



## GETTING OFF LIVER TRANSPLANT LIST

Guest: Burt Berkson, MD, PhD

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**JONATHAN LANDSMAN:** So you're fired from the FDA after 23 years. That's one thing that we got to talk about.

Number Two, you're ordered to give a woman something that she's allergic to. You refuse because it's not the right thing to do. They get some other Doc to give it to her, she dies, and then they want to pin it on you. And that's just the beginning of that story.

And Third, we got to hear from you about this. You're in Internal Medicine in a hospital, you're helping people where you're not supposed to do anything but take notes I should say, for these people who are going to die because of liver problems. Instead, you help them, and all your peers around you just have the worst attitude against you.

Dr. Berkson, you're going to tell me first about the FDA. You there for 23 years and they fire you? What's going on here?

**DR. BERKSON:** It's a long story. It's a long story. I took care of these people who were considered End Stage Liver Disease. I was told I'd they'd be dead in 2 weeks. I was told to watch him die and take notes, present to Grand Medical Rounds in 2 weeks when they die. Rather than doing this, I called the National Institutes of Health and spoke to Dr. Fred Biter who was the chief over there. And I asked him if there was anything in the world that will regrow a liver. And he said he was studying alpha lipoic acid as the wonder drug for the reversal of diabetes and diabetic neuropathy. But he said when they give it to people, they seem to regrow their organs or stimulate stem cells to regenerate. He sent me 2 cases the same day, I picked it up at the airport, inject it into these 2 people, the 2 weeks, they re-grewed and livers. Dr. Biter was so impressed that he came up with a team of doctors from Washington DC to examine the patients and set up a national conference in organ regeneration. They asked me to be the lead speaker. The Chiefs were not happy with me. They said you know, we asked you to watch these people die, now they're alive and well. We told the family, said they'll be dead in 2 weeks. You made us look like fools. And you also used a drug that wasn't on a formulary. They said the formulary committee hasn't meet for 2 months. Yes, you could be fired for this. And they probably would have fired me. But Dr. Biter took me under his wing, and he and I gave it to 79 people all across the country waiting for liver transplants, and 75 out of 79 regenerated their livers within a month. And I was appointed the Food and Drug Administration Principal Investigator for alpha lipoic acid as a drug for the reversal of all forms and liver disease. Then I got a call from one of the large well respected medical centers, and the chief asked me if I thought it would reverse diabetic neuropathy. And I say "originally that's what it was meant to do." And I sent him many cases. We kept these alpha lipoic acid samples at the National Institutes of Health. We send them all of these samples, and we never heard from them again. Then a few years later, I read this article, that this group gave intravenous alpha lipoic acid to 1200 people who were ready possibly to have their toes amputated, and within 3 weeks, they grew new blood vessels, new nerves and their toes did not require amputation. And I thought it'll finally become a prescription drug. They stopped doing it. This is back in the early 80s. So I call the drug company, told them I was a Food and Drug Administration Principal Investigator for intravenous alpha lipoic acid as a drug. I asked them why did this group stop using it when they had such wonderful results? He said off the record; this place is a big place. They have thousands of employees, they have all sorts of equipment, they have several hospitals. If they regrow the toes, if they grow new blood

vessels, new nerves on the toes, they lose the patient. If they cut them off, they make a lot of money. The next year, they come back and have a foot amputated, then a lower leg, then the upper leg, then the other limb. This drug was bad for their business, that's why they stopped. They have to do expensive surgeries to stay in business. If they regrow the toes, they lose the patient.

**JONATHAN LANDSMAN:** You know, the cliché profits over people. Such as the cliché; this is your own experience!

**DR. BERKSON:** From my experience, I've seen this to be true in many cases; not in all cases.

So then I asked the vice president of the drug company, I said you can put on the market as a drug, he had such great results with it. He says your drug will never get on the market. I said why not? He says well, if we give it for diabetic neuropathy, that also very effectively lowers blood sugar, we lose money on our diabetes drugs, our insulin. He says you've proven that it regrows livers; we lose money in our liver drugs. It gets in a heart, dissolves the plaque, we lose money in our heart drugs. It seems to stimulate the stem cells in the lungs, we lose money on our lung drugs. It changes cancer metabolism from anaerobic to aerobic; cancer cells die, we lose money. This is the worst drug that has ever been around; your drug will never get on the market. And a few weeks later, I get a letter from the FDA saying "We're sorry, but you're no longer the Principal Investigator for this drug, we're dropping. Lipoic acid, I guess it is a possible prescription drug.

**JONATHAN LANDSMAN:** And they gave you no other reason as to why they let you go.

**DR. BERKSON:** No, they said that I wasn't sending in enough reports. And as I remember a long time ago, I would send a report in, they send it back to me saying I sent it to the wrong place. So I send it to the place they suggested, they send it back; that's the wrong place, send it to another place.

**JONATHAN LANDSMAN:** Yeah, so it's all just a game.

**DR. BERKSON:** I think so.

**JONATHAN LANDSMAN:** So talk about this story that you shared with me off camera. But of course we're not going to get into too much detail, but it's just important I feel, for people to hear this as well. About how you are subjected to a lot of pressure. Generally speaking, but this one case in particular where you were ordered to give something to a woman that you knew she was allergic to. It's going to be a bad result. You refused to. Tell me the story about this.

**DR. BERKSON:** One night when I was on call, I received a call from the Chief of Medicine, and he said "Would you please give this woman an injection of a certain drug?" I think it was quinidine. And I said she's allergic to it. He said, I asked you to give her the injection. I didn't want to hear any flak from you. Well, I'm not going to do it. He said you're not going to take the orders from the chief? No. He says, I just can't understand how difficult you are you. You're the most difficult resident we've ever had. And I said I'm not doing it. So he has another resident to give her the shot. And she died right afterwards from an allergic reaction. So, the next morning when I came to work and doing my rounds, one of the nurses came up to me, and she handed me a sheet of paper. She said, this is the original record. This other resident gave a shot and the person died. She said, when the Chief came in, he asked me to alter the record and make it look like you gave the person is the injection and the person died.

**JONATHAN LANDSMAN:** Wow!

**DR. BERKSON:** And I believe this is a felony.

**JONATHAN LANDSMAN:** It is, no doubt. The reason why I think it's important for people to hear a story like this one is that records do get falsified. But more importantly, you talk about this.... What was about the year for this? 60s? 70s?

**DR. BERKSON:** This was in the late 70s.

**JONATHAN LANDSMAN:** Late 70s. You fast forward even to today. I know a lot of people that go through medical school even recently, and it's a pervasive culture that we've talked about a lot, where doctors feel like they have to follow orders or else. And it's that mentality that's given to them, that people wonder why are there getting treated this way as patients. Because if the patients don't follow orders, they're literally getting kicked

out of medical practices now. This attitude is pervasive throughout western medicine for since the beginning of time, isn't it?

**DR. BERKSON:** Well, I think you know, originally when I started medical school in Chicago, I was told by one of the professors, this is a club you're getting into. Everybody does the same thing, nobody gets in trouble. I said what about new ideas? Maybe if somebody is really stubborn, after 50 years It'll get accepted.

**JONATHAN LANDSMAN:** And this is before you're a Medical Doctor, correct?

**DR. BERKSON:** Yeah.

**JONATHAN LANDSMAN:** This is laying down the law for you.

**DR. BERKSON:** Yeah. And I really got so fed up with medical school and I quit originally and went to the University, got a master's degree and a PhD and became a Professor of microbiology at Rutgers University, where I was for several years. Then it was later around that I decided to pick up the two years of medical school I didn't have; the hospital years. And I thought I'd never practice, I always thought I'd be a professor, but I thought I'd have a lot more power at the university and earn a lot more money and be able to protect myself and the medical establishment.

**JONATHAN LANDSMAN:** Now, this next story Dr. Berkson, I think is going to be.... I can't think of another word except unbelievable. Nobody's going to imagine that it can get this ugly, but you were treating people successfully with serious liver problems. And it seems to me when we spoke about this off camera like they were throwing you these cases, because bottom line, the simplest way to put it is they had to see that you would get people that would die on your watch to make them feel better. Now, what I just said is just.... Now that's impossible. No medical doctor in their right mind would want to see a doctor fail. But tell me a little bit more about this story. It seemed like these people were really bothered that you had a clean record at this point in time that I'm describing.

**DR. BERKSON:** Before I this discuss this, I wrote a book about the lipoic acid breakthrough. And Dr. Julian Winokur wrote the foreword to that book. And what he said; he said "When I was young, I thought of something new

came along in medicine and it was very effective, it would be immediately accepted by all doctors and it'll become standard of care. So now that I've been practicing 30 some years, I realized that most doctors would rather have their patients die than do something different." And I think most doctors are afraid of anything different. But there are exceptions, they're exceptions. I think the culture is to be quiet, behave yourself, go through your residency, do everything like everybody else, you earn a good living and you'll never get in trouble.

**JONATHAN LANDSMAN:** You thought to yourself a lot. You were critically thinking, and it's definitely not something that is well received within the western medical system. Is that fair to say?

**DR. BERKSON:** Well you know, I had been a professor before I became a doctor. And I had 8 years of education above an MD before I did the hospital work for the MD. And it's very difficult for a person like this to get along.

**JONATHAN LANDSMAN:** Looking for these.... What are you describing these Black Crow Parties?

**DR. BERKSON:** Well, in many university hospitals, they give an award every month to the doctor that has the most deaths in a service.

**JONATHAN LANDSMAN:** It's unbelievable.

**DR. BERKSON:** And they have a party and it's called a Black Crow Award. And I was told I never won the Black Crow Award, I said great I never wanted.

**JONATHAN LANDSMAN:** So having gone through all these incredible stories and your experience is really amazing. Let's break down for people, the different kinds of liver disease that are out there so people have a clear understanding Dr. Berkson about what's going on.

**DR. BERKSON:** Well, there are many kinds of liver disease. There's liver disease caused by viruses like Hepatitis A, Hepatitis B, Hepatitis C, and several others. There is liver disease that's caused by a terrible diet, which is Fatty Liver Disease. There's liver disease that that's genetic, all sorts of liver diseases. But alpha lipoic acid seems to stimulate the stem cells in the liver and other organs to regenerate. And we often see that we could

regenerate a full liver even if a person has early cirrhosis.

**JONATHAN LANDSMAN:** You mentioned before that alpha lipoic acid as a drug. Is that considered a drug though today? Is it?

**DR. BERKSON:** Well today, it is considered a nutraceutical. But originally it was an experimental, investigational prescription drug.

**JONATHAN LANDSMAN:** And now as far as you know, are there any government health agencies looking into this substance at all, and how could help people further?

**DR. BERKSON:** Well, it's a natural product. People have published on it already, I have many publications and peer reviewed journals on it. The reversal liver disease and the reversal of some cancers. There are many studies now trying to change the alpha lipoic acid molecule. By changing part of the molecule so it can be patented is a new drug. But it seems that all of these corrupted molecules don't work as well as the original molecule. You know, lipoic acid, the reason we're alive is because every one of our cells is producing alpha lipoic acid now in small amounts, and it converts your food into energy. So without it, we will all be dead. It is the reason that we have energy to live. And many people don't understand this. There's an enzyme called Pyruvate Dehydrogenase, and lipoic acid is the major part of this enzyme, it is the key to changing our food into energy. When people are sick, they're not producing very much of it. A little child produces tremendous amounts of alpha lipoic acid.

**JONATHAN LANDSMAN:** So this is self-generated in the human body.

**DR. BERKSON:** Yes. every cell of your body is making it now, that's why you're alive; in small amounts. A little child produces tremendous amounts of it. You feed him with a Thanksgiving meal, he'll be running around the house. And 80-year-old man hardly produces it anymore. You feed him with Thanksgiving meal, he'll be sleeping on a couch. Unless you give them alpha lipoic acid, they'll be walking around the house.

**JONATHAN LANDSMAN:** I've even heard that this can help with people.... Not that we want to encourage people to drink, but I guess with the toxic effects of drinking you know, the next day you're with hangovers and all of these. The point is that this more that alpha lipoic acid present in the body,

it has a protective effect, correct?

**DR. BERKSON:** Exactly. It seems to reverse hangovers. We have people with full blown alcoholic cirrhosis. They come from all over the world, and we reverse it. They have alcoholic cirrhosis, they have portal hypertension with the belly, their muscles are degenerating, their looks like a like a prune. They going on alpha lipoic acid and a few other things, two years later they look like a normal human being again; they regenerate their entire liver.

**JONATHAN LANDSMAN:** And Western medicine, if someone presented with those kind of symptoms, what's their approach at that point in time with that kind of a person?

**DR. BERKSON:** Liver transplant.

**JONATHAN LANDSMAN:** That's it. And just hopefully they're going to survive until they get the transplant.

**DR. BERKSON:** Exactly.

**JONATHAN LANDSMAN:** So we hear this term Nash; N-A-S-H. Can you break this down, explain what it is and help us to understand, because we're not all Cellular Biologists.

**DR. BERKSON:** This is a fatty liver. And people get this from eating terrible diets. How many people eat fast food every day, they drink sodas every day with a lot of sugar in them, and the liver can't handle it, so starts laying down fat. And after a period of time, it becomes fibrotic. And if they continue this, it eventually become cirrhotic. And they form these little patches of scar tissue and nodules all over the liver. And then that can even turn into hepatocellular carcinoma; liver cancer.

**JONATHAN LANDSMAN:** So for those that might be curious, can you just define what NASH is?

**DR. BERKSON:** Non-Alcoholic Steatohepatitis, which means fatty liver.

**JONATHAN LANDSMAN:** And so again, we hear as we're breaking all this down, we hear a lot about hepatitis A, hepatitis B and C. What's the difference between these?

**DR. BERKSON:** Well, hepatitis A is something that people get from eating food that's contaminated with the virus. And it's usually self-limiting, you'll easily get better. Hepatitis B is a virus that could be very, very dangerous. Surgeons are often contaminated by somebody's blood that contains the virus getting through their gloves. Their gloves might break and they get a cut, that's how they get it. Hepatitis C; I say the majority of our patients get hepatitis C from blood transfusions in hospitals that contain the virus. Many people get it from intravenous drug use, but I think there's a lot more of this going on in hospitals than people realize.

**JONATHAN LANDSMAN:** Yeah, what you just said at the end kind of I think may surprise a lot of people; Hepatitis C coming from blood transfusions. Wouldn't you think maybe it's naive, that in a hospital, they're giving you a blood transfusion, the blood is clean, it's been tested. How on earth could it have a virus? Can you explain that?

**DR. BERKSON:** Did you ever see the people lining up in one of these blood donation places?

**JONATHAN LANDSMAN:** All the time. And on an intuitive level, I'll be honest with you. I hope people take it the right way, it's just my own personal decision. I've always been really squeamish about these places, like I don't understand. I guess a lot of people don't think about this at all, but tell me. What's the story?

**DR. BERKSON:** Well, I see a lot of homeless people standing in line, and I think they test the blood to some extent, but I think some samples contain the hepatitis C virus. And I published a paper sometime back on 3 people with Hepatitis C early cirrhosis, and with my triple antioxidant treatment for liver disease, all 3 within a short time.... I'd say a little over a year, completely regenerated their livers. And they have that's alpha lipoic acid only and intravenously, selenium which seems to be a birth control pill for the Hepatitis C virus. Doctor Will Taylor at the University of Georgia published some papers on this sometime back, it is completely ignored. And Selenium I mean, protects the liver from further damage. This was published in the German Journal of Internal Medicine, and when our governments saw this, they wrote an abstract of it and sent it to all the doctors through PubMed.

**JONATHAN LANDSMAN:** So you mentioned the triple antioxidant therapy. You mentioned the 3 elements; it's great, but I would imagine based on the person that's in front of you, intravenous, all different amounts? Can you break it down for us? How do you know how much to give people?

**DR. BERKSON:** Well, usually we start out very low as far as the intravenous, because we don't want to make anybody sick. We start out with maybe 20 milligrams.

**JONATHAN LANDSMAN:** Well, there was one thing you just said that was interesting right there though. What is it that could happen to someone if you gave too much? Is it about mobilizing too much toxic debris into the body?

**DR. BERKSON:** No you know, the big problem is that lipoic acid was originally a drug for the reversal of diabetes and diabetic neuropathies in Europe, and it still is a prescription drug there, and also in South America, in Italy; a prescription drug for the reversal of diabetes and diabetic complications. It lowers blood sugar very effectively. So if somebody doesn't have food on board, they could have hypoglycemia. That's the main problem we've seen with it first.

**JONATHAN LANDSMAN:** Are any of the people that you treat with this or would it be advisable that they're on blood sugar lowering medications at all? Or do you preferably remove them from that medication? How do you negotiate with that?

**DR. BERKSON:** What we do is, if somebody said diabetic and they're on diabetes medications, we give them the lipoic acid dissolved the D5W, in a glucose solution. We follow their blood sugar's very carefully.

**JONATHAN LANDSMAN:** And what would be the difference between IV versus All Administration? What would be the criteria as to why you did it?

**DR. BERKSON:** When somebody swallows lipoic acid orally, it immediately goes into the into the portal vein from the digested track straight to the liver. It's absorbed very very quickly. In fact, people say "Well you know, maybe this stuff isn't absorbed into the bloodstream as a certain product" but you could smell it in the urine in 15 minutes. So it gets right into the bloodstream very quickly and it all goes to the liver. So that's good; it's

orally. But when somebody is sick with cirrhosis, they have free radical damage all over their body. And if you just go to the liver, you're only partially treating them. If you do it intravenously, it crosses the blood brain barrier, it goes into the brain, goes into the heart, it goes into the lungs, it goes into every part of the body. And besides doing what I said originally that it turns food into energy and the mitochondria, it clears out all the cobwebs that have built up, all the free radicals are neutralized and people start feeling well right away. You know, this is something that our body produces that keeps us healthy.

**JONATHAN LANDSMAN:** It's amazing. So if someone were really in a bad situation, and I'm sure people listening to this Dr. Berkson, there are some really serious cases out there. Their liver is just about shot, serious fatty liver disease. They decided to get this kind of therapy. What does it actually look like? Is it every day? How long does it take? Do they have to take a break? Do they have to go somewhere and sleep over you know, that whole thing. Break it down for us?

**DR. BERKSON:** Well, our patients come from all over the world. We have people from South Africa, from China, from Japan, from Thailand, from South America, from all over the United States. And we usually ask the people if they have a local doctor who can continue treatment. Especially with certain forms of cancer, we've published several papers, several case reports and series on the reversal of Stage IV cancers. Somebody will come into the office, we work them up, we do blood work. And let's say they have cirrhosis of the liver; alcoholic cirrhosis. We start the lipoic acid slowly lower dose, we make sure they're not hypoglycemic, make sure they have enough sugar.

**JONATHAN LANDSMAN:** I'm sorry, is this the ALA only or the Triple Antioxidant Therapy?

**DR. BERKSON:** The is the ALA only.

**JONATHAN LANDSMAN:** Got it.

**DR. BERKSON:** The Selenium and the Silymarin are Oral.

**JONATHAN LANDSMAN:** Got it.

**DR. BERKSON:** And eventually we build up to probably an average size individual to about 600 milligrams. And they may stay from anywhere from a week to.... Well, one of the Grand Khalifa from North Africa came in, he came to the United States with diabetic neuropathy; he couldn't walk, diabetic retinopathy. And he came to a big medical center on the east coast, and they told him nothing can be done. He was finished. And one of the doctors, they said don't tell anybody, but I think I know somebody who could help you. And he flew out to Las Cruces with his whole entourage, about 30 people. He has his sons, his bodyguards, his cooks. We stayed for 6 months every day. And when he left, he was able to read and he was able to walk.

**JONATHAN LANDSMAN:** It's incredible. What regenerative power! Would you say that in a lot of cases though that seems like a tricky part, to find a physician that will help where they live? Do you work with those doctors if they're open minded enough? How does that look you know?

**DR. BERKSON:** Well you know, many of the doctors that belong to AKAM, and to some of the other integrative organizations that are willing to do this this work.

**JONATHAN LANDSMAN:** So when it comes to the Selenium and Silymarin, how much do you give of that? Is it one dose or it depends on the person?

**DR. BERKSON:** It depends on the person, but once we build up to the oral dose we want, usually 600-900 milligrams a day orally, divided doses of lipoic acid, and 200 micrograms of selenium. And probably about 2000 milligrams of Silymarin every day in divided doses.

**JONATHAN LANDSMAN:** And so besides blood sugar drops, is there anything else? It just seems like an amazing therapy that so many more people should be using, should hear about. Well, I think we understand why maybe a lot of people don't hear about this, but are there any other things that people should be concerned about depending on their health condition if they were to get this therapy?

**DR. BERKSON:** Probably not. You know, I've been doing it for over 40 years now. And we really haven't seen anything with the good German product. And there are other products that might be very good, but

sometimes they're not, you have to be very careful. You know, Dr. Barbara and I did the original work on alpha lipoic acid intravenously in the in the United States. And we gave it to 79 people who were possibly waiting for liver transplants; 75 out of 79 regenerated their livers within a month.

**JONATHAN LANDSMAN:** And every one of these people, there was nothing else that they were going to do, conventionally speaking.

**DR. BERKSON:** There was really nothing else for them. They were liver transplant candidates.

**JONATHAN LANDSMAN:** So Autoimmune Hepatitis; let's change gears for a moment, and lupus; two different things. Break this down for us.

**DR. BERKSON:** Well you know originally, autoimmune hepatitis was called lupus hepatitis. When the body attacks an organ with a positive anti-nuclear antibody, this is not lupus. If it attacks the kidneys, it's lupus nephritis. If it attacks the liver, it is lupus hepatitis. If it attacks the liver, it is lupus hepatitis or autoimmune hepatitis.

**JONATHAN LANDSMAN:** So the body is actually recognizing normal organs as a problem or an enemy of the body.

**DR. BERKSON:** Yes.

**JONATHAN LANDSMAN:** It's crazy.

**DR. BERKSON:** Yeah. And one of the things we use for that is low dose Naltrexone. Many years ago; about 20 years ago, a man came into the office, and he came in with a walker, could hardly even move. He said he had been at MD Anderson Cancer Hospital, and they told him he had prostate cancer in his bones. And he also had rheumatoid arthritis and systemic lupus. And he said the MD Anderson people said he had a few weeks to live. He had to put his wife in a nursing home before he died. Would I give him pain pills so he could survive for that amount of time without a lot of pain? I said sure, I gave him the pain pills. Then he asked me if I ever heard a Dr. Beharry in New York? I said no I never heard of him. And he said he heard Dr. Beharry was stopping the growth of cancer and reversing it, and reversing rheumatoid disease like lupus and rheumatoid arthritis. So I said "Well, why don't you go up there and

see him?” He said you know, he’s just in a little office. If it was any good he would have been at Sloan Kettering or Dana-Farber. I said you know, they treat a lot of cancer, they don’t cure a lot of cancer. And I told him how when I was in Cleveland they were very angry with me, because I was regrowing livers rather than sending them to be transplanted. I said you know; you’d go up there. So anyway, this gentleman went up and saw Dr. Beharry, and I thought he died 3 years after walks in with his walker. And I sad John, how are you doing? He said I’m doing fine; I have a cold or sinus trouble. So what about the cancer and rheumatoid arthritis? See, Dr. Beharry put me on low dose Naltrexone, which costs about \$20 a month, and that’s stop the growth of the cancer, reversed it, and the rheumatoid arthritis disappeared.

**JONATHAN LANDSMAN:** What is that substance? For people don’t know.

**DR. BERKSON:** Well, high dose Naltrexone was a prescription drug that they gave to narcotics addicts so they didn’t feel the narcotic. But low dose Naltrexone does something else. When you take it at bedtime, in the morning there’s a flood, a cascade of endogenous endorphins; natural opiates. One group of them down regulates cytokines that cause inflammation. Another one named [Word missed00:36:10], binds the cancer cells and kills them. But I was very skeptical, I had a lot of patients with rheumatoid arthritis, systemic lupus, and the majority of them got better with low dose Naltrexone.

**JONATHAN LANDSMAN:** But what exactly is it? Where does it come from?

**DR. BERKSON:** It is a prescription drug. And its compounded to lower doses by compounding pharmacies.

**JONATHAN LANDSMAN:** And there’s any risk at all that people should be knowing about that? I know you’ve been using for a long time.

**DR. BERKSON:** Yeah. I take it every night. Everybody in my family takes it to prevent things. Once in a while somebody tells me they have vivid dreams; they dream that they’re an astronaut going to Mars or something like that. Vivid dreams are the side effect. But I’ve never had vivid dreams though, with low dose Naltrexone.

**JONATHAN LANDSMAN:** So talk about some of the papers that you've produced you know, because for those who are more scientifically inclined and they want to see; look, this is all nice what you're talking about Dr. Berkson, but come on, did you publish anything about this stuff that we're talking about?

**DR. BERKSON:** Yeah, sure. You know originally, I was a microbiologist and a mycologist. And we published a lot of papers on the cell biology of fungi and other microorganisms. In fact I published a paper many years ago on how a nucleus moves through the cell. And I said the centriole all is the organelle of nuclear motility, and it's published in the Journal of Cytology. Once I got into medicine, my first publications were with Dr. Barter from National Institute of Health. To self-publish out of National Institutes of Health, probably the most prestigious place in the world for publications. We publish on the reversal of acute hepatic necrosis, the worst form of liver disease. And let's see, I think we have 3 publications on that.

**JONATHAN LANDSMAN:** And just to repeat what you just said "the reversal." These people reversed this condition and felt completely fine. You've done this!

**DR. BERKSON:** The people I've followed are in their 80's now with no liver disease. Then I thought if it worked for acute liver disease, would it work for chronic liver disease? And I published a paper on 3 people who are on liver transplant lists. Within a year I'd say, they were free of liver disease. And I published this in the German Journal of Internal Medicine, I was Visiting Scientists in Germany, and we publish it there, and when our government saw it, they wrote the abstract, and it was on PubMed, it was available to everybody. Then I started; a man came in, a young man who was an MD Anderson patient who had pancreatic cancer metastasized to his liver; Stage IV. The young man, 44 years old, young wife, young son. And he said he didn't want to die and they told him to go to hospice. I said do you want to try this? He said yes. And we gave him the intravenous lipoic acid, low dose Naltrexone at bedtime and a few other things. Then 2 months later, he went back to work; nine years later the PET scans showed no cancer.

**JONATHAN LANDSMAN:** And this is no other thing I mean, don't let me put words in your mouth; no other major changes to these people's lives. Obviously they're not running all over the place and eating fast food and

doing all these things in that condition, but essentially these were the very safe and effective therapies that were put into these people....

**DR. BERKSON:** No side effects at all.

**JONATHAN LANDSMAN:** to help them regenerate their bodies.

**DR. BERKSON:** So then a man came in, I think it was a retired police man from Chicago. And he had a lymphoma and possibly a leukemia. So he was also told there was nothing there can be done. And we put him on the lipoic acid for several weeks and then he just following up a low dose Naltrexone, and 6 months later the PET scans show no leukemia or lymphoma. Then I published another paper in a peer reviewed journal, of 3 more people with pancreatic cancer metastasis to the liver, within a short time they were free of it. And then I published another paper on a Stage IV renal cell carcinoma; kidney cancer metastasized to the lung. It took 4 years for him to get better, but he was feeling better very soon after treatment. All published in big peer reviewed journals. And then we publish another paper on actually how much lipoic acid that it would take to kill a person. And I did the electron microscopy at the University on that. And it seems that if you have very very high doses of lipoic acid, the mitochondria start working, it gets overworked and heats up and blows up. So this is 90 mg/kg, those are the LD50 studies.

**JONATHAN LANDSMAN:** That's an enormous amount you just described.

**DR. BERKSON:** But I was very surprised that one day I received a call from our National Cancer Institute in Washington; the most prestigious place in the world for cancer. And one of the directors called me up and said you know, we've been reading your publications, and you're having wonderful results. Can we invite you to Washington and teach us what you're doing? And I went there and talked and there we're no arguments. And then one of the directors told me, he says you know, this is very interesting; a metabolic approach to the reversal of cancer. He said, but I don't think it'll catch on you know, the drug companies don't want to see this kind of thing on the market.

**JONATHAN LANDSMAN:** What a shocking revelation?

**DR. BERKSON:** He said, but maybe if we have a great depression

someday, people won't be able to afford these expensive types of treatment, and this kind of thing will be accepted. So few years later, he called me up and he said you know, I think the President is spending too much money. And he thinks if his colleagues get in, we might have a great depression. So we'd like to invite you back to Washington, we will give you an entire afternoon to speak at the National Cancer Institute. Present 7 cases of Stage IV cancer you've reversed; liver cancer, pancreatic cancer, kidney cancer, breast cancer; seven cases of serious cases. And we will have our experts listen to each case, and then discuss each case after you present it. So I went there and spoke for the whole afternoon, and they say "Hey, this is all valid." And they wrote this big newsletter up and sent it to all of the doctors in America. From the National Institutes of Health and National Cancer Institute; the most prestigious places in the world for medicine, and cancer doctors weren't happy. The ones I ran into said you know, you're not an oncologist, stay out of our business. The hepatologists, the liver doctors told me the same thing. You know, I don't know why they invited somebody like you. You haven't been trained to do things the way we do it. We use chemotherapy, we use other immunotherapies, and we're happy with what we do. We don't want to hear from somebody like you.

**JONATHAN LANDSMAN:** It sounds just like with Linus Pauling. He's not a medical doctor, why is he messing around? Countless biological dentists who I've spoken to, who know that if you clean up the mouth you'll clean up the body and the person will feel better, but western medicine views a dentist that speaks about that connection; they're crazy, stay out of our business. This happens over and over again; it just sounds like.... Dr. Berkson, there as a lot of people unfortunately in the profession that feel very insecure. And I know I'm being gentle and nice about this, which is not my intention. They're very fearful of being sued, and they're looking to just protect their own financial interests and forget about the way this will actually help people out at all.

**DR. BERKSON:** Well first of all, let me say that I don't think we cure any cancers. I think we often cause cancer to regress. And as long as you're doing the treatments, they seem to be doing fine probably in the majority of cases. We have a lot of terrible failures too; I have to tell you that. I don't know why you know, maybe it just isn't working or it's possible that person is not following the protocol.

**JONATHAN LANDSMAN:** Would you remind me my...? The late great Dr.

Nicholas Gonzalez, a dear friend of mine, who would say that a lot of times he would do a lot of therapies with people successfully where it wasn't necessarily something that he wanted people to understand. Just like what you just said, it didn't cure the person of cancer; they still had cancer in their body, but they felt better, they were active, participating with their family, feeling so much better and lived many many more years with the presence of cancer cells. But the bottom line is, they were much healthier; I think that's what you're saying.

**DR. BERKSON:** Although we have one woman from Odessa, Texas who came in maybe 12 years ago, had breast cancer metabolized to her bone and into her liver, and she was also told by the University that there was no hope, she should go to hospice. And we started treating her with our program, but every once in a while, she went back for some chemotherapy. She never looked bad. She taught school all through this time, she felt normal. And you know, lipoic acid seems to neutralize the free radicals that chemotherapy produces. So what I told her, I said you know, if you're going to have chemotherapy, that's fine. I mean, I always tell my patients what they could do conventionally and non-conventionally. So go ahead and do it if you want to do this. But a few days after the chemotherapy, after the chemo kills the cancer, you don't want it to hang around and kill everything else. You get the lipoic acid and neutralizes this excess chemo. So she did that, and now it's 12 years, 13 years later, there's no sign of cancer, and she stopped treatment and she seems to be cured.

**JONATHAN LANDSMAN:** So as we're closing out this discussion on liver issues. It's amazing what your experience has shown you and how many people you've been able to help. It's not 100%, we understand that, but talk a little bit more about your center in New Mexico. Some of the other therapies that people will be exposed to that will help them with their liver dysfunction.

**DR. BERKSON:** Well, with the liver cancer by the way, what we usually do is we give them intravenous Vitamin C in the morning, then they go out and have something to eat because they need food on board. And then they get lipoic acid in the afternoon. And when they get the Vitamin C in the morning, the Vitamin C gets used up, but lipoic acid recycles it, so they get like 3 times a bang for their buck if they do it that way. And we've had very good results with this, we have several people who've had hepatocellular carcinoma, and I think one of the cases that I presented at the National

Cancer Institute were we were able to reverse that in 2 years, there was no sign of that after 2 years.

**JONATHAN LANDSMAN:** I hear a lot of noise out there from... And I'll say this in a nice way again; people who maybe don't know what they're saying, but you got to watch out with that Vitamin C, it can cause kidney stones and all this danger, and you really should be getting Vitamin C from just natural sources like an orange or food. But you know, I find it hard thing to communicate to those people sometimes, that they got to realize these people that you're seeing are really not feeling well at all. There's no practical way they could get enough vitamin C in them by eating.... What? 500 oranges a day?

**DR. BERKSON:** That's right. Yeah, we go up to 75 grams a day.

**JONATHAN LANDSMAN:** That's 75,000 mg of vitamin C. And this, the purpose of that is what? What is the good function for that type of individual? Obviously it's not for someone like me who is not on a pressing need for it. But for someone like that, why that much?

**DR. BERKSON:** Well in very high doses, when it comes to contact with cancer cells, it creates free radicals and they die. Cancer cells don't have the enzymes to break that down properly.

**JONATHAN LANDSMAN:** Most critically ill patients; this probably would be fair to say, are very deficient in Vitamin C. True?

**DR. BERKSON:** I think so. Yes.

**JONATHAN LANDSMAN:** And so the alpha lipoic acid goes in the afternoon... and are there other therapies that you do to help people to feel better and recover?

**DR. BERKSON:** Well, let me tell you exactly what alpha lipoic acid does for let's say a cancer patient. Remember I said that lipoic acid, one of the things that it does is it converts the food into energy.

**JONATHAN LANDSMAN:** Right.

**DR. BERKSON:** There's an enzyme called pyruvate dehydrogenase,

and it's a tricyclic enzyme. And each part of the enzyme is a lipoic acid molecule. Now, cancer cells create an enzyme that interferes with this pyruvate dehydrogenase; this is actually called pyruvate dehydrogenase kinase. Lipoic acid down regulates that. So the cancer cells don't know what to do and they die.

**JONATHAN LANDSMAN:** That's they're forcibly turning off that cancer cell's ability to do harm to the body.

**DR. BERKSON:** In other words, the cancer cells are forced from an anaerobic metabolism; a very simple sluggish metabolism, into an aerobic metabolism where the mitochondria are involved. And since their mitochondria are not functional, they die.

**JONATHAN LANDSMAN:** So Otto Warburg talked a bit about this whole concept for making cancer cells not want to be around and your body, just a lot of presence of the oxygen and all of this. This makes so much sense that a person should expose themselves to anything like that, that would calm down inflammation, bring in more oxygen to the cells, this would be just a win-win, right?

**DR. BERKSON:** Well you know, he won the Nobel Prize for that. A funny story of.... Every year I go to the National Cancer meetings from one of the big universities, and last year I was walking by the booth from this university, and a young female oncologists handed me a tray of Hershey bars and 3 Musketeers and M&M's. And I said you know, I can't understand why an oncologist would be passing out sugar. She said why do you say that? I said, because cancer cells need sugar to live they grow on sugar. She says I don't believe that. I say you don't? What about Otto Warburg? I've never heard of him. I said did you ever hear of a PET scan? Of course. But why don't you tell me what it is? Well, they take sugar an.... Oh my god, I never thought of it.

**JONATHAN LANDSMAN:** So there really is you know, I've often said that in so many my programs Dr. Berkson, that there is this a huge disconnect in so many of these medical professionals who are being taught in medical schools; we've talked about that already. And yet, there is such great research. You've been a part of it personally, putting out great information. All the scientific literature is out there to help medical professionals make the connection. But there is this huge gap between science and what

they're doing clinically in their practices, right?

**DR. BERKSON:** Now people have said to me, why aren't you doing large scale clinical trials? I said I don't have billions of dollars to do that with. It takes a lot of money; I have a medical practice; I work I work several days a week, and I just don't have the money to do that. It's very very expensive to do an FDA double blind placebo controlled study.

**JONATHAN LANDSMAN:** And people need to realize that a lot of these, the engine behind all of this are all the large pharmaceutical companies. That's their vested interest is in doing these things for drugs that they're going to sell. And I think that's the toughest pill to swallow, pun intended. People need to realize that a lot of what we're talking about with the hope of the general public being "Wow! They'll come up with something to help me out or my family." But the reality is, these companies are really looking as to how to profit from making more of these chemicals, and not necessarily what's best for the public.

**DR. BERKSON:** But you have to understand their point of view too. If they spend a billion dollars to study a drug and the drug goes on the market, they don't want to lose that money. That's a lot of money. And you can understand why drug companies are the way they are. And you know, the stockholders don't want them to lose money.

**JONATHAN LANDSMAN:** But it truly is a "Sick Care System" and whether they're all taught one thing; this line of treat, and manage. I think the whole idea, within a few years you probably would never hear a conventionally trained medical doctor ever talk about a "cure" for anything, say its next to impossible to even fathom such a thing. You got to diagnose, treat, and manage. And that's where the business is; that's it.

**DR. BERKSON:** That's the business. But you know, there are a lot of prescription drugs that are just wonderful. And I use them every day for my patients, but there are a lot of them that are worthless, and have terrible side effects, and don't work.

**JONATHAN LANDSMAN:** Dr. Berkson, thank you very much for your time today. I appreciate it.

**DR. BERKSON:** It's a pleasure. Thank you.