Intravenous (IV) therapy is the injection of nutrients (i.e. vitamins, minerals, or amino acids) into the veins, by passing the digestive system, thereby this therapy guaranteeing significant delivery of nutrients to the cells. Those nutrients in safe dosage range not only for nourishing the cells but to facilitate the body to heal better.

Benefits of IV Therapy :

- Supplies essential nutrients in patients with absorption problems
- Stimulates immune system to function better
- Improves circulation and unblocks arteries
- Decreases aches and pains
- Increases cellular detoxification
- Increases body's ability to heal (ie Sports Injury Recovery)
- Improve athletes performance
- Hinder cancer cell growth and spread

Several Indications for IV Therapy are ;

- Cancer
- Viral infections
- Colds or Flu
- Hepatitis
- Chronic systemic candida
- Epstein Barr virus
- Bell's palsy
- HIV/AIDS
- Malnutrition/Malabsorption
- Crohn's disease
- Celiac disease
- Ulcerative colitis
- Alzheimer's disease
- Cardiovascular diseases
- Arrhythmias
- Multiple Sclerosis
- Parkinson's disease
- Rheumatoid arthritis
- Fibromyalgia
- Sports Injury
- Restless Leg Syndrome

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Vitamin C - IV Therapy

There are many studies that look at vitamin C and its effects on cancer in a tissue culture. The concentrations of vitamin C used against cancer in tissue culture is achievable only with intravenous therapy. One study in the Journal of the National Academy of Sciences in 2008 reported on an experiment that showed that such high intravenous levels could reduce tumor volumes by 41-53%. This requires an intravenous dose of 60-75 grams (65000 - 75000 mg) per IV. In addition, high doses of Vitamin C therapy also significantly reduces fatigue, nausea, pain, and appetite loss.

Precautions

Intravenous therapy of high doses of vitamin C has an excellent safety record.
The risks, as with any intravenous procedure, include infection, clotting and loss of the vein, infiltration (leakage) of fluid into the tissues around the needle site, bruising, and occasionally pain in arm. These are very rare.

General Information

Vitamin C intravenous therapy can be utilized in conjunction with Chemotherapy and Radiation. There are studies that shows certain anti-oxidants favourably enhances chemotherapy drugs effects.

Lab Test : There are a few lab test that needed to be done to determine patient's eligibility to for the treatment : serum G-6-PD, kidney function test (eGFR), serum electrolyte level.

Things to do before each treatment :

1. Drink lots of water before each IV Therapy session
2. Eat your meal before having the treatment
3. Do not lift heavy weights or do vigorous exercise after the treatment

Duration : Each treatment varies between 1-3 hours in duration

IV Therapy Cancer Treatment Schedule

Session 1 & 2	25 g Vitamin C	in a week
Session 3 & 4	50g Vitamin C	2-3x per week

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Evidence for Vitamin C Intravenous Therapy for cancer support

"…intravenous administration of the same dose produces plasma concentrations about 25-fold higher. Larger doses (50-100 g) given intravenously may result in plasma concentrations of about 14,000 micromol/L. At concentrations above 1000 micromol/L, vitamin C is toxic to some cancer cells but not to normal cells in vitro. We found 3 well-documented cases of advanced cancers, confirmed by histopathologic review,where patients had unexpectedly long survival times after receiving high-dose intravenous vitamin C therapy. We examined clinical details of each case in accordance with National Cancer Institute (NCI) Best Case Series guidelines. Tumour pathology was verified by pathologists at the NCI who were unaware of diagnosis or treatment. In light of recent clinical pharmacokinetic findings and in vitro evidence of anti-tumour mechanisms, these case reports indicate that the role of high-dose intravenous vitamin C therapy in cancer treatment should be reassessed."
Padayatty SJ, Riordan HD, Hewitt SM, Katz A, Hoffer LJ, Levine M. Intravenously administered vitamin C as cancer therapy: three cases. *Canadian Medical Association Journal* (CMAJ). 2006 Mar 28;174(7):937-42.

" The antioxidant perhaps most widely used in complementary oncology is vitamin C, particularly by intravenous injection. In light of the recent clinical pharmacokinetic findings, the in vitro evidence of anti-tumour mechanisms and some well-documented cases of advanced cancers the role of high-dose intravenous vitamin C therapy in cancer treatment should be reassessed. High dose intravenous vitamin C therapy may have benefits in patients with advanced cancers, and cancers with poor prognosis and limited therapeutic options, but further clinical studies regarding the safety and efficacy of this therapy are necessary, especially in Germany"
Gröber U. Vitamin C in complementary oncology--update 2009 Med Monatsschr Pharm. 2009 Jul;32(7):263-7.

"Ascorbic acid is an essential nutrient commonly regarded as an antioxidant. In this study, we showed that ascorbate at pharmacologic concentrations was a prooxidant, generating hydrogen-peroxide-dependent cytotoxicity toward a variety of cancer cells in vitro without adversely affecting normal cells. To test this action in vivo, normal oral tight control was bypassed by parenteral ascorbate administration. Real-time microdialysis sampling in mice bearing glioblastoma xenografts showed that a single pharmacologic dose of ascorbate produced sustained ascorbate radical and hydrogen peroxide formation selectively within interstitial fluids of tumors but not in blood. Moreover, a regimen of daily pharmacologic ascorbate treatment significantly decreased growth rates of ovarian ($P < 0.005$), pancreatic ($P < 0.05$), and glioblastoma ($P < 0.001$) tumors established in mice. Similar pharmacologic concentrations were readily achieved in humans given ascorbate intravenously. These data suggest that ascorbate as a prodrug may have benefits in cancers with poor prognosis and limited therapeutic options."

Chen Q, Espey MG, Sun AY, Pooput C, Kirk KL, Krishna MC, Khosh DB, Drisko J, Levine M. Pharmacologic doses of ascorbate act as a prooxidant and decrease growth of aggressive tumor xenografts in mice Proc Natl Acad Sci U S A. 2008 Aug 12;105(32):11105-9. Epub 2008 Aug 4.

"To test the carcinostatic effects of ascorbic acid, we challenged the mice of seven experimental groups with 1.7 x 10(-4) mol high dose concentration ascorbic acid after intraperitoneal administrating them with sarcoma S-180 cells. The survival rate was increased by 20% in the group that received high dose concentration ascorbic acid, compared to the control. The highest survival rate was observed in the group in which 1.7 x 10(-4) mol ascorbic acid had been continuously injected before and after the induction of cancer cells, rather than just after the induction of cancer cells. The expression of three angiogenesis-related genes was inhibited by 0.3 times in bFGF, 7 times in VEGF and 4 times in MMP2 of the groups with higher survival rates. Biopsy Results, gene expression studies, and wound healing analysis in vivo and in vitro suggested that the carcinostatic effect induced by high dose concentration ascorbic acid occurred through inhibition of angiogenesis."

Yeom CH, Lee G, Park JH, Yu J, Park S, Yi SY, Lee HR, Hong YS, Yang J, Lee S. High dose concentration administration of ascorbic acid inhibits tumor growth in BALB/C mice implanted with sarcoma 180 cancer cells via the restriction of angiogenesis. J Transl Med. 2009 Aug 11;7:70.

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Iscador (Mistletoe) Information
Iscador contains as active ingredient a total fermented aqueous extract prepared using white-berried mistletoe (Viscum album) from different host trees.

From the results of extensive research and clinical experience in practice, various advantages of Iscador treatment have been demonstrated:

- Improvements in general condition (increase in appetite and weight)
- Restoration of normal sleep pattern. Improvement in general vitality.
- Improvement in mental state (depression/anxiety states, courage to face life and ability to take initiative).
- Improvement in 'quality of life'.

In addition other major effects are:

- Relief of tumour pain
- Inhibition of malignant growth without affecting healthy tissue
- Immunological effect (increase of the body's own defence system including a reduction in susceptibility to infections)
- Reducing unwanted side-effects from Chemo- and Radiotherapy
- Reducing the risk of recurrences and metastases

Indications :

- Malignant and non-malignant tumours
- Illnesses due to bone marrow depression
- Treatment to reduce the risk of recurrence of tumours while the condition is in remission
- Defined pre-cancerous states
  - Cervical dysplasia (Papanicolaou stage III)
  - Kraurosis vulvae
  -Papillomatosis of the bladder
  -Intestinal polyposis

Cancer Therapy
Mistletoe lectins: mistletoe lectin I, II and III with a total of more than 20 different individual components (isolectins). All lectins can stimulate cancer cells to "self-destruction". "Apoptosis" of this nature is possible and necessary for all healthy cells. This is because new cells are continually being produced and old cells are continually dying. Cell death and cell division are thus balanced out. Cancer cells have lost this ability and for this reason they reproduce unregulated and begin to proliferate. If the capability for apoptosis in cancer cells is reactivated or restored, the tumour growth can be restricted.

Complement Cancer Therapy
Early pre- and post-operative treatment with Iscador reduces the risk of developing recurrences or metastases and promotes the activation of the immune system, therefore promoting an improved recovery. The use of Iscador during radio and/or chemotherapy significantly reduces the side effects of these treatments.

Possible Reactions
A reddening and slight irritation at the injection site and possibly an elevation of body temperature are *favourable reactions* and are a part of the therapeutic regime.

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How is it done?
The mistletoe (1ml dosage) is given as subcutaneous (shallow) injections at the abdomen. This treatment is given every 2 to 3 days in a week.

Clinical studies
Currently, well over 100 clinical studies have been carried out with regard to the use of mistletoe extracts with different types of tumours. Mistletoe preparations are thus the best and most extensively researched medicines used in complementary cancer treatment. In the final analysis, the studies predominantly indicate that mistletoe therapy is of benefit. The best documented effects are the reduction in the side effects of conventional treatments such as surgery, chemotherapy and radiotherapy and an improvement in quality of life. In some cases, the appearance of metastases can be delayed and survival time can be prolonged.

Breast cancer
A study by Bock et al. (2004) demonstrated the safety and efficacy of a mistletoe preparation in patients with breast cancer. It compared the medical data of women with breast cancer who only received basic oncological treatment after the surgery with the data of patients who also received mistletoe extract. When compared with the control group, the women in the mistletoe group showed substantially fewer side effects caused by conventional treatments (radiotherapy, chemotherapy and hormone therapy) and a longer survival time. The tolerance of the mistletoe therapy was assesed good to very good.

Malignant melanoma
Study results from Augustin et al. (2005) show that mistletoe therapy can also be regarded as safe and effective in cases of malignant melanoma. Furthermore, it was determined that skin cancer patients treated with mistletoe extract survived for a clearly longer period of time. In general, the treatment was well tolerated; neither serious side effects nor an increase in tumour growth were observed. In contrast, the incidence rates of metastases were significantly lower in the mistletoe group as compared to control.

Intestinal and pancreatic cancer
Current study results are now also demonstrating the efficacy and safety of mistletoe extracts in patients with intestinal (colorectal) cancer and pancreatic cancer. The patients in the mistletoe group showed considerably fewer side effects caused by conventional treatments than those in the control group. For example, in the mistletoe group, only approximately 19% of the colorectal cancer patients and only 14% of the pancreatic cancer patients developed side effects caused by chemotherapy and/or radiotherapy, whereas in both control groups almost 50% suffered from these side effects. Likewise, disease- and therapy related symptoms, such as nausea, vomiting, loss of appetite, depression, fatigue, sleep disturbances and back pain occurred at a much lower frequency than in the control group, the physical performance of the patients was better, they spent much less time in hospital and survived longer with a better quality of life at the same time. The mistletoe therapy was also well tolerated. Only very few of the patients reacted to the mistletoe extract with side effects such as dizziness, fatigue, depression, slight fever or itching. With almost a quarter of the patients, so-called local reactions occurred; these were always slight to medium in terms of intensity and subsequently subsided completely. No major side effects were observed (Bock et al. 2007, Matthes et al. 2007).

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Price Schedule

Intravenous Treatment : $110 (plus HST)

Includes

Vitamin C	25 gram
Vitamin B complex	
Vitamin B12	1000mcg
Zinc	1mg
Selenium	400mcg
Magnesium	200mg
Sodium Bicarb	10ml
Saline 0.9%	250ml
Glutathione	
Diluted HCL	

Note that additional amount of nutrient will be added according to patient's need at no extra cost.

Each additional 25 gram Vitamin C is: $25

Vitamin B12 (2000mcg) Injections : $15 +HST

Mistletoe Injection (Iscador) $95 +HST (series of 7 treatment).

Glutathione Nebulizing Inhalation Therapy : $15+HST

Comprehensive Lab Test Package :

Kidney function test and electrolyte (M panel), serum G-6-PD (410) $45 +HST

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