Opinion

iMedPub Journals
www.imedpub.com

Biomarkers Journal
ISSN 2472-1646

2021
Vol.7 No.9:104

An Approach towards a New Cancer Therapy Concept

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Received date: October 26, 2021; **Accepted date:** November 09, 2021; **Published date:** November 16, 2021

Citation: Doepp M (2021) An Approach towards a New Cancer Therapy Concept. Biomark J Vol.7 No.9:104.

About the Study

Cancer therapy worldwide will only be more successful than in the past if it is objectified and individualised. The regimens of certain combinations of chemotherapeutic agents or immunotherapies with antibodies still largely predominate. One problem is regularly that the untargeted chemotherapy kills the sensitive cells but does not reach the resistant cells. These resistant cells can multiply and metastases can develop.

The literature on cancer therapies is full of regimens that produce improvements in survival of a few months. However, almost no one writes about the possibility of achieving a cure.

The main problem is that although oncologists repeatedly promise personalization or individualisation instead of regimens, this hardly ever happens in routine. However, only in these conditions that can provide a leap forward: Tumour-specific and individualised chemotherapy, combined with other therapeutic approaches that promise to be successful. For this purpose a laboratory method exists *in vitro* the "liquid biopsy". It manages more than 3 million mentions on Google and is described as globally recognised in Wikipedia. We have been performing it on every cancer patient for more than 2 years. To do this, 20 ml of blood is sent to a specialized laboratory in Greece (www.rgcc-international.com). There, the cancer cells are identified, selected and multiplied many times. With their help, one can now recognize the type of cancer, one can test all existing chemotherapeutic agents for their effectiveness on the cancer cells and also test about 70 potentially cancer-cytotoxically effective natural remedies.

The RGCC laboratory writes: With our tests we pursue three goals:

- Potential early detection of an undiagnosed cancer
- Monitoring of already diagnosed cancers
- Individualised advice on the use of chemotherapeutic agents and natural substances from which individual patients can benefit

The result lists are rankings of effectiveness in killing cancer cells. Individual therapy can now be put together from the best-performing chemical and natural agents. Of the chemical agents, for example, the ancient Cisplatin has proven effective often, and of the natural agents, Angiostop®, made from sea cucumber. But Artemisia annua, the annual mugwort, also proves its abilities, as does high-dose intravenous vitamin C.

We have made the experience that individualisation allows a reduction of the dosage in chemotherapy, to about 50%, the so-called "low-dose chemo". It has considerably fewer side effects than high-dose chemo.

As a third pillar of therapy, we use intracellular enzymes from the company Citozeatec in Italy: www.citozeatec.ch. They are used by means of tumour-specific intake protocols. The enzymes do not have a cytotoxic effect, but convert the lactate metabolism typical of cancer and back into oxygen metabolism. The cancer cells can thus be "resocialised". Enzymes have proven their abilities in cancer studies at the Tor Vergata University in Rome: https://pubmed.ncbi.nlm.nih.gov/32034492/

Since the enzymes are nature-identical, they can be used *via* all existing access routes: Oral, nasal, inhalation, anal, vaginal, subcutaneous and intravenous.

Our cancer therapy concept is thus as follows:

- Liquid biopsy (RGCC) with identification of individually-effective chemotherapeutic agents. The three best ones are used-if possible-intravenously as low-dose chemo
- Application of the six most effective natural remedies, orally or if possible-intravenously
- Parallel implementation of enzyme therapy according to the protocol of the cancer type, as many access routes as possible

Conclusion

So far, we have had good experience with this concept. Most patients' fear of the side effects of chemotherapy can be circumvented in this way. We think it is a very logical concept that can be applied without problems at present.