

By Paul S. Inselman, DC

Enzyme Replacement Therapy Can Help Patients Who Have Cancer

Please read the title of this article again so you are perfectly clear on the topic. What I did not say is that Enzyme Replacement Therapy can treat or cure cancer. What I did not say is that Enzyme Replacement Therapy can prevent cancer. What I did say is that Enzyme Replacement Therapy can help patients who have cancer. I would respectfully challenge any reader to deny that fact. If you have any doubt about this concept, I would encourage you to read on.



The word "help" by definition, according to the Merriam-Webster's 1999 edition Dictionary, means to give assistance or support. To make more pleasant or bearable. This is how Enzyme Replacement Therapy works. It helps to improve the patients general health and well-being. I have found in clinical practice that when a patient's general health and well-being is improved, the overall person is improved.

A quick review of physiology, and anatomy can give us the scientific backing of the premise that Enzyme Replacement Therapy can help improve the general health and well-being of patients with cancer. Enzyme Replacement Therapy is a nutritional based approach that looks to restore homeostasis at the cellular level.

According to Edward Howell, M.D., as written in his first book, *Food Enzymes for Health and Longevity*, published in 1946, "If you cook your food then you kill the essential food enzymes that are needed for complete digestion."¹ According to Howard Loomis, Jr., D.C. in his book, *Enzymes the Key to Health*, incomplete digestion can lead to intestinal toxemia.²

Going back to basic physiology, the

term homeostasis is used to mean maintenance of static, or constant, conditions in the internal environment.³ If homeostasis is disrupted for a long enough period of time, the body is put under stress. According to Hans Selye, M.D. who in 1964 won the Nobel Peace Prize for Medicine for his theory of the General Adaptation

Syndrome stated: "Apparently, disease is not just suffering, but a fight to maintain the homeostatic balance of our tissues... Could all this vagueness be translated somehow into the precise terms of

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modern science? Could it point a way to explore whether or not there is some nonspecific defense system built into our body, a mechanism to fight any kind of disease? Could it lead us to a unified theory of disease?"⁴

"Anatomically, the body has receptors located in the skin, muscles, and organs of the body. These develop together in the embryo and grow from the spinal cord to the tissues. In other words, signals from any of these areas pass through neurons on their way to the spinal cord. The signals from these receptors then coalesce in the cord and take one of three pathways to the thalamus in the brain. The information is then passed to the hypothalamus gland and the post-central gyrus where the body makes decisions on how to respond to these signals (stimuli). The answers are then conveyed back to the various tissues which

react accordingly. The response is carried over the reticulospinal tract back to the skin, muscles, and organs. Of particular importance here is that all three tissues are stimulated to respond.

In 1898, Henry Head, the noted English Physiologist, found that dysfunction in visceral organs were accompanied by changes in cutaneous (skin) areas supplied through the same spinal segment. Then in 1917 a Scottish physiologist, Mackenzie, confirmed Head's findings and further noted changes in muscle tone (in groups of muscles) were associated with pathologically affected viscera sharing the same spinal nerve supply. Pain and Visceral dysfunction are always accompanied by muscle contraction. Disruption of homeostasis can be recognized by both the appearance of symptoms and muscle contraction.⁵

If we go back to our basic premise that Enzyme Replacement Therapy can help patients who have cancer we find the following tenets: 1) Food enzymes are essential nutrients that are needed for complete digestion. 2) Incomplete digestion can lead to a disruption of homeostasis, and intestinal toxemia (further disruption of homeostasis). 3) A disruption of homeostasis leads to stress on the body. 4) Prolonged stress on the body leads to disease. 5) Cancer is a disease process which is manifested by a characteristic set of signs and symptoms. 6) All disease processes disrupt homeostasis.

CASE HISTORY

A 69-year-old female presented to my office with end stage terminal lung cancer with metastasis to the spine. She was given several weeks to maybe a month to live. At the time of consultation she was taking morphine as needed for pain, Prednisone to control inflammation, and she was using oxygen continuously. When asked what she hoped Enzyme Replacement Therapy could do for her, she replied, "to allow her to live a better quality of life for whatever time she had

left in this world." She felt that the morphine, while a God-send for her pain was causing a significant diminishment in the quality of her life. At times she reported, because of the morphine, she was barely able to lift her head off of her pillow.

EXAMINATION

Postural examination revealed a right head tilt, right low shoulder, subluxation found on Motion Palpation of C1/C2, T4-T8 on the right, and the right Sacroiliac Joint. Muscle contracture was palpable in the temporalis muscles bilaterally, (vascular system stress) right costal arch, (biliary stress) right flank, (liver stress) Pectoralis Muscles bilaterally, (lung stress) left flank, (spleen stress), and the paraspinal muscles bilaterally from occiput through the sacrum. (biomechanical stress)

24-hour urinalysis, as prescribed by Dr. Loomis revealed poor protein digestion, low calcium, and acidic pH.

A dietary analysis revealed that the patient had virtually stopped eating because everything made her nauseous or caused her to vomit. When she did eat she ate mostly crackers or soup.

TREATMENT

Treatment was aimed at improving her fat digestion, giving her enzyme and nutritional supplementation to support her liver, spleen, lungs, and a large dose of protease to help ease inflammation. Small amounts of liquid foods (soups) were given to the patient until she was able to tolerate lean cuts of turkey, chicken, and roast beef. The patient was unable to tolerate any fruits or vegetables, so none were tried. The patient was advised to do or take anything that she or her medical doctors felt necessary for pain control or to aid her general comfort. The patient was advised to eat anything that she felt she wanted or that she could. I advised her if she was able to tolerate fatty foods she should try and ingest them because fat is essential for cell wall repair. Non-force adjustments were utilized to reduce the subluxations and to decrease muscle spasm. Her medical doctors were apprised that she was going to utilize Enzyme Replacement Therapy as an adjunct to her medical treatment. The doctors remarked that the therapy would not hurt her so it was okay.

RESULTS

Within three days the patient called to inform me that she required no morphine since she left my office. Within one week the patient was eating solid foods consisting of turkey, chicken, and

salmon. Within 16 days the patient's Prednisone dosage was decreased and she required oxygen only at night. Follow-up examination 16 days later revealed resolved muscle contraction of bilateral temporalis muscles, and right costal arch. There was a lessening of contracture of the right flank and left flank. Subluxation from T4-T8 was resolved. Subluxation of C1/C2 was still present as well as continued muscle contracture was noted in the paraspinal muscles from occiput to the sacrum. The shoulders were level and the head was still tilted to the right.

The patient was able to make two separate trips by plane to see her children and grandchildren. We knew that we were not going to change the outcome of her disease but we certainly made her last months more enjoyable and comfortable.

Within three days (of ERT) the patient called to inform me that she required no morphine since she left my office.

DISCUSSION

I respectfully ask you, the reader, did Enzyme Replacement Therapy help this patient who had cancer? I agree it most certainly did. When the patient originally came to me she had significant symptoms and a significant diminishment of her quality of life. When she originally came to me there were areas of muscle contracture and structural aberration. In short, there was a significant disruption of homeostasis on both a mechanical level and physiological level. Enzyme Replacement Therapy improved homeostasis and thus the quality of her life. We all knew what the ultimate outcome for this patient would be. What she wanted from treatment was an improvement to the quality of life, which is what she certainly received. We knew from the onset that this patient was terminal. She was originally given several weeks to maybe a month to live. She lived 5 quality oriented months; 4 more than she was originally given. She was able to make 2 plane trips to see her family instead of staying in bed because of the narcotic effect of morphine. The reader of this article and their patients have to decide for themselves whether quality of life vs. quantity of life is a worthwhile treatment goal. I personally believe that if every ill person was able to live a better quality of life, if even for one more day or hour it is worth it. For example, if I was nau-

seous or vomiting from chemotherapy and I could do something to make me better no matter how short the period of time was, I would opt to be better every time.

The case history revealed that the patient was unable to eat without getting ill. When she did eat it was cooked or processed food which kills the food enzymes. We learned from tenet #1 that food enzymes are needed for complete digestion. Tenet # 2 stated that incomplete digestion can lead to a disruption of homeostasis and intestinal toxemia. This patient had cancer which is surely going to be a disruption of homeostasis. Disruption of homeostasis according to Mackenzie can be recognized as both the appearance of symptoms and muscle contracture. The patient certainly had symptoms of pain and dysfunction as evidenced in the case history. Examination revealed numerous areas of muscle contraction confirming the disruption of homeostasis.

Chiropractors have so much to offer patients with cancer and other serious illnesses. Leave the treatment of the disease itself to the medical doctors. As chiropractors, we should only concentrate on the removal of subluxation and the restoration of homeostasis. If subluxation is removed and homeostasis is

improved, the patient's general health and well-being will be improved which will improve the quality of the patient's life. If you are able to improve the quality of your patients' lives, you will experience first hand what being a true healer is really about.

No one health discipline holds the answers to mans' ills. Nutrition is the basic fuel of life. If you cook your food then you kill the food enzymes. If you kill the food enzymes, then you will get incomplete digestion. If you get incomplete digestion, you will disrupt homeostasis. If homeostasis is disrupted the general health and well-being of that patient will suffer.

Enzyme Replacement Therapy is a vitally important part of the patients health equation. Just eating a good diet or taking a handful of vitamins is not the answer. Finding out specifically what that patient needs and then giving a specific diet and specific supplements for that patient will yield the best results. Don't practice "one size fits all" nutrition....get specific and improve each patient one patient at a time. The time and effort will be worth it, not only for patients who suffer with cancer, but for patients who suffer with AIDS, diabetes, musculoskeletal problems, sinus problems, allergies, digestive problems, and

bowel problems, to name a few.

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1 *Howell, Edward. Enzymes Nutrition: The Food Enzyme Concept. Wayne, NJ: Avery Publishing Group Inc., 1985*

2 *Loomis, Howard F. Enzymes: The Key to Health. Madison, WI: Grote Publishing, 1999*

3 *Guyton, Arthur C., Textbook of Medical Physiology. 7th ed. Philadelphia: W.B. Saunders, 1986*

4 *Selye, Hans M.D. The Stress of Life, New York: McGraw-Hill, 1968*

5 *Loomis, Howard F., The Physiology of Enzyme Nutrition, 1998-1999 p. 77-78*