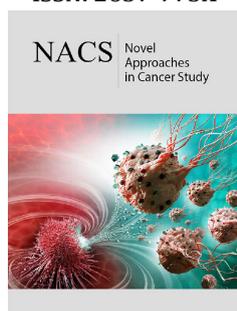


# Curing Incurable Cancer

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## Opinion

“Foremost among the way humans organize themselves into communities are ‘us versus them’ distinctions” [1]. Among the most devastating of these is the terminal prognosis: “This disease is likely to kill you soon. Prepare to die.” It puts patients on death row, and, often, into solitary confinement. It’s not how anyone wants to die. But it’s a common consequence of cancer. Of the almost two million cancers diagnosed each year, a fourth or so will kill their host. Yet the terminal prognosis is rarely warranted, for there is always legitimate hope for a cancer cure, and never legitimate hope of avoiding death for long.

My college roommate died of melanoma, but the oncologist who informed him that his disease was terminal died before him. Life is a terminal disease that begins at conception, and we would all be wise to cultivate that perspective. We are all on death row, or none of us are, depending on our perspective, but there is no reason to add to the torment of cancer by putting some patients in a class by themselves. For those who are ready to die, there is hospice and palliative care. For those who want to fight on, there are inexpensive, convenient, relatively safe, and eminently reasonable, albeit untested, nutritional maneuvers with curative potential [2,3].

Foremost among these is folate deprivation. Methotrexate ranks among the oldest and most effective anticancer agents. It works by blocking folate metabolism. Unfortunately, tumors treated with methotrexate inevitably become resistant. Folate is a vitamin that is essential for DNA synthesis, which is essential to cell division, which is essential to cancer growth. The only source of folate is the diet. Cancer patients who stop eating folate, will stop cell division, which will stop tumor growth. Tumors that can’t grow are not dangerous and die eventually of senescence. Resistance to folate deprivation is impossible. But there will be side effects, for normal cells, like tumor cells, will be unable to divide. The most conspicuous of these side-effects will be anemia, which can be tolerated when mild. When it becomes life-threatening, restore the folate, but in only trace amounts. Blood flows preferentially to normal cells, so the trace folate will halt the anemia while continuing to deprive the tumor. But folate is not the only vitamin essential to tumor growth.

Thiamine is essential to ribose synthesis. Thiamine deprivation will halt DNA replication, cell division, and tumor growth as will folate deprivation. Combinations and sequences of deprivation of the two vitamins come in almost infinite variety. Start with folate deprivation, for instance. Then, when anemia gets serious, restore the folate, and deprive for thiamine until beriberi becomes serious. Then, restore the thiamine and deprive for folate again. In this way, normal cells can recover while keeping pressure on the tumor. Resistance to vitamin deprivation is impossible.

Diets deficient in folate and thiamine are also deficient in carbohydrates. But tumors are voracious for carbohydrates and the insulin they elicit. Carbo-deficient, ketogenic diets,

therefore, have enormous anticancer potential. That potential has not been realized in previous trials, however [4]. The problem, I suspect, is gluconeogenesis. When carbs are deficient, the liver converts protein to blood glucose and defeats the carbohydrate deficiency. The solution is alcohol or metformin, as both inhibit gluconeogenesis.

The best course for cancer patients is to trust an oncologist who works in close collaboration with a National Comprehensive Cancer Center until that oncologist has nothing more to offer with curative potential. At that moment, the patient confronts a choice: Accept hospice and palliative care or fight on. For those wanting to fight on, the carbohydrate-free, vitamin-deficient, alcohol-fortified diet offers curative potential at tolerable risk and minimal cost. But realize that this diet has never been tested and the risks, though seemingly tolerable, are potentially life-threatening. Beware of tumor lysis syndrome and hypoglycemia. Recruit a caring physician to protect against these and other unanticipated risks. Here is the diet in essence: Butter, olive oil, and poached egg whites, or parmesan, Romano, or mozzarella cheese, or turkey breast (free range), or wild-caught shark, swordfish, or squid in combination with moderate vodka consumption or metformin (prescription). Use salt and vinegar for flavor. Take sugar-free fiber and all but the excluded vitamins and all minerals as supplements. Consider a lipid-lowering drug to prevent atherosclerosis. Exercise as permitted.

A second dietary option is essential amino-acid deficiency. Such diets are available commercially for treating phenylketonuria and maple sugar urine disease. Lack of even one essential amino acid should halt protein synthesis, cell division and tumor growth. When side-effects become significant, treat with trace amounts of the missing essential amino acid, and trust the blood flow to take most of it to the normal tissue while continuing to deprive the tumor.

Visualize the shrinking of your tumor and remember that death is inevitable. A cure is just a reprieve. Beware of worrying about death so much that you forget to live fully while alive. The truth is what matters, and it never changes. Find it, and then, live it and love it to death.

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