"I commend Julia Schopick for spreading the word about these remarkable, yet overlooked therapies that can improve the lives of so many."

—JULIAN WHITAKER, MD
Founder, Whitaker Wellness Institute, Editor, Health & Healing newsletter

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JULIA SCHOPICK

AWARD-WINNING BLOGGER ON HEALTH CARE AND HEALING
I first learned about Dr. Burt Berkson’s fascinating work with intravenous alpha lipoic acid long before I began thinking about writing this book. It was in 1999, nine years after Tim was first diagnosed with a cancerous brain tumor. Hungry for nutritional solutions for Tim, I started attending meetings of NOHA (Nutrition for Optimal Health Association: http://www.nutrition4health.org), an organization that presented lectures on cutting-edge nutritional treatments.

Dr. Berkson spoke at one of these meetings. His lecture was a paradigm-shifting event for me, because he talked about how, as a resident, he had used a non-traditional treatment that unquestionably saved lives, only to be roundly chastised by his superiors for using it. I found this shocking.

Years later, when my husband’s doctors expressed doubts that Silverlon had actually healed Tim’s non-healing skin (Chapters 2 and 3), I was reminded of Dr. Berkson’s experiences. My husband’s doctors reacted very much the way Dr. Berkson’s superiors had. Both sets of doctors weren’t at all interested in any treatment they themselves weren’t “up on.” They all showed the same lack of curiosity, and demonstrated an eerily similar
hostility toward some really cutting-edge treatments that had saved patients’ lives.

In this chapter, Dr. Berkson also tells us how the papers he published on his successes with intravenous alpha lipoic acid garnered interest from the National Institutes of Health (NIH). I want my readers to see that all the treatments I am featuring in this book have a great deal of evidence to back them up, including scholarly papers and studies. Most of these treatments, however, do not have the “gold standard”: the randomized double-blind clinical trials that only pharmaceutical companies and the government can afford. (The Ketogenic Diet is the exception. In Section 3, you will learn about the successful Class 1 randomized double-blind trial performed in 2008 by Dr. Helen Cross in the United Kingdom.)

Dr. Berkson includes observations about how the medical system functions, how conventional doctors think, and why it is so difficult for conventional doctors to accept non-standard-of-care treatments like the ones I am profiling in this book. He also points out that large medical institutions often squelch doctors who are creative and curious.

Creativity and curiosity are the cornerstones of the professionals who have pioneered the treatments I am writing about.

Lastly, Dr. Berkson gives us a glimpse into Dr. Bernard Bihari’s work with Low Dose Naltrexone. After reading this chapter, I hope you will understand why I consider both Dr. Berkson and Dr. Bihari to be two of my personal heroes.

In Dr. Berkson’s words …

I actually started out wanting to be a biology professor, not a medical doctor. I got my MS degree in Biology from Eastern Illinois University, and my PhD from the University of Illinois at Urbana. I wrote my dissertation on the cell biology of microorganisms. I then accepted a professorship at Rutgers, where I both taught and conducted research. I loved it. While I was at Rutgers,
I was on several university medical school committees and slowly developed an interest in clinical medicine.

At this time, my wife Ann began having miscarriages, one after another. She had five of them in all. I had thought that if a person was the head of a department at the University of Chicago or Harvard or Stanford, they really knew more than anybody else. So, we went to doctors like this. And still she’d have these miscarriages in the second trimester, in the fourth to sixth month. These doctors would always say, “These babies are normal. Just get her pregnant again. Maybe next time she’ll be able to carry the baby.”

In desperation, I went to the medical library, and read some of the journals in obstetrics. This was in the late 1960s. I saw that there was a Dr. Shirodkar in India who said that when people had normal babies with second-trimester miscarriages, it was usual that when they had a D & C on one of the first miscarriages, the cervix was injured or lacerated, so when the baby got to a certain size, the cervix couldn’t hold that baby. This 1973 paper in the *Canadian Medical Association Journal* describes Dr. Shirodkar’s technique: http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1941378.

After completing this research, I went back to Ann’s doctor at this prestigious university, and told him about Dr. Shirodkar’s procedure. He looked at me and said, “You’re a microbiologist. I don’t tell you how to practice your field. Don’t tell me how to practice gynecology.”

“Here’s the article. Why don’t you read it?” I handed it to him.

“I’m the head of the department. I know what I’m doing. Just get her pregnant again,” he said.

So I looked all around the United States for a medical doctor who had studied with Dr. Shirodkar, and found Martin Clyman in New York. Ann became pregnant again, and I took her to Dr. Clyman’s office.
He said, “I’ll put a little stitch in there—a little ligature, a simple little circular stitch.”

Dr. Clyman performed the procedure, and Ann had a normal baby. And then she had another one, five years later.

It was these experiences with Ann’s doctors that made me start losing faith in many people in the medical profession. I didn’t really want to be a medical doctor, but I thought it might be a good idea for me to have an MD in addition to my PhD. It would help me at the university—it would give me more power there. And I also could be an ombudsman for family members, if they had to deal with medical doctors. That’s why I picked up the MD. But I never thought that I would ever stop being a professor.

So I went to medical school. While I was a resident in internal medicine in a teaching hospital in Cleveland, Ohio, I had a very upsetting experience that made me decide to stay in medicine, rather than go back to teaching.

I thought I had been doing well as a resident. But one day the chief of medicine came by and said, “I am very upset with you.”

“Why?” I asked. I thought he was kidding.

“You have no deaths on your service. Most people have seen several deaths by now and you haven’t seen any,” he replied.

I told him that I really try to keep people alive.

“It’s very unusual. I’m going to give you two people who will surely die,” he said. “They have acute and fulminant liver disease. They ate poisonous mushrooms, and the expert on liver disease said we cannot get a transplant for them, and nothing can save them. So I want you to go upstairs, watch them die, take notes and present this to grand medical rounds.” In addition, he told me that the patients were my responsibility.

I went upstairs. I looked at these two very sick people. And as a medical doctor, especially in internal medicine, you’re supposed to
follow the orders of the chief, just like a private in the army would follow the orders of a sergeant. But I had six years of education above my medical training, for a master’s and a PhD in microbiology and cell biology, and I was always looking for new things. So I called Washington and spoke to the head of the National Institutes of Health in Internal Medicine, Dr. Fred Bartter. I asked him, “Is there anything in the world that you know of that might regenerate a liver?”

Dr. Bartter said he was studying intravenous alpha lipoic acid because he knew it would reverse diabetic neuropathy and other complications of diabetes. When he gave it to people, ALA seemed to regenerate their organs, stimulating their stem cells to start growing and to regenerate new organ tissue.

He sent me the alpha lipoic acid. I picked it up at the Cleveland airport about three hours later. The commercial pilot handed it to me. I ran back to the hospital and injected it into these two people for a period of two weeks. After two weeks, their livers had regenerated fully. And they’re still alive and well today, in their eighties, some thirty years later.

I was very excited. The people at NIH were very interested in my patients. But the medical chiefs of the hospital were not happy with me. In fact, they seemed angry.

They said, “We told the families that these people were going to die, that there was no hope. And now they’re alive and well. You know, it makes us look bad. And you did something without asking us for permission.”

I said, “You told me that these people were my responsibility, so I did what I thought was correct.”

I asked them if they wanted to know what it was that I gave my patients.

They said, “No.” They didn’t want to know. They were not even curious. They said, “This is not an approved drug. It’s not on our
formulary. And you did not follow orders like a good internal medicine doctor.”

I was sort of discouraged by this. It was very different from what I had seen as a professor of biology. Whenever I discovered something new in biology, everybody would pat me on the back and give me awards. In medicine, it seemed to me that if you discovered something new, you were thought of as an outlaw.

When more people who had eaten poisonous mushrooms came into the hospital, I was told I should not give them whatever it was I had given the first patients. Poisonous mushrooms destroy the liver. There’s not much you can do for these folks, except a transplant or, in this case, alpha lipoic acid. I gave these patients alpha lipoic acid anyway, and they got better, too.

The National Institutes of Health started supporting my work. I think because of this, the people at the hospital I was at had to go along with what I was doing. Eventually Dr. Bartter and I published a paper on seventy-nine people with so-called terminal liver disease, describing how seventy-five of these patients regenerated their livers, with just intravenous lipoic acid. Our paper was published in 1980 as part of the proceedings of the 1978 International Amanita Symposium in Heidelberg, Germany. (http://honestmedicine.typepad.com/BERKSON-1980-amanitin.pdf) And my first short note about this was in the New England Journal of Medicine. (http://www.ncbi.nlm.nih.gov/pubmed/366411?ordinalpos=3&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum)

The NIH was very excited about our work, and was interested in conducting a big study on ALA. However, their interest waned when, sadly, Dr. Bartter passed away in the early 1980s. But even before his death, no large pharmaceutical company was interested in sponsoring our work, possibly because they would have had to
pay too much money to the Germans for the ability to use their patent. (The Germans already had a patent on ALA.)

Personally, I also believe that because ALA is effective for many different diseases, no pharmaceutical company wants to go through the expensive clinical trial approval process. In order to make the most money, they want one medication per disease. For example, if a pharmaceutical company were to get ALA approved for liver disease, they would lose money on their diabetes mellitus drug, because ALA is also effective for reversing the complications of diabetes. And because no pharmaceutical company would be sponsoring our work, there would be no one taking out ads in the medical journals, or doctors and hospitals buying reprints from them. Medical journals rely on ads and reprints for a large portion of their income. So this was a losing proposition all the way around. In other words, alpha lipoic acid could save lives, but because it was such an inexpensive substance and a natural product, it would not make anyone a significant amount of money.

Even so, there was some interest in my work. Dr. Bartter and I were invited to Europe to be visiting scientists at the Max Planck Institute for a conference on liver disease and mushroom poisoning. I also kept having more and more successes in Cleveland. As I said, the chiefs had to put up with me. After we had four patients with such remarkable results, Dr. Bartter and several other doctors flew into Cleveland and set up a national conference on organ regeneration. I was the lead speaker. I don’t think the older doctors liked that very much.

For twenty-three years, I was the principal FDA investigator for the intravenous use of alpha lipoic acid. I’m also the expert consultant to the Centers for Disease Control on alpha lipoic acid and liver poisoning.

Pharmaceutical companies, though, weren’t interested in doing more investigation. It might surprise you to know that I’m not
criticizing the pharmaceutical companies. I think this is just busi-
ness to them, and here in America, medicine is a business. It’s just
the way things are done. If somebody wants to get a drug approved
by the FDA, they have to spend hundreds of millions of dollars
to do it. Even if the research has already been done in prestigious
hospitals in Asia or in Europe, they still have to do the research all
over again in the United States. And if the Germans own a drug’s
patent, an American company may not get full control of that pat-
ent. So most pharmaceutical companies are not willing to spend all
that money to get alpha lipoic acid approved by the FDA. Would
you? I mean, if you were a multi-millionaire, would you spend all
this money to get a drug approved, if others could undersell your
product? You would lose your multi-million-dollar investment!

The problem here is that no one has found a way to make big
money on intravenous alpha lipoic acid. So, even though it is ef-
ficacious, it’s a losing endeavor for any corporation to promote it.

People often ask me why more doctors have not come out
in favor of my work with alpha lipoic acid, or in favor of any of
the other treatments this book covers, for that matter. I can only
point to the way doctors are educated. In fact, it’s a misnomer to
say they are educated at all. Most of their work is training, rather
than education.

In medicine, they talk about training. In biology, we talk about
education. There is a big difference. When I started medical school
in Chicago many, many years ago, I used to ask questions. The
anatomy professor took me aside and said, “You know, we give you
information and you memorize it and give it back to us. And if you
do this, and you pass the test, in four years, you’re a medical doctor.
We tell you what to do, and you do things just like we do it.” And
he added, “If you don’t do it our way, you will have to do the year
over again.”
This was very different from the way I was educated for my PhD. There, we were encouraged to ask questions and to think creatively. In other words, we were educated, not trained. But in medical school, it’s training; it’s technical. It’s not like a biological education. It’s a very different type of educational process. Medicine is training, and if people are trained, they’ll all do the same thing in the same way all of the time.

Even when a patient comes to me, and it’s obvious that their hepatitis C, for instance, is in total remission after my treatments, it isn’t surprising to me that when they go back to their original doctor, he or she will not believe that the intravenous alpha lipoic acid has helped. They simply can’t accept that a treatment they think they didn’t learn about in medical school, or from their medical journals, is having such positive results, when their own treatments have failed. Ironically, they all learn about alpha lipoic acid in medical school. However, most doctors forget about it.

Frankly, it doesn’t help the situation that pharmaceutical companies—which control the clinical trials that are conducted on their own drugs, as well as the articles that are published in the medical journals—also have a tremendous influence on what appears on the media. For instance, in 2007, I was invited by the National Cancer Institute to fly to Washington and give them a lecture on how I was using alpha lipoic acid, combined with Low Dose Naltrexone, to treat autoimmune disease and cancer. I was very surprised that it was so well received.

At the same meeting, Dr. Maira Gironi flew in from Italy, and spoke about how she was having magnificent results reversing MS with just a little bit of Low Dose Naltrexone at bedtime. In April 2008, Dr. Gironi presented a paper on this study at the 60th annual meeting of the American Academy of Neurology in Chicago. (http://honestmedicine.typepad.com/Gironi-AAN-T-Apr-15-LDN.pdf. Go to Course Number P02.149 on p. 38—actual page 4 of
this document.) However, I understand that her successes with LDN were not publicized in the press. Instead, another—more expensive—drug for MS, manufactured by a large pharmaceutical company, received a tremendous amount of press coverage. Here is the press release, put out by Novartis, about this other drug: http://honestmedicine.typepad.com/NOVARTIS-RELEASE-COMI_249738.pdf. It’s a shame.

But I can’t let all this get me down.

In more recent years, some of the most interesting work I’ve done, and had great results with, has been with a combination of alpha lipoic acid and Low Dose Naltrexone. The way I found Low Dose Naltrexone is really very interesting. One day, thirteen years ago, a man came into my office with a walker. He could hardly move. He was about 70 years old. I asked him what was wrong, and he told me that he had just been to MD Anderson Cancer Center, and they told him he had prostate cancer, metastasized to his bones. He also had lupus and rheumatoid arthritis. They told him he only had a few months to live. Nothing could be done.

“Why are you in my office?” I asked him.

He said he had a wife with dementia and a son with a mental disability. He had to have them placed in a nursing home before he died. I asked what I could do for him. He said he really needed some narcotics to handle the pain. I said I’d be glad to write that prescription for him.

Then he asked me if I’d ever heard of Dr. Bernard Bihari in New York. I said, “No, I never heard of him.” He told me that he had heard that Dr. Bihari was curing cancer.

I said, “I don’t know why you’re in my office, or MD Anderson, or the Mayo Clinic. I don’t see any great results for curing cancer from any of these places. I don’t know how to cure cancer. So why don’t you go up and see him?”
“Well, he’s just in a little office in New York. What does he know?” he said.

I told him the story of when I was at a university hospital with alpha lipoic acid, which was really effective at regenerating livers and many other organs, too, and they just didn’t want to hear about it. They were in the liver transplant business. I added, “Maybe if this Dr. Bihari was at a big medical center like Sloan-Kettering or MD Anderson, and he had discovered a simple cure for cancer, they would have probably thrown him out, because such a discovery would put them out of business.”

What I said must have convinced him, because he went and saw Dr. Bihari.

And I didn’t see him for three years.

Three years later, he walked in without his walker, a normal guy.

I said, “John, how are you doing?”

“You know, the wind’s blowing. My nose is stuffed. I really need something for these allergies,” he said.

“But, John, what about the cancer?”

“Oh, Dr. Bihari cured that,” he said in a very relaxed way.

“What about the lupus and rheumatoid arthritis?”

“Oh, he cured that, too.”

I asked, “What did he use?”

“Did you ever hear of naltrexone?”

I said, “Sure, it’s something doctors administer to heroin addicts because it occupies their opiate receptors. When they shoot up, they don’t feel the heroin.”

“Well, Dr. Bihari found that if you take a tiny amount of naltrexone, a very low dose, at bedtime, it fools the brain into thinking there aren’t enough natural opiates in the bloodstream,” John said.

“Then, in the early hours of the morning, large amounts of natural opiates are released from the brain and from the rest of the nervous
system to modulate the immune system to fight cancer and to help autoimmune disease.”

This explanation made sense to me, but I was still very skeptical. My interest was piqued, though, because my wife had two aunts who had lupus and rheumatoid arthritis. They were actually on chemotherapy drugs, like methotrexate, and steroids, like prednisone, that swelled them up. The methotrexate was killing their bone marrow and damaging their hearts. They weren’t getting any better. So, I asked them if they wanted to try this Low Dose Naltrexone. They said, “Sure.” In one month, they were completely normal, off all drugs, and only taking this $12 a month prescription.

I had around one hundred patients who were suffering with lupus, rheumatoid arthritis, dermatomyositis and other autoimmune diseases. I would say that within one month, 85 percent of them were off all medications and feeling normal. As I started treating more and more people with autoimmune diseases, I began using LDN in combination with intravenous ALA—with excellent results. In fact, I believe that in most cases, my results with the combination treatment for autoimmune diseases are even better than results with LDN or ALA alone.

I’ve also had some wonderful successes treating cancers, including pancreatic cancers, with a combination of these two drugs. One of my patients came to me after being told by MD Anderson that he would die within a few months. He had pancreatic cancer, and so had nothing to lose. He was eager to try alpha lipoic acid and Low Dose Naltrexone in combination. He has since been alive and active, and still working, for eight years. (Editor’s note: Dr. Berkson is referring here to Paul Marez, who tells his story in Chapter 6.)

It is quite incredible, because pancreatic cancer is one of the cancers considered a death sentence by oncologists. They’re pretty much in agreement on that. In 2006, I published my results, a case study, in Integrative Cancer Therapies. (http://www.ldn4cancer.
In 2009, the same publication published another paper on three more successes with this deadly disease. The abstract is here: http://ict.sagepub.com/cgi/content/abstract/8/4/416. And on April 25, 2009, I gave an invitational lecture at the first European LDN Conference at Glasgow University, Scotland. The Europeans are very interested in this therapy because it costs so much less than the conventional approach.

I don’t think I can tell you how wonderful it is to be able to help patients who have life-threatening conditions, such as hepatitis, lupus, MS, cancer and a whole host of other ailments. The pharmaceutical treatments these patients’ doctors offer them aren’t working well, so their doctors just give up on them. I hope that, as more and more patients have success with treatments like the ones featured in this book, they will wake up, start doing their own research, and find treatments on their own.

But still, I would never force anybody to try any of the treatments I use. I ask them, “What do you want to do? Do you want to stick with the rheumatologist?” (Actually, I tell them always to stick with their rheumatologist or their oncologist.) “Or do you want to try something a little different?”

Many of them say, “No, I’m really happy with what I’m doing.” And I say, “That’s fine.” I would never want to force anything on anyone, and I don’t want anybody to force anything on me. People should be free to use any reasonable medical treatment protocol they think will help them.

The first people with mushroom poisoning Dr. Berkson treated over thirty years ago, Eunice and John Goostree, still stay in touch with him. They remain two of his biggest fans. In fact, Eunice Goostree wrote a review on Amazon.com of Dr. Berkson’s book, The Alpha Lipoic Acid Breakthrough. You may read her review here: http://www.amazon.com/Alpha-Lipoic-Acid-Breakthrough-Antioxidant/dp/0761514570.
Over the years, in Las Cruces, Dr. Berkson has saved many patients from needing liver transplants. He suspects that the fact that he has saved them from needing liver transplants may be one reason the medical establishment is not enthusiastic about his use of intravenous alpha lipoic acid. Transplants, he pointed out to me in a recent phone conversation, are a huge business in many US hospitals.

Patients come to Dr. Berkson from all over the world, and he has a waiting list of nearly a year. Luckily for Mary Jo Bean and Paul Marez—as shared in the next two chapters—and thousands of other patients who have been cured by Dr. Berkson in the last twenty-five years, Dr. Berkson opted to leave institutional medicine. We are grateful to him!

If you enjoyed this chapter, I hope you’ll want to listen to my interview with Dr. Berkson on HonestMedicine.com at http://www.honestmedicine.com/2009/02/audio-interview-burt-berkson-md-phd-talks-with-honest-medicine-about-his-work-with-alpha-lipoic-acid.html. You can also find a link to the word-for-word transcription of this interview by scrolling down on the web page.