



**Effective, Time-Tested, Inexpensive Treatments for Life-Threatening Diseases**  
**A Bestselling Book by Julia Schopick, Award-Winning Blogger on Health Care and Healing**

## **Interview Questions and Answers: Glioblastoma Treatments**

**Julia Schopick, Author of *HONEST MEDICINE: Effective, Time-Tested, Inexpensive Treatments for Life-Threatening Diseases***

Julia Schopick is the best-selling author of the book, *HONEST MEDICINE: Effective, Time-Tested, Inexpensive Treatments for Life-Threatening Diseases*. She wrote her book as a result of becoming an advocate for her husband, Tim Fisher, who was a 15-year survivor of a cancerous brain tumor, even though his doctors only “gave him” 18 months to 3 years to live. Both she and Tim felt that his extra years of life were a result of Julia’s unrelenting search for treatments to increase his survival and quality of life.

Through this journey, Julia learned a great deal about the brain tumor world. When Senator John McCain was diagnosed with a glioblastoma, the deadliest brain tumor of all, she was drawn back into that world by a desire to educate him and his family, and others with brain tumors, about potentially lifesaving treatments their doctors probably won't tell them about.

In this interview, Julia will share her concerns about the treatments Sen. McCain is being given, as well as information about treatments that have been known to extend the lives of brain tumor patients by many years—treatments most patients are not told about by their doctors.

**Q:** Julia, you have been a guest on my show a few times. This time, you contacted me about being on. You said you were concerned about the treatments Sen. McCain is getting at the Mayo Clinic. Can you elaborate?

A: Yes. I was saddened to learn that John McCain has been diagnosed with a glioblastoma (GBM). It is the deadliest brain tumor of all. In fact, it is called “The Terminator.” Most patients with GBMs are treated with the standard of care—chemo and radiation—which has been the standard for over thirty years. According to the American Brain Tumor Association, the median survival time with these treatments is 14.6 months. People I know who have followed the standard of care have not even lived that long.

However, I do know people who have used other treatments, either along with the standard of care or without it, who have lived up to 20 years and more. I am eager to share this information with your listeners.

Q: Tell us more about the standard of care for brain tumors—i.e., chemo and radiation.

A: When my husband Tim was diagnosed in 1990 with a brain tumor, just a little less deadly than Sen. McCain’s, the standard of care was the same as it is today. Chemo and Radiation. As I said before, it has been the standard of care for over thirty years. It wasn’t a particularly successful treatment then, and it isn’t a successful treatment today. Yet, doctors keep recommending the same treatments to their patients.

Q: Why do you think this is? In other words, why do doctors keep recommending treatments that essentially don’t work—or that don’t work very well?

A: Doctors in this country feel that they are pretty much forced to keep doing the same things—to not deviate from the standard of care. But, in reality, the standard of care is not necessarily the best care. Dr. Kevin Pho (KevinMD.com, a popular blog) points out that the term is widely misunderstood by academics as well as by doctors, who think that the standard of care is “best practice,” and that failure to use the standard of care means bad medicine. This is not true. He points out that the standard of care is “the level at which an ordinary, prudent professional having the same training would practice under the same or similar circumstances.” And he concludes: “So the standard of care is not only not perfect care, it is not even average care, because by definition that would imply that 50% of care is below the standard.”

<http://www.kevinmd.com/blog/2013/01/medical-malpractice-equating-standard-care-practice.html>

Q: So are you saying doctors will offer patients treatments that don't really work because they are the "standard of care"?

A: Yes, I am basically saying that.

Q: How does this relate to Sen. McCain's treatment?

A: It is especially troubling when it comes to glioblastomas. In my book, *HONEST MEDICINE*, I tell readers that, if a treatment their doctor has recommended is obviously not working, they should "follow their gut" and start checking out other treatments. However, with glioblastomas, which have such a short survival time, this is not an option. The GBM patient, or his or her family, has to start researching other options right away, from the very beginning. After a person has undergone chemo and radiation, he or she is particularly fragile. These treatments are toxic and debilitating. His or her family should have been researching other options from Day #1.

Q: It sounds like you started researching other treatments for your husband right after he was diagnosed.

A: Actually, I didn't. Just like most families who are given the diagnosis of a deadly brain tumor, my husband and I froze and did exactly what the doctors advised: surgery, chemo and radiation. We were just lucky that Tim survived despite my inactivity. I think this is why I am so passionate about getting the word out to other patients, so they won't make the same mistake I did.

Q: What would you suggest John McCain do? Would you recommend that he forego chemo and radiation? Or do you recommend that he use this combination treatment along with other outside-the-box treatments?

A: What I would like to tell the McCain family—and what I would like to tell your listeners and other brain tumor patients—is that there are several treatments out there that can, and have, increased survival time. As a matter of fact, I know several glioblastoma patients who are still alive after more than twenty years. Only one of the long-term survivors that I know personally used the standard of care alone, without other treatments.

There are several GBM survival stories on Al Musella's website: <https://virtualtrials.com/survive.cfm> (Musella has fought for many years to get better treatments for brain tumor patients.)

Q: So you would like to share options with the McCain family. What are they?

A: Here are the treatment approaches I would like the McCain family to know about. It is up to them to choose which treatment or treatments they would like to use, or if they would like to use a combination of treatments. I usually recommend that people use a combination.

## **NUTRITION**

Dr. Jeanne Wallace, [www.nutritional-solutions.net](http://www.nutritional-solutions.net), has several GBM clients who are alive many years post-diagnosis. One of her clients, Cheryl Clark, will be observing her 20-year anniversary this coming October. In Cheryl's case, she did undergo radiation, but opted to shun chemotherapy.

But she, and all of Jeanne's clients, eat a diet low in sugar (cancer cells love sugar!), and they are all prescribed many high-quality nutritional supplements, designed to discourage the growth of tumor cells. The supplements Jeanne recommends address the tumor in several ways, and she recommends supplements for each purpose, including: a) killing the tumor (this is what chemo and radiation are designed to do. There are many supplements that can do the same thing; b) curbing inflammation; c) boosting the immune system; and d) encouraging tumor cells to die (apoptosis).

## **REPURPOSED DRUGS/THE “COCKTAIL APPROACH”**

The leader in this area of cancer treatment is Ben Williams, PhD. Diagnosed with a glioblastoma in 1995, Ben was told about his options: chemo and radiation. He was also told about his chances of survival—back then, even less than 14.6 months. He deduced that he would be a “dead man” if he didn't do his own research and come up with a better treatment plan.

He pored through the medical literature and discovered that many drugs—used primarily for conditions other than cancer—had been shown in early trials to have cancer-fighting properties.

For instance, studies have shown Accutane, an acne treatment, to have promising results with glioblastomas:

- a) One study showed a 45-50% response rate—defined as stable disease or tumor regression—among brain tumor patients with relapsing malignant gliomas [Kaba et al., 1997], with one patient remaining stable 17 months

following the treatment [Defer et al., 1997].

- b) In a Phase II clinical trial of Accutane for the treatment of recurrent malignant brain tumors (e.g., tumors were still growing after radiation and chemotherapy), 53% of patients responded with disease stabilization or tumor regression [Yung et al., 1996].

Among the many other off-label drugs with possible cancer-fighting profiles: celebrex (arthritis), Chloroquine (malaria), Depakote (seizures), Provigil (excessive sleepiness), Statin drugs (high cholesterol), cimetidine (excess acid).

The indications for which the above drugs have been approved are in parentheses.

Learn more about repurposed drugs:

“Surviving Terminal Cancer”—Ben Williams:

<https://vimeo.com/119006145> (Williams also wrote a book with the same title.)

<https://repurposingdrugs101.com/>

<http://btcocktails.blogspot.com/>

<http://btcocktails.blogspot.com/2015/08/ben-williams-cocktail-profile.html> -- Williams' cocktail

## **THE KETOGENIC DIET**

I wrote about the Ketogenic Diet—the high-fat, low-carb, adequate-protein diet—in *HONEST MEDICINE*, for the treatment of pediatric epilepsy. It has also been studied for cancer, and especially glioblastomas. Dr. Thomas Seyfried first published a case study in 2010 of a man with a GBM who used the Ketogenic Diet successfully. He then wrote a book, *Cancer as a Metabolic Disease*. Others who have written about this diet as a treatment for cancer include Travis Christofferson (*Tripping Over the Truth*), Dr. Nasha Winters (*The Metabolic Approach to Cancer*), Patricia Daly (*The Ketogenic Kitchen*), and Miriam Kalamian (*Keto for Cancer*). In addition, Adrienne C. Scheck, PhD is studying the Ketogenic Diet for cancer at Barrow Neurological Institute in Arizona.

## **LOW DOSE NALTREXONE**

In addition to the Ketogenic Diet, I also wrote about Low Dose Naltrexone (LDN) in *HONEST MEDICINE*. In *HONEST MEDICINE*, I concentrated on LDN's use for autoimmune diseases, especially multiple sclerosis. In my as-yet-untitled book-in-progress, which is 100% about LDN, I am featuring its use for other autoimmune conditions, including Parkinson's Disease, Crohn's, fibromyalgia, chronic fatigue syndrome, lupus, rheumatoid arthritis, Hashimoto's disease, etc.

From the beginning, Dr. Bernard Bihari, the man who literally “invented” LDN, wrote that it has endorphin boosting, immune system enhancing characteristics. He wrote that several of his patients with cancer experienced excellent results with LDN.

Recently, there has been increased interest in using LDN for cancer. A documentary, “LDN and Cancer: The Game Changer,” features the work of several physician researchers in the UK who have had excellent results using LDN in combination with other treatments, including chemotherapies and some natural substances, for the treatment of cancer.

I would encourage Sen. McCain and his family—and other brain tumor patients—to watch it: <https://www.youtube.com/watch?v=r4quvjDiXcY>

Q: Would you recommend one of these treatments in particular to Sen. McCain?

A: No. I am not about telling patients which treatment to use. Rather, I am about sharing all the information I have and encouraging them and their families to make their own choices.

Q: Which of these treatments are easiest to obtain and administer?

A: I would have to say that Dr. Jeanne Wallace's nutritional consulting and treatment is the easiest. It is the treatment that is least threatening to GBM patients' doctors, although many conventional oncologists still believe that their cancer patients should NOT use nutritional supplements. They believe that using supplements will interfere with their patients' standard-of-care treatments. Dr. Wallace knows which supplements will interfere with standard treatments, and which ones will enhance the effectiveness of these treatments while minimizing their side effects. She also advises clients in

the use of supplements that will curb tumor growth and inflammation and enhance the immune system.

Q: How about the Ketogenic Diet?

A: For those patients who want to use the diet as part of their cancer treatment plan, I recommend that they consult with Miriam Kalamian, whose young son Raffi was diagnosed with a brain tumor in 2004. The standard-of-care treatments did not stem the progress of his disease; it was clear that the tumor was winning. This led Miriam to research other treatments. She found Dr. Thomas Seyfried's work, and administered the Ketogenic Diet for her son. Raffi lived three more years, ultimately dying in 2013 at the age of thirteen of complications from a large inoperable cyst on his brainstem. Miriam went on to get a Master of Science degree in Human Nutrition from Eastern Michigan University.

<http://www.dietarytherapies.com/>

Q: You seem to be a fan of using repurposed drugs to treat GBMs.

A: I am. But this option is the trickiest. Because doctors are so wedded to NOT stepping outside the box—please read Dr. Burt Berkson's chapter from *HONEST MEDICINE* on this topic—most patients who want to use this treatment method have problems. They are able to easily obtain the over-the-counter medications that have anti-cancer properties, such as melatonin, curcumin, etc. But it is more difficult to find a doctor to prescribe actual prescription medications, such as Accutane and Celebrex. I spoke recently about this with nutritionist Jeanne Wallace and she told me that her clients who had the most luck getting these treatments consulted with their general doctors, who were often more open to prescribing these drugs than their oncologists. This is also the advice Dr. David Gluck gives in *HONEST MEDICINE* about convincing doctors to prescribe Low Dose Naltrexone. He, too, says that medical specialists are less likely to step outside the box than are general doctors.