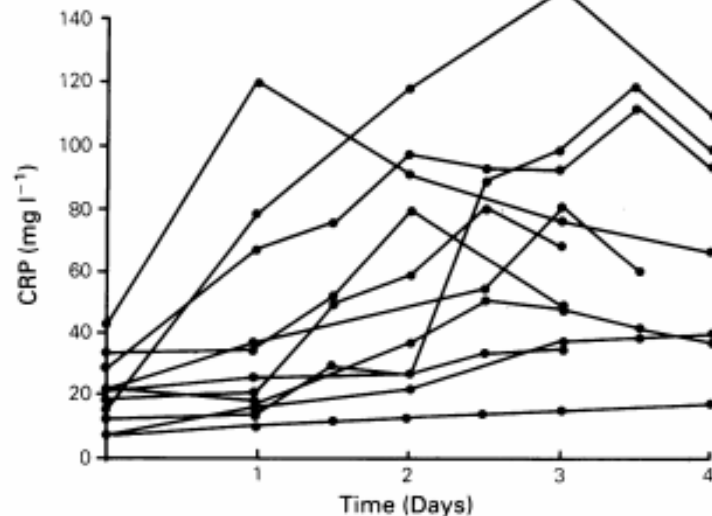


Figure 1 An acute phase reaction during chemotherapy was seen in 11/20 patients (7/10 chemoresponsive and 4/5 non-evaluable).

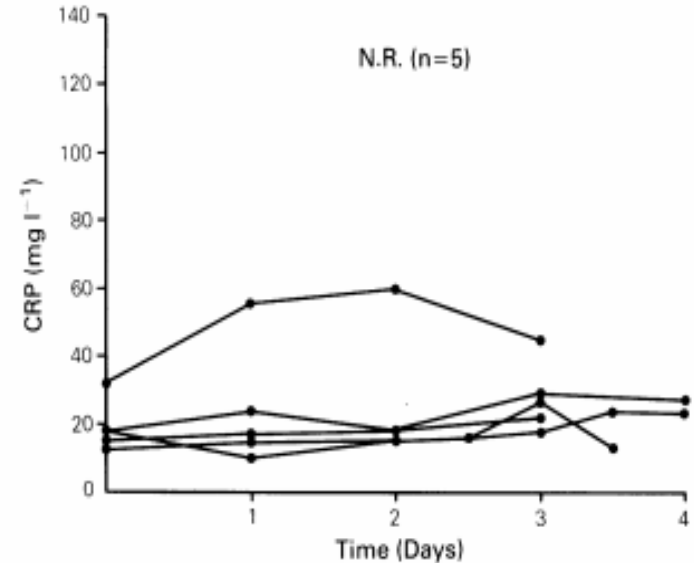
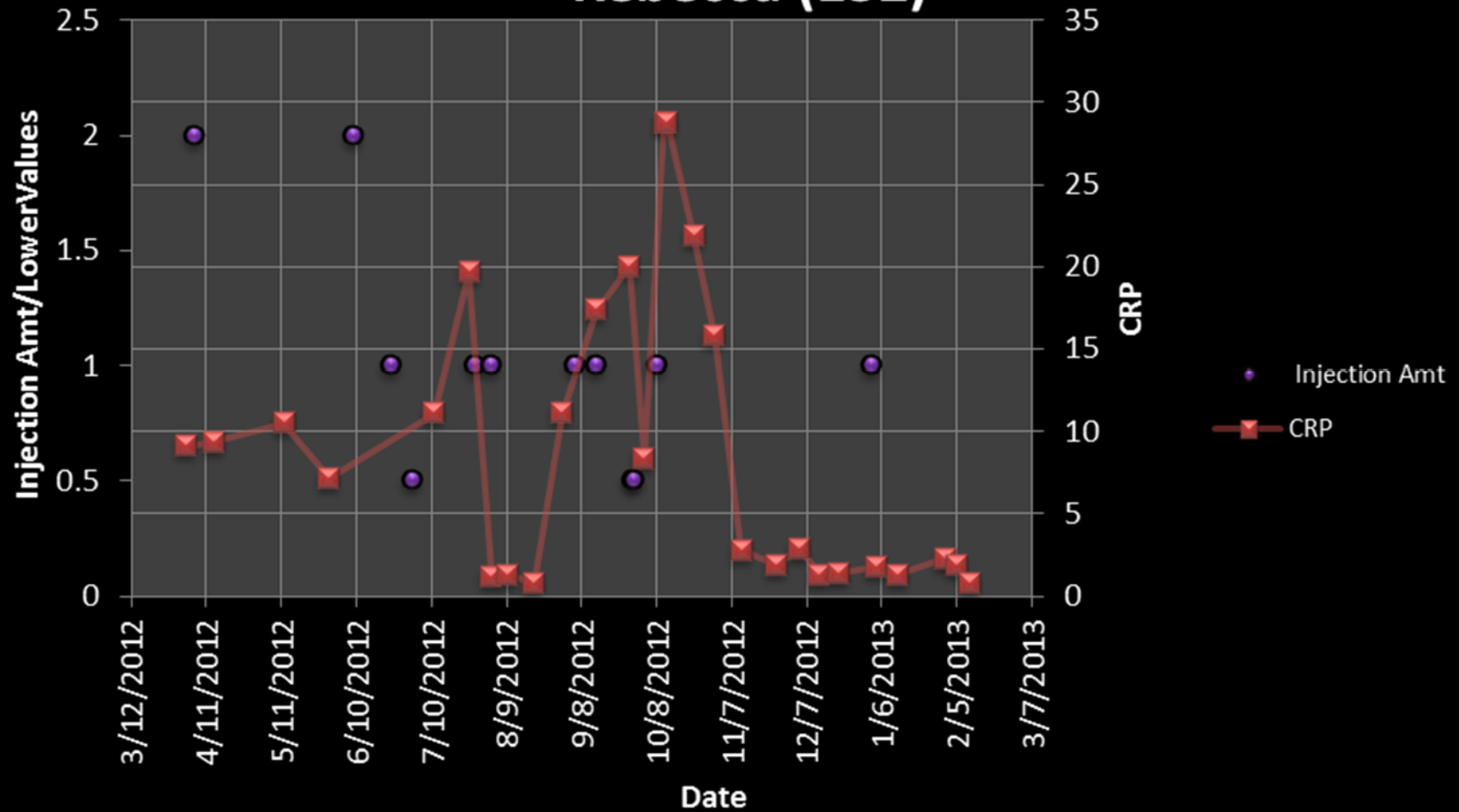


Figure 2 Flat CRP profiles were seen in all five patients who did not respond (NR) to chemotherapy.

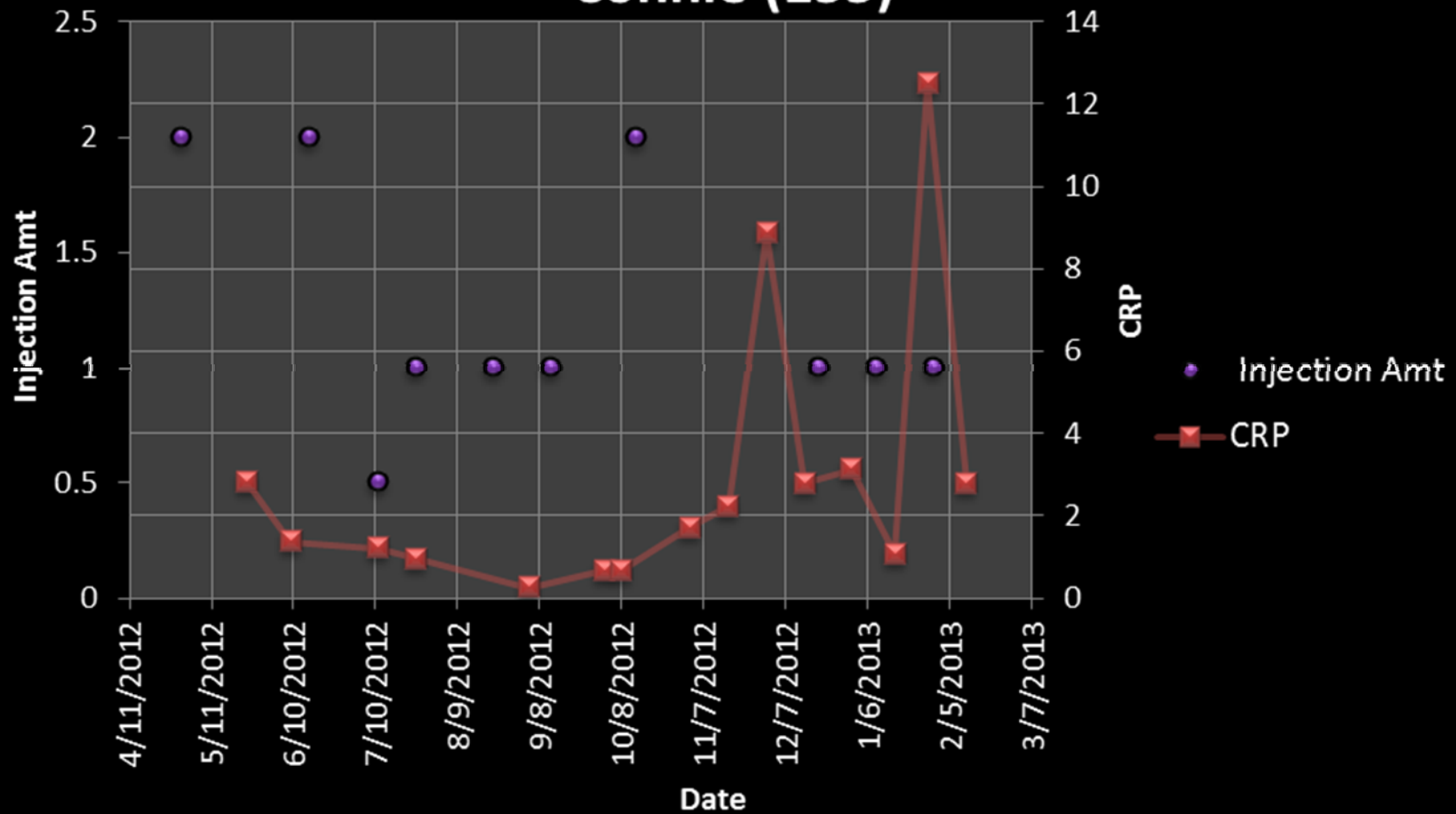
Female, Breast Cancer with Bone mets

Rebecca (132)



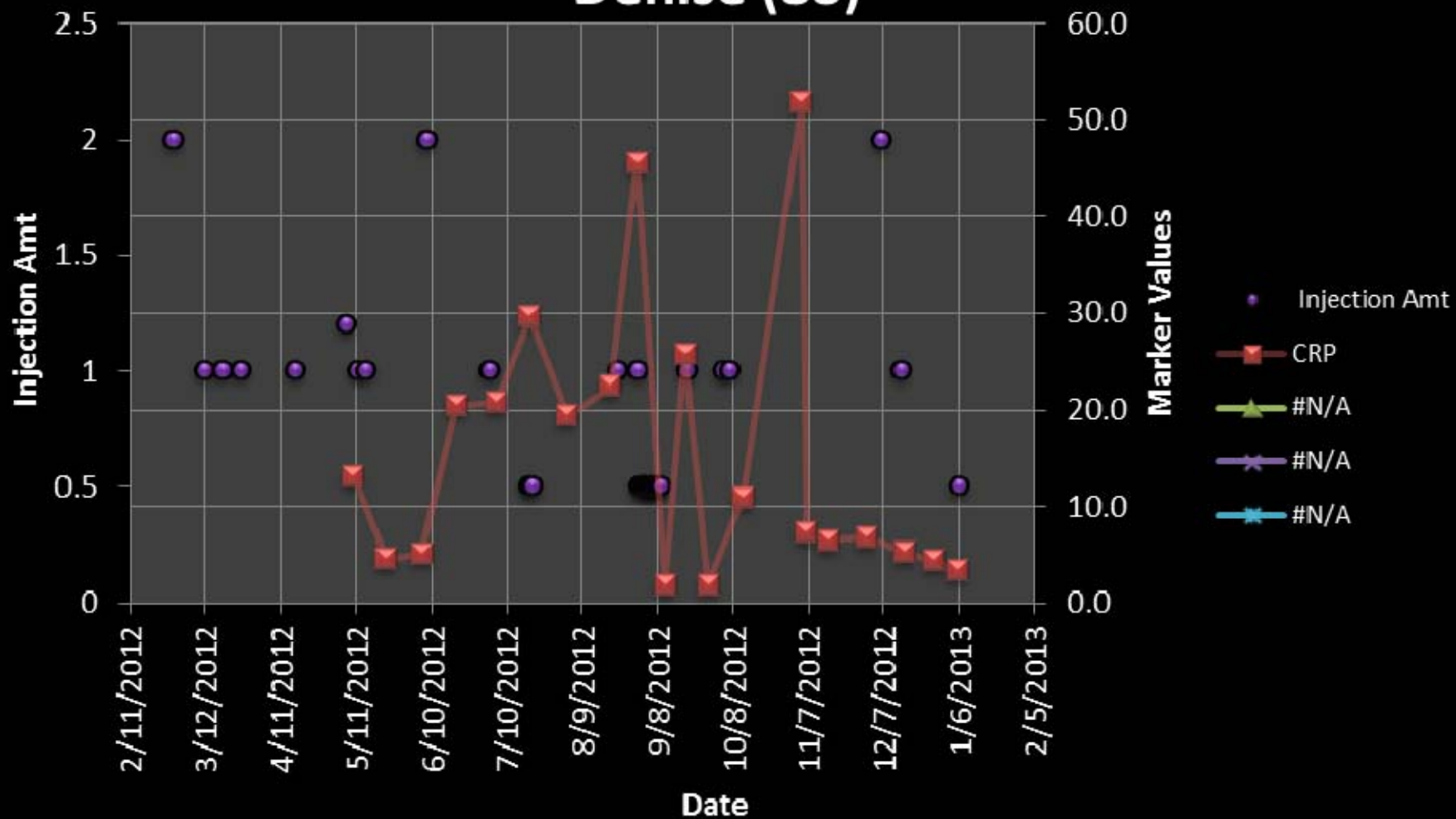
54 y/o Female, Upper G.I. carcinoma

Connie (155)



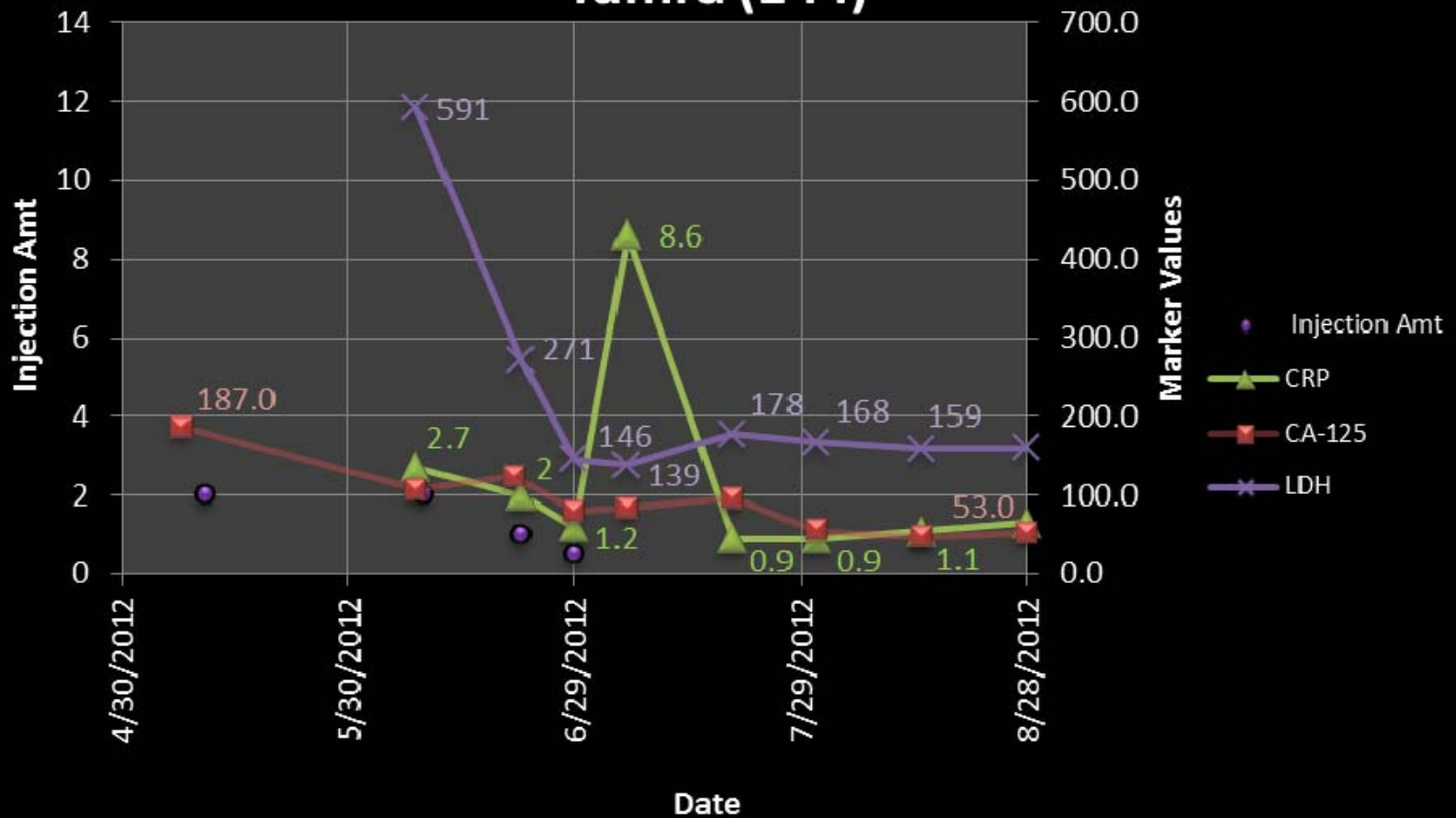
57 y/o Female with large diffuse B-cell Non-Hodgkin's Lymphoma

Denise (88)

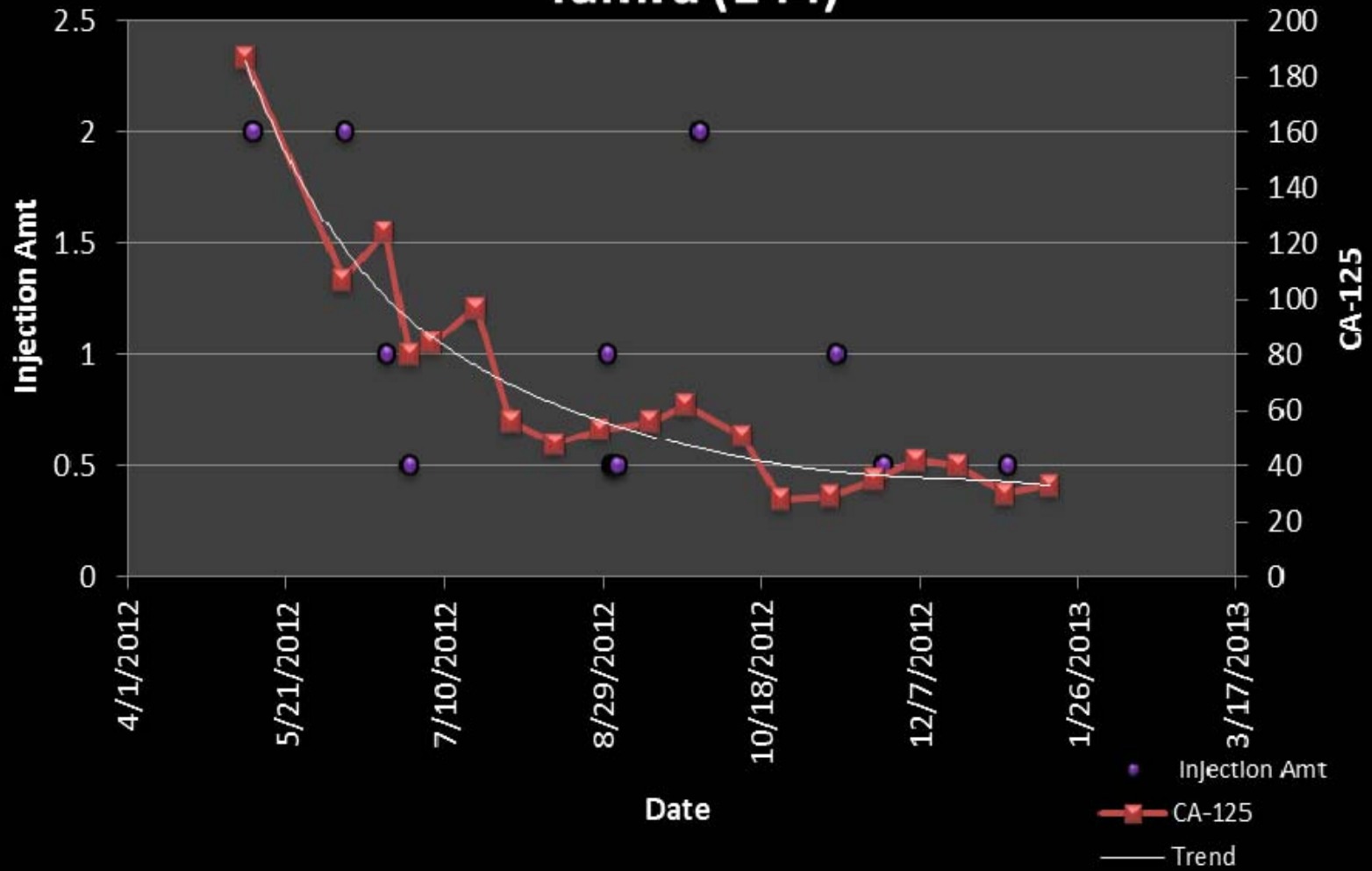


55 y/o - metastatic Ovarian Ca

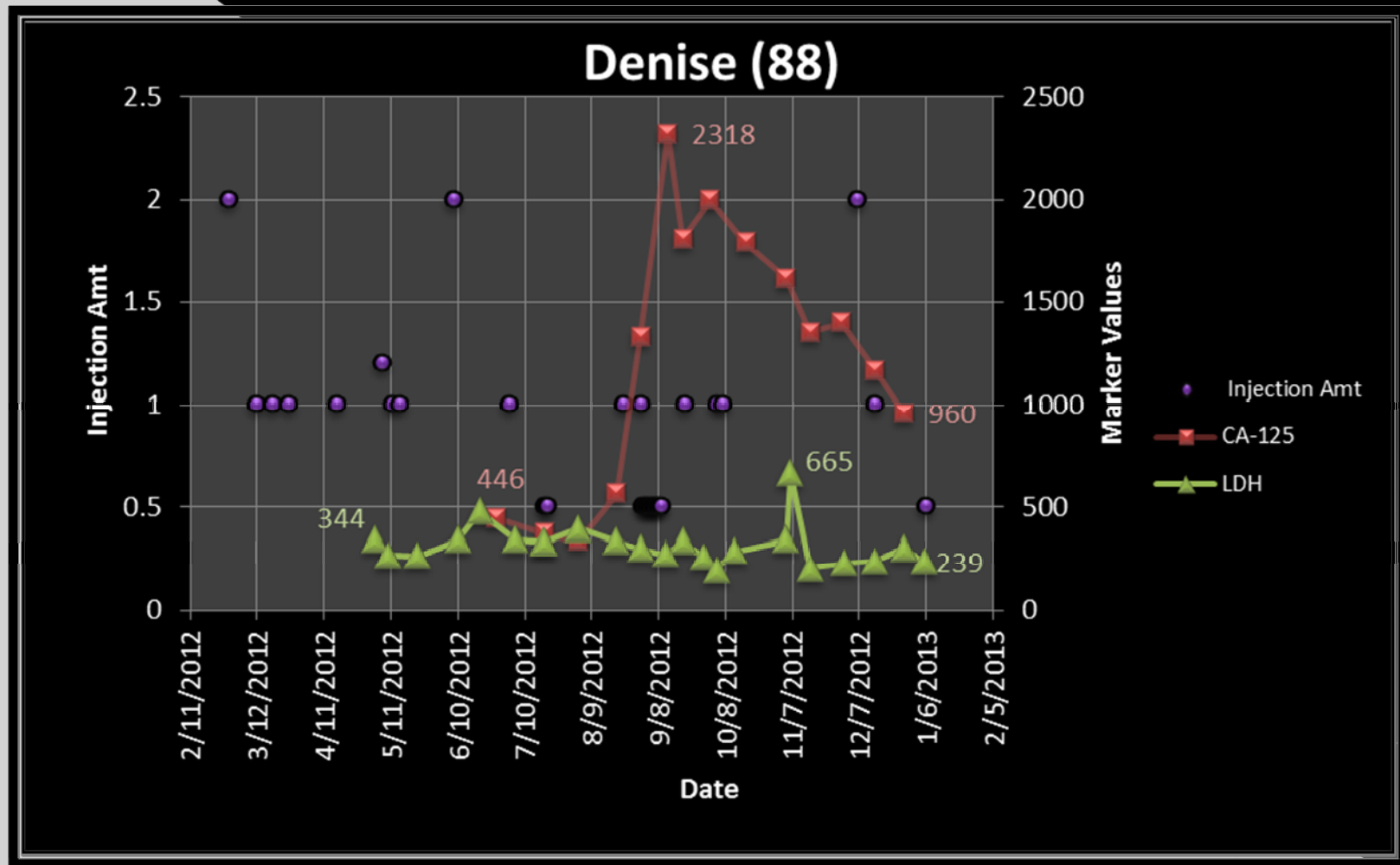
Tamra (144)



Tamra (144)

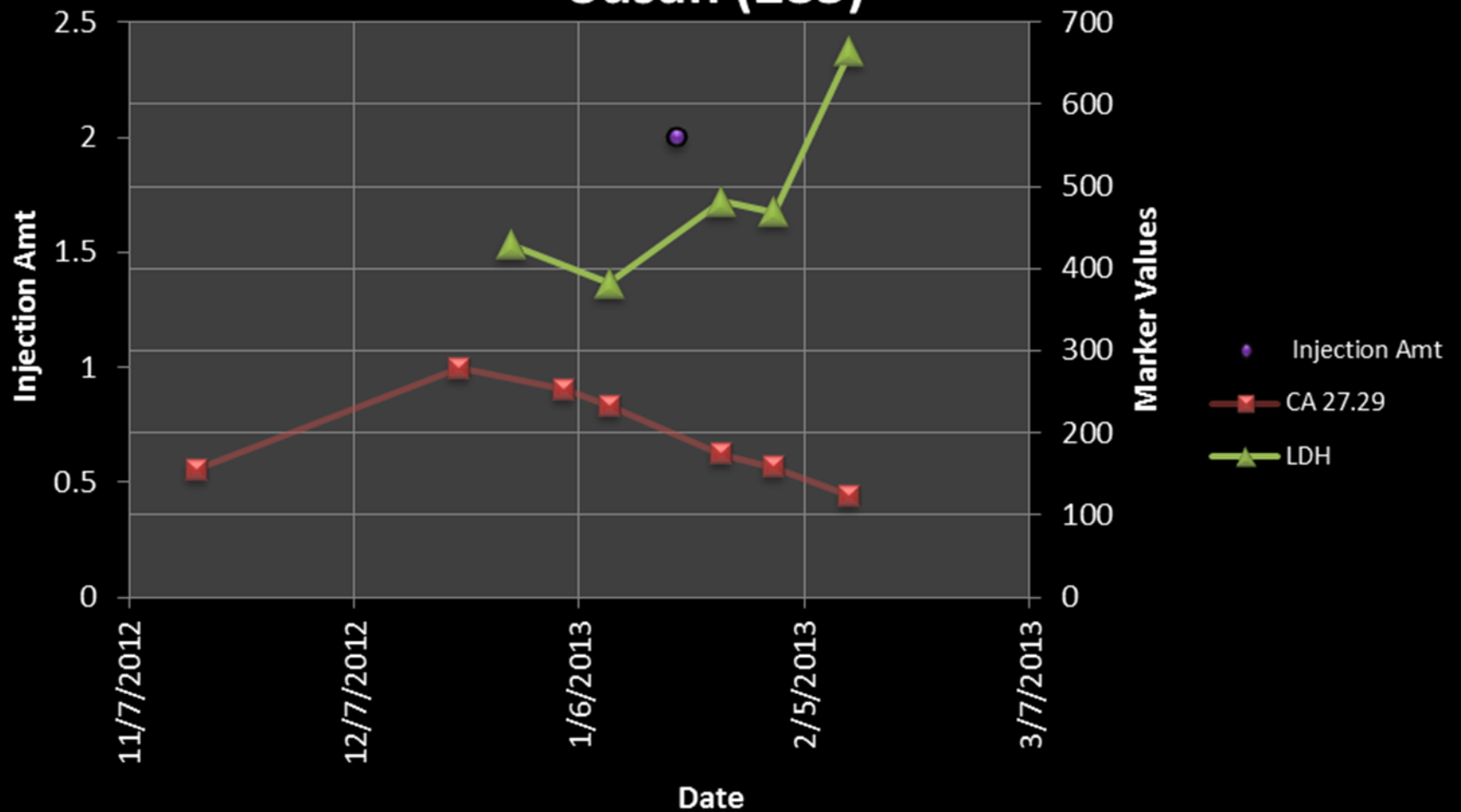


Female, Non-Hodgkin's Lymphoma, Abdomen with elevated CA-125

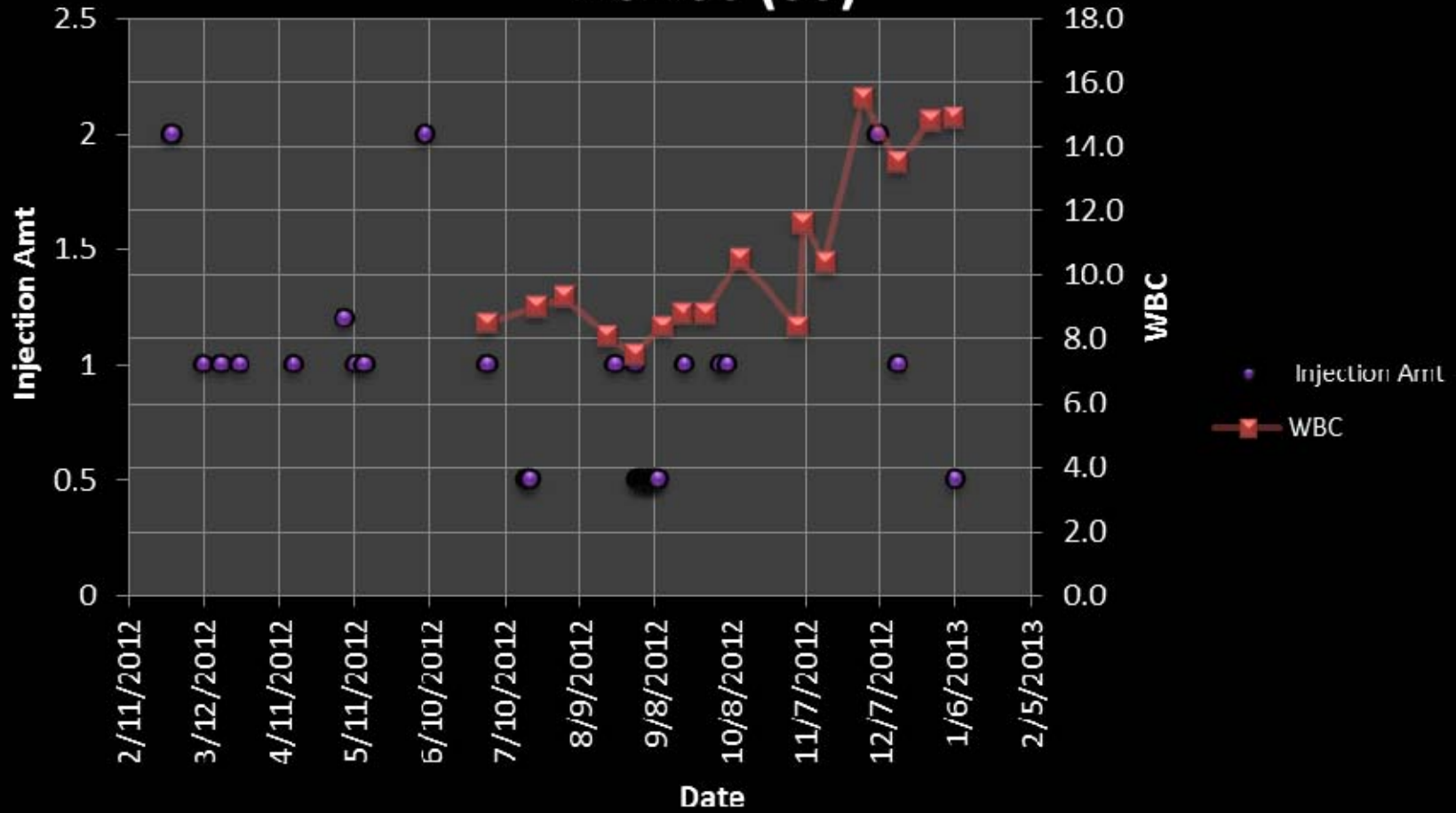


Female, Breast Cancer with extensive bone metastasis

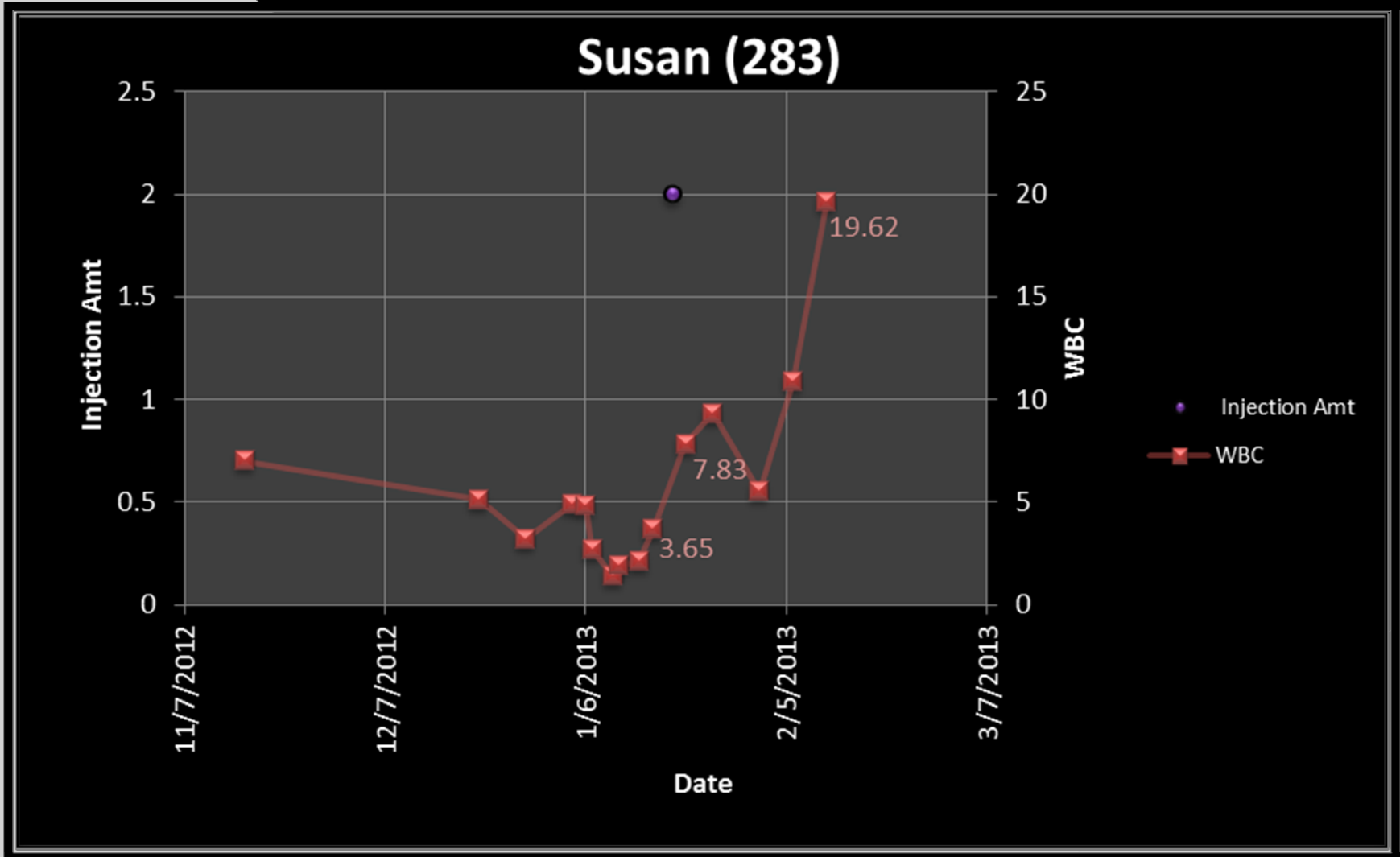
Susan (283)



Denise (88)

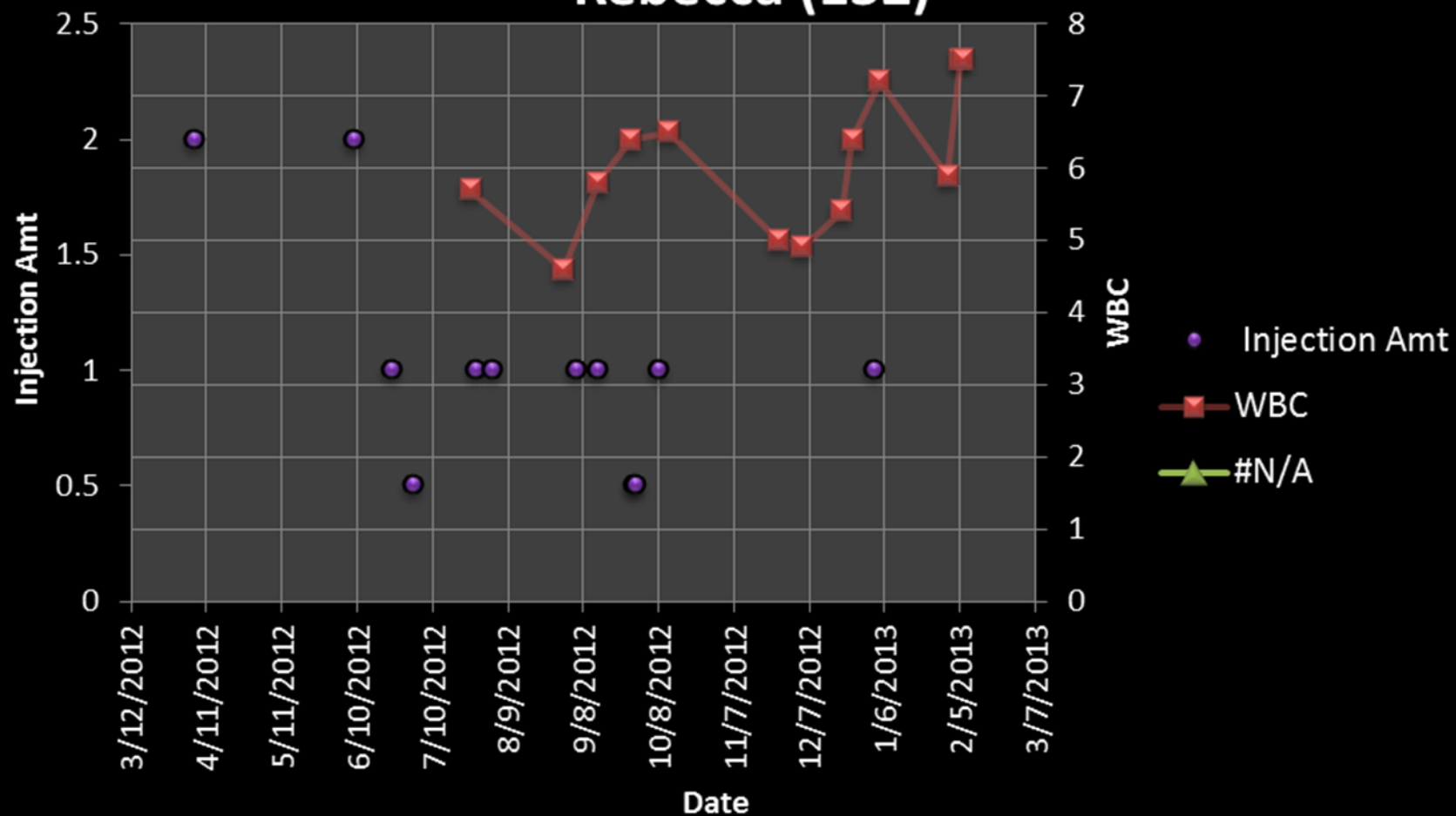


Female, Breast Cancer with extensive bone metastasis

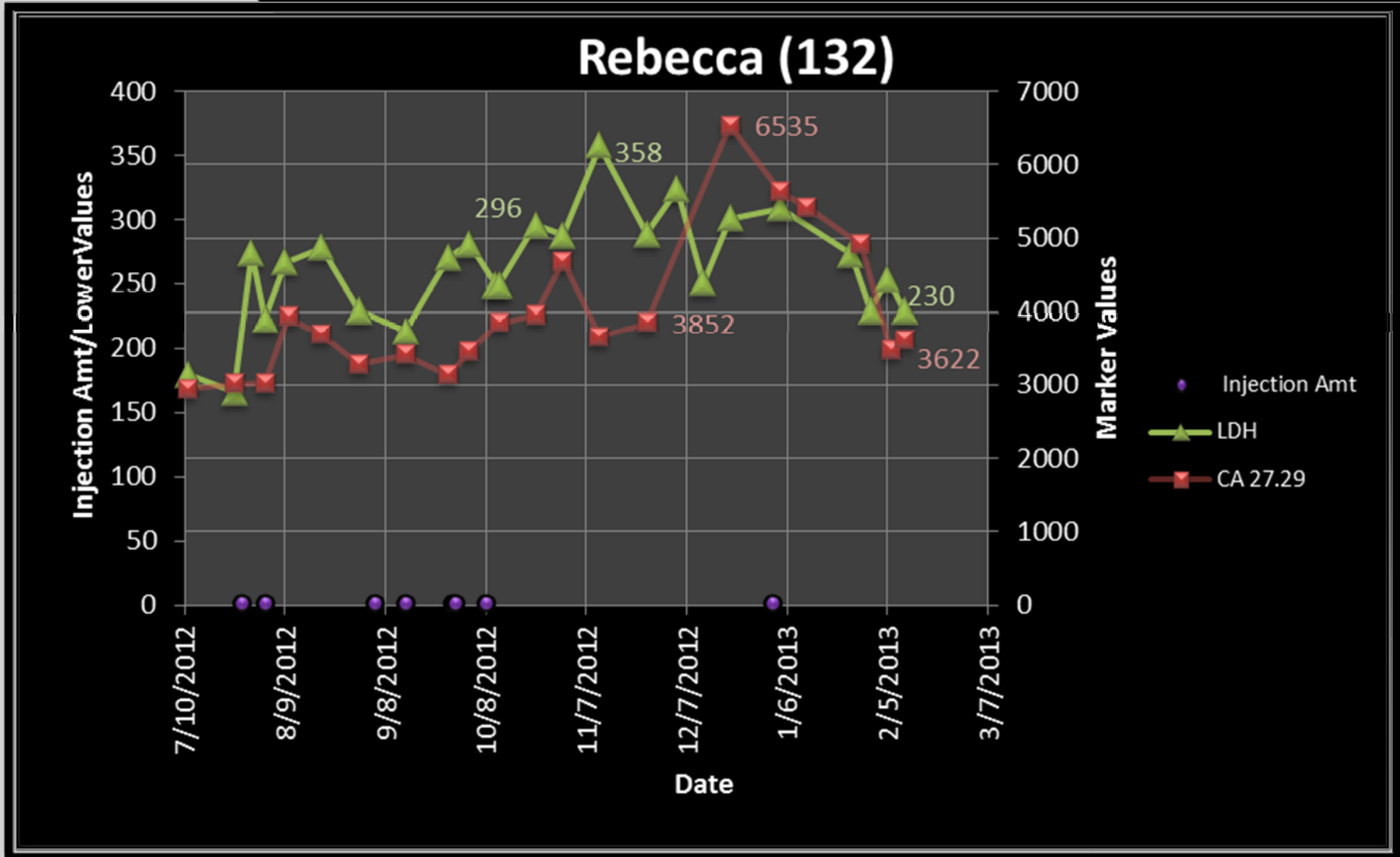


Female, Breast Cancer with Bone mets

Rebecca (132)



Female, Breast Cancer with Bone mets



General Statistics

- Other statistics include:
 - > The CRP has a **58%** chance to rise after an injection.
 - > If the CRP rises after an injection, then the LDH has a **67%** chance to rise as well.
 - > WBC has a **53%** chance to rise after an injection.
 - > There's a **60%** chance for the LDH or the WBC to rise after injection.

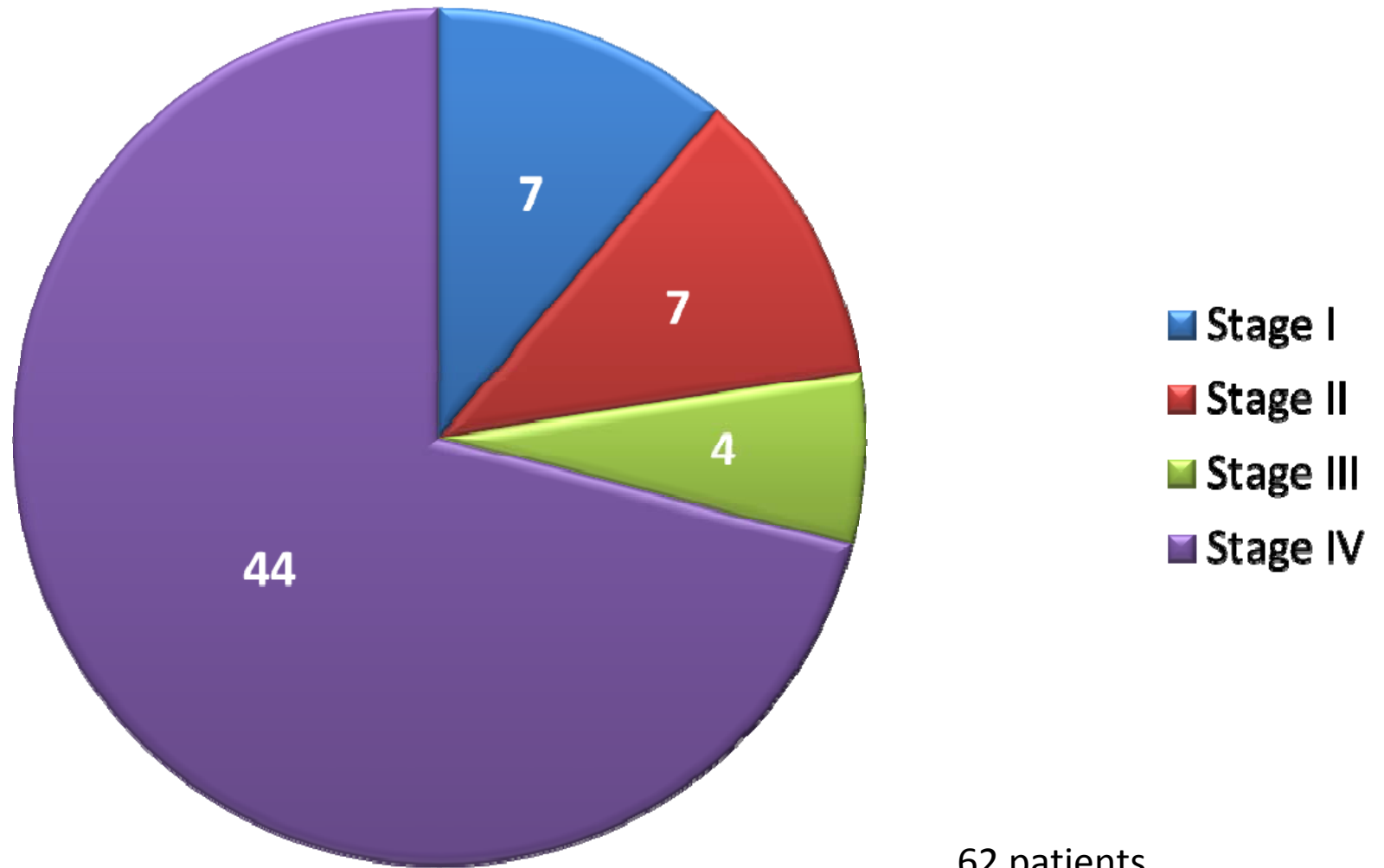
BX Antitoxin – Clinical Highlights

- After 18 years of development by the Delta Institute, the BX Antitoxin was adopted by Hope4Cancer Institute as one of its therapies against cancer in January 2012.
- The following data represents interim data from a clinical analysis of patient survival and response data to the BX treatment (not a clinical study).

BX Antitoxin – Interim Data

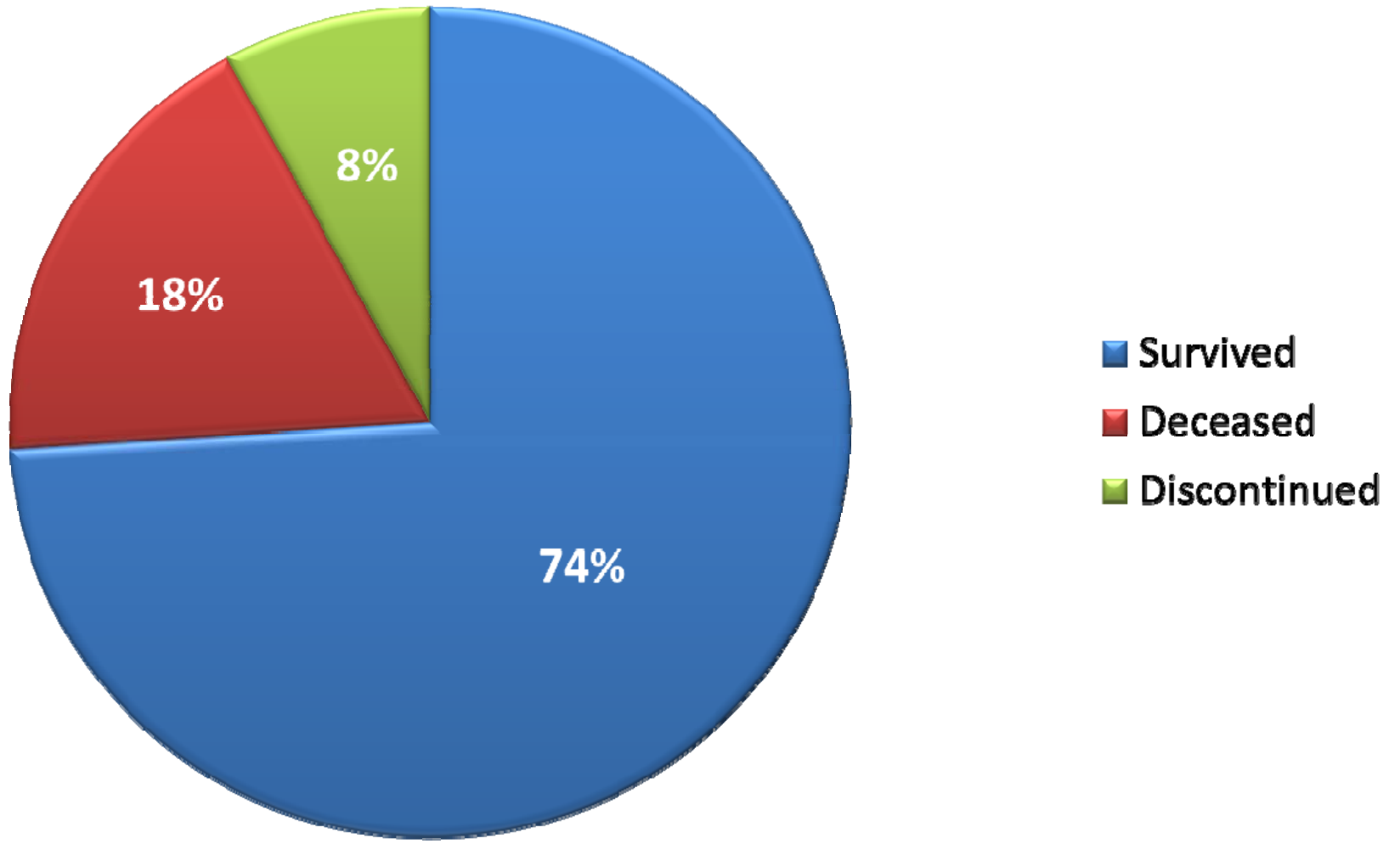
- The BX Antitoxin Program consists of a One Year treatment period, therefore this is interim data.
- We look at overall survival rate, response rate in some significant cancer areas, as well as failures given that we are dealing mostly with Stage IV patients at an advanced stage of disease.

Patient: Stage Distribution



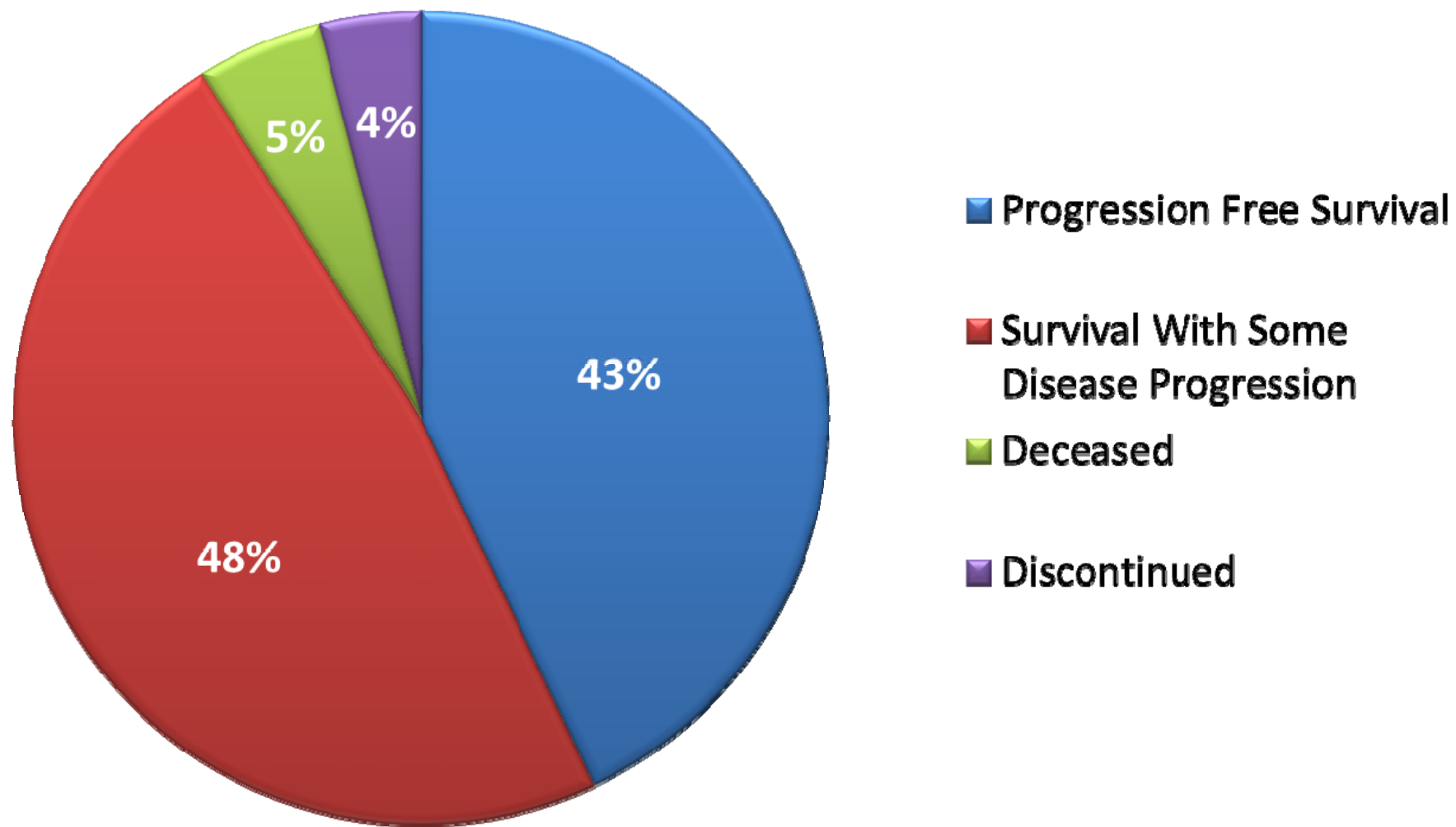
62 patients

Day 240: Survival Statistics



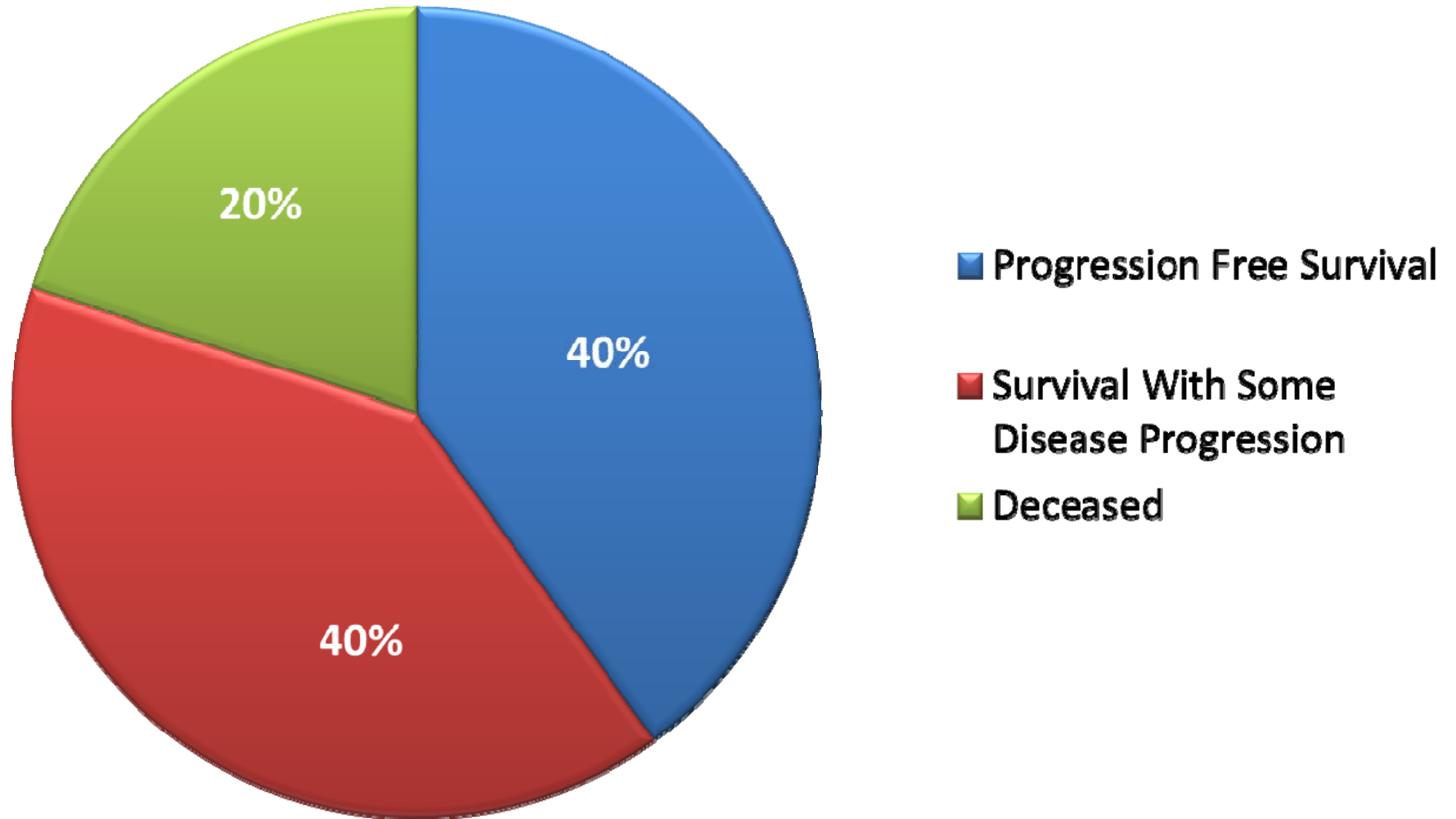
Day 240: Breast Cancer Statistics

(22 Patients, 52% Stage IV+)



Day 240: Lung Cancer Statistics

(5 Patients, 100% Stage IV+)



It Does “Something”

After one dose of the BX AntiToxin



before



after

Feb 4, 2013



March 5, 2013



March 12, 2013



March 15, 2013



Conclusion

The BX Antitoxin is research in progress providing results not common to conventional methods. Data and data analysis are an important element in the ongoing development of treatment strategies that aim to produce remedial outcomes and successful resolutions to pathologic conditions.

