Lance J. Morris, NMD

Use of Hyaluronic Acid to Enhance High Dose Intravenous Vitamin C in the Treatment of Cancer & Other Diseases

Cubberly Community Center
4000 Middlefield Road, Room H1, Palo Alto, California

November 18 , 2004 at 7:00 PM

Future Speakers:
(every 3rd Thursday of the month)

- **December 16** - Julia Ross, MA, MFT:
Treating Carbohydrate Addiction and Mood Problems Without Drugs: Effective alternatives to anti-depressants and low carb diets that fail.
- **January 20** - Parris Kidd, PhD:
Phospholipids and Omega-3 Fatty Acids for Brain Vitality - Recent Advances.
- **February 17** - Julian Whitaker, MD:
Orthomolecular Treatments for Chronic Diseases.
- **March 17** - Bruce Lipton, PhD:
Biology of Belief; Unleashing the Power of the Mind, Matter and Miracles

Opening Short Presentation by Steve Fowkes, Past President of SLF and Founder of CERI. For his biography and CERI resources, see www.ceri.com

Living with Alcohol: Cultivating the Lifestyle Benefits of Wine and Beer

Main Speaker - Lance Morris, NMD

Lance Morris received his B.A. from the University of Arizona, Tucson in Biochemistry and Psychology. Later, he received his Naturopathic Medical Degree in 1985 from Bastyr University in Seattle, Washington and then completed post-graduate studies at the American Naturopathic College of Family Medicine, Phoenix, Arizona.

Currently, Dr. Morris is an associate of Wholistic Family Medicine Clinic in Tucson, Arizona. The clinic draws on natural, alternative treatments developed throughout the world. Dr. Morris specializes in chronic and degenerative diseases, treating patients from all parts of the United States. Some of the therapies included are Clinical Nutrition, Herbal Medicine, Metabolic IV Therapies and Alternative Cancer Therapies. Dr. Morris is past president of the Arizona Naturopathic Medical Association and a founding director and board member of the Southwest College of Naturopathic Medicine in Tempe, Arizona. He teaches basic and clinical sciences at the College. He has also studied at some of the major clinics in Tijuana, including Gerson, Hoxsey Cydell and American Biologics.

One of the primary problems in modern oncologic medicine is an inability to effectively target chemotherapeutic agents to either tumors or circulating cancer cells. As a result of this problem, physicians have taken the approach of using very toxic doses of chemicals that indiscriminately kill healthy cells as well as cancer cells. This is fundamentally playing Russian Roulette with patients; the hope being that they will kill enough cancer cells so that the cancer will be unable to sustain itself in further cellular proliferation and that secondary damage to primary organs and immunologic function will not either kill or permanently impair our patients. This model has been adopted by allopathic medicine as the end justifying the means. Sadly, the end under these circumstances is clearly questionable and the fundamental physician's oath, "first, do no harm" has been soundly trounced.

Current epidemiology seems to suggest that these cut, burn and poison therapies may

improve patient outcomes in some cases. Often this data is skewed due to the introduction of the hospice movement that allows terminal patients to die in dignity surrounded by family and loved ones. In this environment the medical cause of death is usually recorded as natural causes rather then the more formal medical diagnosis used when patients die in a hospital setting.

The idea that we are winning the battle against cancer with modern allopathic methods is seldom the case, as patient morbidity and mortality is rarely improved relative to untreated patients. The purely symptomatic approach to the treatment of disease must be replaced by a more integrative model recognizing the Mind-Body-Spirit connection and all the pieces of the puzzle of which it is comprised. In his clinical experience the most successful patient outcomes occur when patients actively embrace a comprehensive integrative treatment and are self empowered by it. That said, there are several methods being utilized clinically to potentiate and target treatment to cancer sites. Among them: (1) dendritic cell vaccines; which use a patient's own cancer cells to create an antigen/antibody immunogenic response, (2) IPT, (insulin potentiation therapy); which uses insulin combined with low potency chemotherapy to drive the drugs to the cancer sites due to their increased metabolic state as proliferating embryologic cells and (3) hyaluronic acid; which, although present ubiquitously as part of the extracellular matrix, appears to be deficient from areas of pathophysiology and thus when administered by IV is drawn up into these tissues.

The early work with hyaluronic acid was done by the late Dr. Rudolph Falk who established that using HA (hyaluronic acid) with low dose chemotherapy significantly improves patient outcomes while at the same time reducing exacerbations and untoward effects. Similar results have also been demonstrated with IPT.

Dr. Riordan and Casciari among others have documented that high dose IV vitamin C acts as a potent chemotherapeutic agent with none of the adverse side effects associated with traditional chemo. The cytotoxic level of vitamin C is at plasma levels of 200-400 (mg/dl) which is achieved by slow infusion of 60 grams over two or more hours. Due to the problematic nature of maintaining high plasma vitamin C levels over time Riodan, et/al, found that lipoic acid (a water and lipid soluble antioxidant that recycles vitamin C) can enhance toxic effects of vitamin C on tumors. At a concentration of 10:1, vitamin C to lipoic acid, the effective dose of vitamin C necessary to kill 50% of tumor cells was reduced by approximately 1/7th. The concept of synergy or potentiation with antioxidants is well understood biochemically and mirrors the naturalistic axiom that the whole is greater than the sum of its parts.

Both vitamin C and HA increase collagen production. We know that cancer cells produce both hyaluronidase and collagenase. These enzymes help cancer cells remain slippery and able to rupture healthy cell membranes and thus induce metastatic disease. A major function of both vitamin C and HA is to increase the presence and cross linking of connective tissue. It has been speculated that this healthy connective tissue helps glue cancer cells in place as well as encapsulating tumors thus stopping their induction of collagenase and hyaluronidase and thus their ability to spread.

Rather than using any amount of drug based chemotherapy, Dr. Morris says we should be using high dose vitamin C. Furthermore, rather than using high dose vitamin C alone, he says we should be using other synergistic co-factors and antioxidants and add HA as well.

Some Case Histories

Case 1: Age 80 with prostate cancer and melanoma. An admixture IV infusion of 75 grams of vitamin C and 5cc of a low molecular weight 1% HA solution was used over a period of five months. His PSA went from 702.4 down to 1.7 and resolution of multiple iliac, abdominal and pelvic lesions were demonstrated. Concurrently he made major lifestyle and dietary changes. Under medical direction, the patient took pleomorphic Sannum remedies guided by dark field microscopy and the following oral supplements: Co-enzyme Q10, reduced glutathione, wobenzyme, hyposcorbate, MSM, pygeum/palmetto complex, MGN3, and an herbal tincture consisting of equal parts of; astragalus, tumeric, siberian ginseng, graviola, licorice golden seal, chaparral, western larch, americana poke root, panax ginseng, suma, blood root, sangre de drago, red clover, taheebo, european mistletoe, cat's claw, prickly ash, and venus flytrap . He did coffee enemas between three and seven times a week. He was advised to do counseling and meditation. He also was treated with RIFE frequencies as many times as he was in the office for treatments.

Case 2: Age 73 diagnosed prostate cancer seven years ago. Patient chose self-administered alternative treatment only. In March of '04 his PSA was up to 27. Bone scans at that time showed suspicious area of uptake in frontal bone of skull. Metabolic therapy with HA and high dose intravenous vitamin C was started 3/15/04. A repeat bone scan in June was completely clear and PSA has been maintained in a range between 0.7 and 2.7. When his PSA went to 2.7 it was discovered that patient was self administering steroid cream daily for hemorrhoids. He was advised to discontinue this, and his PSA settled

down into the previous range.

Case 3: Age 61 diagnosed with prostate cancer 9/03. PSA at 20.6, staged A3 grade 6. The patient chose to work with him using a conservative diet, lifestyle, and herbal approach. In 10/03 his PSA was 21.5 and by 12/03 at 23.4. In January of '04 he had a biopsy that showed two lymph nodes positive for metastatic adenocarcinoma. There was extensive perinureal invasion with bilateral capsular penetration and bilateral seminal vesicle involvement. His Gleason was 3+3 (aggressiveness of tumor with a maximum of 5+5), with focal areas of 4 and a clinical stage T3cN1 (i.e. tumor extends through the prostatic capsule, invades the seminal vesicles, with metastasis to a lymph node). A program of aggressive IV vitamin C and HA was started at two per week. Currently his PSA is 0.1. No other biopsies or CT scans have been done for follow up so far. Subjectively the patient has no current complaints.

With all cancers, when patients choose to utilize therapies that include changes in diet and lifestyle and the use of synergistic and immune modulating natural substances, we have consistently seen both the quality and length of life improve. Despite theoretical concerns, those of us working directly in a clinical environment have seen antioxidants and other natural therapies potentiate chemotherapy and/or radiation therapies, while at the same time significantly decreasing side effects. Even more exciting is the growing body of clinical evidence that suggests aggressive intravenous administration of high dose vitamin C with HA and other co-factors may be as potent or more potent then any existing modern treatments with little to no negative side effects.

Case 4: Age 72 male with CAD (cardiovascular artery disease), shortness of breath, angina, leg cramps, no stamina, HDL less than 34. OPG-(oculoplethysmography): This is a non-invasive vascular screening tool using the delay in pulse arrival time of the ophthalmic artery which is the terminal branch of the internal carotid artery. This reflects the degree of stenosis that indicates stroke risk. For this patient the percentage of blockage was 76%. A protocol of IV chelation therapy was administered twice weekly with 500cc sterile water as a base, adding a titrated dose of sodium EDTA from 10cc up to 20cc, 4cc magnesium sulfate, 2cc potassium chloride, 2cc heparin, 20cc vit. C, 2cc B6, 1cc B12, 2cc B5, 2cc B complex and 5cc sodium Hyaluronate. After the first ten treatments most of the patient's symptoms were gone and repeat OPG demonstrated the blockage at 50%. After 20 more treatments the blockage was reduced to 21% and all the patient's symptoms were resolved. At 20% blockage or less it is believed that the OPG test is reflecting normal vascular elasticity. Dr. Morris does a lot of chelation therapy with patients and consistently sees a quicker and greater clinical response when HA is added to the therapy.

Case 5: Age 58 diagnosis of infiltrating ductal carcinoma grade II, stage I (T1bNO) with both estrogen and progesterone receptor positive, plus positive AMAS (cancer) test.. Aggressive HA and intravenous vitamin C protocol was implemented. After two months a follow-up PET was negative as well as negative additional lymph node biopsies and normal AMAS.

Note to Members and Non-paid Attendees

All non-members who have attended once should pay $5.00 for each meeting. By paying $10 for the remainder of the year you will receive the newsletter and other announcements and become members through the end of this year.