Integrative Oncology at the Clinicist's Look Chronology for the Creation and Development of the IPT & BMP Method for Treatment of Oncological Diseases

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Abstract

The current presentation displays chronologically our summarized and updated results of more than 12 years of the accumulated experience of integrative oncology application in our medical practice. Based on our concept of systemic approach, we have created treatment protocol for cancer patients with leading method of administering Insulin Potentiation Therapy (IPT). For the past 12 years period we treated more than 1100 cancer patients, greater part of which (94%) were patients with advanced metastatic tumors (T2-T4) and more than 80% of them experienced failure of previous conventional treatment for cancer with chemo- and radiotherapy. The achieved treatment results demonstrated remission in about 80% of the patients, and were presented in our earlier publications. In search for new opportunities of improvement of our treatment efficiency since April 2018, we created treatment method which includes combination of IPT with Biomagnetic therapy with magnetic pairs. (IPT & BMP). Until August 2019 this specific treatment has been applied to 33 cancer patients with advanced metastatic tumors (T2-T4) in which 19 out of 23 (82%) experienced failure of previous standard treatment. Twenty-three patients have completed their treatment and were followed up by us. Out of them, 5 patients (21%) have achieved complete remission, and 17 patients (74%) have achieved stabilization. The average remission period is 10 months up till now. Registered failed treatment is present in only one case. Illustrating the opportunities of the new method, we present herewith two new cases with the results of complete clinical remission. In our opinion, the results are an illustration of the opportunities of the Integrative oncology, and the need for change in the concept for cancer patients' treatment.

Introduction

Creation and development of the IPT & BMP method for treatment of oncological diseases in chronological order

Medical Center "Integrative Medicine" was founded in 2006 with its main goal and objective to apply the latest developments and successes of the Integrative oncology. The concept on which the clinic and its activity were founded is based on the understanding of the fact that achieving optimal results in cancer treatment is not based on the reductionist approach used by conventional medicine, but its replacement with systematic or holistic approach.

Accumulated throughout the years scientific facts and data have shown that various factors play role in the pathogenesis of tumor diseases such as: microbiota, chronic stress, intoxication, immunological surveillance etc. and ignoring one or another of them is doom to fail. Leading priorities in the systematic approach is the use of non-toxic treatment methods, providing better quality of life during the therapy, and personalized selection of the treatment methods [1-4].

Based on the above-mentioned principles, we established and applied in our clinical practice the systematic approach as the concept. This was reported on the 9th Global IPT Conference on the 25th-26th October 2013 in Madrid [5].

In this article we try to summarize and update in chronological order more than 12 years’ experience of applying the Integrative oncology in our clinical practice. For this period of time, our clinical treatment practice includes more than 6000 patients with cancer and chronic diseases. Basic contingent of our cancer patients, 94% of them with stage (T2-T4), are treated in our clinic. Eighty two percent of these patients failed previous standard chemo- and radiotherapy.

Thanks to the newly established concept, we created a Treatment Protocol for cancer patients...
in analogy with the Complementary and Alternative medicine (CAM). Thus, conventional chemotherapy was replaced by IPT and complementary treatment including a variety of non-toxic methods such as: dietary therapy, detoxification, immune stimulation, orthomolecular therapy, Bio oxidative therapy, bioresonance therapy and energy psychotherapy. Later on, we have expanded the number of methods that includes local and systematic hyperthermia, galvanotherapy and ultrasound therapy.

Our treatment protocol was used for treatment of more than 1100 cancer patients. The results of the treatment of our patients with advanced metastatic tumors were consecutively published. About 80% of these patients demonstrated remission and improved quality of life. Our experience with IPT up to now, and its use, made IPT leading method in our medical practice [5-8].

While planning and preparing the personalized treatment program of cancer patients we were taking into consideration the following:

- Results of conventional diagnostic methods,
- Concomitant diseases,
- The stage of the disease,
- Immune system reactivity,
- Stage of psycho–emotional imbalance
- Genetic profile research of the circulating tumor cells and chemosensitivity.

Since 2012, we have added to the criteria defining the personalized treatment program, the use of Autonomous Muscular Test (AMT) modified according to Prof. Omura’s method. Our clinical experience has shown the efficacy of the test is above 80%, and is not inferior to chemo sensitivity test’s efficiency. The main advantages of the test are its availability, price, user friendly profile and possibility to control. The opportunities given by AMT are of prior consideration when we define the chemosensitivity of cytostatic agents in use with IPT. The above mentioned advantages of the test made ATM a leading method in our decision making process in cancer patients' treatment [9].

The main problems in the treatment of our cancer patients include:

- Complicated status of the patients leading to longer period of treatment,
- Pseudo-progression of tumor in some of the patients
- Limited possibilities for constant monitoring and control of patients’ compliance.

In about 60% of the treated cancer patients we observe significant improvement of their status within the first 3 IPT. However, in order to achieve optimal results, we need more than 12 applications followed by a maintaining treatment. This long period of time and for various reasons causes patients to interrupt their treatment and might be lost to follow-up.

In the course of the treatment, more than 45% of the patients despite their clinical improvement, their control lab tests (increased ESR, WBC, CRP, and tumor markers) as well as imaging diagnostic methods demonstrated so called tumor pseudo-progression. Once informed about it, patients may undergo complicated psycho-emotional states psycho–emotional states, and this is frequently seen as a reason to interrupt their treatment. In addition, inflammation due to the cytotoxic effect of IPT requires a prolonged period of anti-inflammatory treatment.

We have achieved 80% remission in the treatment of our cancer patients, however, we face the following problems: limited number of patients with stage T1-T2 without previous chemo and radiotherapy, patients with complicated clinical status, patients with pseudo-progression, with need for prolonged treatment and consistent follow-up. This required and drew our attention to the new studies to overcome the listed problems.

In 1988, the Biomagnetic treatment with Magnetic Pairs (BMP) has been discovered and applied in practice by the Mexican physiotherapist Dr. Isaac Goiz Duran. It has drawn our attention on BMP application in our practice for the treatment of cancer patients. We were impressed by the fact that theory and hypothesis of Dr. Goiz for curing effect of BMP are in sync with the accumulated throughout the year’s scientific facts and data for the role of inflammation and intracellular invasion of microorganisms in the genesis and tumor growth. According to Dr. Goiz, the acid-base imbalance creates a medium favoring area for the growth of viruses, bacteria, fungi and parasites. The use of BMP with static magnets eliminates acid–base imbalance and thus influences inflammation, and eliminates pathogenic organisms from the human body. Dr. Goiz’s research led him further to the conclusion that cancer is caused by the association of pathogenic bacterium + pathogenic virus + fungus + Mycobacterium Leprae [10-13].

In our opinion, Dr. Goiz methodology meets the requirements of the Integrative oncology with the possibility to influence human microbiome as a defining factor of tumor growth. It is not toxic and can be combined with other treatment methods.

In the course of our research work, we came to the conclusion that BMP is a perspective method, and it was included in the list of our personalized Treatment Protocols for the complex treatment of the disease. The final version of our BMP Protocol was completed in April 2018.

In October 2018, we presented the first results of the combined application of IPT and BMP at the XIV Global IPT/IPTLD® conference in Tijuana, Mexico. Later on, we have added to the above-mentioned results the newly established method of IPT & BMP by publishing two cases with metastatic breast cancers (bone and lymph node metastases) with full clinical remission. In the second case out of the two presented, the clinical remission was achieved within 2, 5 months, results that we have never observed before with the application of IPT alone [14,15].

The initial successful results by the combined application of IPT and BMP encouraged us to broaden the scientific research. We present our summarized initial results from the IPT & BMP application with no claim for completeness and comprehensiveness related to the development of the new method.

Until August 2019 this combined treatment has been applied to 33 cancer patients with advanced metastatic tumors (T2-T4). Ten out of them interrupted the treatment by choice, and were lost for monitoring and control. In two of the cases the reason was financial problems, and the remaining 8 patients, because their tests demonstrated pseudo-progression.
We registered failure of preceding standard treatment with 19 out of 23 (82%) patients. The tumor locations included: breast, colon, anus, pancreatic, ovarian, uterus, lung and prostate cancers. Treatment methods were reported in our first publication [15]. In the course of the treatment we made some changes with additional IPT procedure-IPT + Vitamin C due to the fact that most of our patients have shown pseudo-progression.

Average duration of overall treatment was 3 to 8 months. Patients’ treatment is an ongoing process with a home program and control tests carried out every 1 to 3 months. The results of 23 accomplished treatment patients have shown complete remission in 5 of the cases (21%) and stable disease in 17 (74%). The average overall survival of the remission is 10.3 months up till now.

Lethality was registered only in one case with locally advanced cervical cancer. After a short period of time (3 months) of stable disease following completion of the main treatment protocol, the patient experienced incident of uterine hemorrhage that led to a fatal outcome after a failure of the hospital treatment.

No side effects were observed after BMP involvement with IPT treatment.

Despite the limited number of patients treated with the new method and the short period for their follow-up, the number of patients with complete clinical remission was 5 out of 23. It was for a period of time 10 months, and this result has not been observed in the treatment with IPT alone.

The major problem in the course of the treatment is the high percentage of patients with pseudo-progression presented with increased tumor markers, pro-inflammatory factors (CRP, ESR, WBC) and imaging diagnostic tests. This showed a tumor growth at the background of stabilized patient’s status. AMT is a diagnostic method, which we basically use to differentiate pseudo-progression.

Out of 23 patients who completed their treatment, pseudo-progression was registered in 10 patients (43%). First symptoms were observed within 1-2 months period after the start of the treatment. The following were defining factors:

- Failure of a standard prior treatment (chemo- and radiotherapy),
- Patients’ age,
- Stage of the disease.

Only one of the patients with full clinical remission has already undergone standard chemotherapy. Only two of the patients without prior chemotherapy have shown short-term pseudo-progression. The number of patients with pseudo-progression having IPT alone is similar to those with IPT & BMP combination. This gives us a reason to believe that BMP doesn’t potentiate the pro-inflammatory process. Major factor in such cases is the cytotoxic effect of IPT and the immune response.

In our attempt to influence the duration period of pseudo-progression, the anti-inflammatory drugs used in oncology so far have not shown sufficient efficacy. This led us to include IPT with the Vitamin C to the treatment protocol. Our first clinical observations show improved efficacy results.

**Case Presentation**

In order to illustrate the achieved results up to the present moment, we present below two new cases with application of the method IPT and BMP.

**Case 1**

In March 2018 (I.K.Z.) a 36-year old female patient who experienced vaginal hemorrhage and underwent biopsy that proved poorly differentiated spinocellular cervical cancer in stage T4cN1M1. In April 2018 an exploratory laparotomy was carried out followed by 3 courses of chemotherapy with subsequent inclusion in the treatment of 2 applications of Avastin. The treatment was stopped due to toxicity. In November 2018 the patient was admitted to our clinic for treatment. She was in a poor medical condition with cachexia and progressive ascites. The PET/CT scan results before treatment showed numerous peritoneal metastases, ascites and a bone metastasis in L2. Due to deteriorated patient’s condition we decided to apply a prolonged preparatory treatment period in order to improve her health status, recover protein deficiency and evacuate ascites. Three weeks later, the treatment included combination of IPT and BMP with personalized treatment protocol. The main course of treatment included 5 IPT applications and 12 BMP procedures. After a completion of the third IPT procedure, a pro-inflammatory response was registered (increased ESR, CRP and tumor markers) with duration of 1.5 months. This was at the background of significantly improved general health condition. After January 2019, treatment continued with a home treatment program and 3 procedures with IPT + Vitamin C once a month. Four months later, the control examination showed again a short-term increase in pro-inflammatory parameters. A month later, her control medical tests showed normal lab results and a full recovery of patient’s activities. Symptomatic index of life according to Beretta was decreased from 28 to 0 points. In August 2019 the control MRI results showed lack of metastatic lesions that had been observed prior to treatment. The patient regained her working capacity and performs her duties.

The presented Case 1 is noted with interesting fact that despite of complicated clinical status and failed prior standard chemotherapy, patient was able to reach full clinical remission on the background of short-term pseudo-progression. At this stage, we explained this phenomenon due to patient’s young age and preserved regenerative capacity of the body.

**Case 2**

A 63-year old female patient (R.L.P.) underwent surgery in October 2018 for the ovarian cancer. A numerous peritoneal metastasis was observed during the surgery. Laparohysterectomy and omentectomy were carried out. The case was registered as Carcinoma ovarii dext. (T3N2M1). The biopsy results show poorly differentiated serous adenocarcinoma of the ovary. The control PET/CT scan in November 2018 after the surgery has shown a residual tumor, localized between the urinary bladder and rectum. The patient refused conventional chemotherapy, and the same month was admitted to our clinic for IPT & BMP. By the end of January 2019, we implemented 8 IPT and 6 BMP procedures. Significant improvement was observed after the completion of treatment. Symptomatic index of life according to Beretta was decreased from 10 to 2 points. In the course of the treatment for a short period of time we observed increased values of CRP in combination with leucopenia which disappeared in two weeks’ time. Since February 2019 she continued with home program-diabetic therapy, immunotherapy, detoxification and food supplements. At a follow-up examination in May 2019, the patient had clinical and PET/CT data for complete response to...
treatment with a duration of remission of 7 months. Similar to other cases with full clinical remission without prior chemotherapy, the pro-inflammatory response in the course of the treatment was for a short period of time. This patient also regained her working capacity and performs her duties.

**Conclusion**

We have presented summary analysis of the results obtained from more than 12 years of clinical experience from the application of the systematic approach in the treatment of oncological diseases. We don’t claim this data is complete and detailed. In our opinion, the results are an illustration of the opportunities of the Integrative oncology, and the need for an overall change in the concept for cancer patients’ treatment.

Based on the achievements of integrative oncology and our own clinical experience, a systemic approach should include a variety of methods focused on four major areas:

- Regulating the infection and inflammatory processes,
- Detoxification
- Psycho-emotional imbalance.

According to us, one of the leading priorities in the genesis and tumor growth is the misbalance between the three factors: infection, inflammation and immunity. Optimum treatment results could be achieved only through recovered balance and not by reductionist approach aiming only at tumor removal.

Leading priorities in the systematic approach is the use of non-toxic treatment methods, providing a good quality of life to patients, and personalized approach.

Personalized approach is not only the genetic tests results to rely on, but a broad range of data to be considered. The Method of Applied Kinesiology-Autonomous Muscle Test (AMT) offers remarkable opportunities for individual assessment in the selection of treatment methods.

IPT is a method with high therapeutic impact and fully in line with the requirements of the systematic approach with its lack of toxicity and opportunities for successful combination with other therapeutic methods. Substitution of conventional chemotherapy with IPT not only could solve the problem with toxicity, but it also improves patients’ quality of life, and significantly increases patients’ financial and social recursos.

The Biomagnetic therapy with magnetic pairs is innovative and perspective method for treatment of chronic and cancer diseases. Unfortunately, it is ignored by the conventional medicine, and the lack of serious scientific research limits its use in the treatment of cancer. The inclusion in our practice of the method as part of the complex treatment of cancer has significantly improved the effectiveness of the treatment. Similar to IPT method, the BMP is fully in line with the requirements of the systematic treatment approach. Although, our experience is limited, we believe in the serious perspective of applying this method in our practice. Our subsequent results will be the subject of new publications.

The increased number of patients with pseudo-progression is a result of a powerful inflammatory response of their immune system which is because of the cytotoxic effect of IPT, and represents a serious therapeutic dilemma that needs more research in the field of immunology and molecular biology.

Dr. Goiz’s hypothesis of anti-tumor response with BMP deserves serious attention, and if confirmed by extensive scientific research, it would open up new therapeutic horizons.

**Summary**

The huge investments made in molecular biology and the advances in genetics undoubtedly make tremendous progress and significantly expand our knowledge in the field of tumor biology. Unfortunately, despite that science progress, oncology follows the beaten track satisfied with prolonged overall survival measured by months, and the illusory notions of progress in performance.

The presented above chronology of our extended clinical practice in applying the systematic approach in cancer patients’ treatment demonstrates the realistic opportunity of increased efficacy even in patients with advanced metastatic tumors who experienced previous failed chemotherapy. In addition to the increased efficacy of the new treatment method, the absence of serious side effects and reduced financial costs outline an outstanding prospect for a comprehensive solution to a long-standing unresolved problem in medicine. The first successful results of the treatment with combined IPT & BMP method open new therapeutic possibilities. Our achieved results give us firm ground for developing our activities in optimization of our medical practice and methodology.

**References**


