Hypothesis proved...citric acid (citrate) does improve cancer: A case of a patient suffering from medullary thyroid cancer

“The supreme function of reason is to show man that some things are beyond reason”. – Blaise Pascal (1623–1662)

This work is based on the scientific hypothesis published in Medical Hypotheses, where I suggested that the cause of cancer is the result of the evolution of mitochondria in cells, and that on inhibiting glycolysis with citric acid, the mitochondria in neoplastic cells can be debilitated and cancer can be treated [1].

The patient treated with citric acid is a boy, he is 10 years old and he was diagnosed with type 2B multiple endocrine neoplasia (MEN 2B) in July 2006; only medullary thyroid cancer had manifested at the time of the diagnosis.

He has undergone five major throat surgeries and the medullary thyroid cancer could not be eradicated; the blood calcitonin levels remained high after the surgery.

The patient takes calcium carbonate, potassium, calcitriol, thyroid hormones, and acenocumarine daily; he never receives anticancer treatment.

He received 1.5 g of pure citric acid, in a powder capsule form, three capsules of citric acid were administered each day since November 14, 2008, when his treatment formally began; he also received omeprazol, 20 mg and sucralfate, 500 mg a day. He weighed 20.7 kg at this time.

Three days later he received 1.5 g of citric acid twice a day, the next day a blood calcitonin sample was taken, which was reported at 944 pg/ml using the radio-immunoanalysis (RIA) technique at the Hospital Angeles Lomas, Mexico.

The next 5 days, he only took 1 g of citric acid at night, because he presented a slight bleeding on the skin of the abdomen, around the gastrostomy tube, but then he continued receiving 1 g of citric acid each 12 h.

The calcitonin test was repeated on the 8th day since the formal beginning, and from then on, he was taking 2.5 g of citric acid each day, three 500 mg capsules in the morning and 2 capsules at night. The results of this calcitonin levels were 1,195 pg/ml; I thought the reason for this increase had been the natural development of the medullary thyroid cancer, which tends to increase, and even double in a short time [2].

Then I increased the intake of citric acid of the patient to 2 g every 12 h 35 days after the beginning of the treatment; the result of calcitonin level 18 days later was 773 pg/ml, with the same technique (RIA). There has been a total reduction of 64.6% of the blood levels of calcitonin so far.

I increased the intake of citric acid again to 2 g every 8 h since that day, and the result of the calcitonin level 4 months later was 598 pg/ml. The total reduction of calcitonin is more than 50%. In this day he weighed 22.5 kg.

There is neither a scientific nor rational explanation for the reduction of his blood calcitonin level other than the action of the citric acid that he took as his only treatment.

I fully understand that these facts are controversial, but the final proposal is very safe for cancer patients: to take citric acid.

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References


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Theoretical aspects for analyzing the occurrence of metastasis in cancer patients and hypothesis to obtain their increased survival

To the editor:

Today cancer is the second leading cause of death in the United States. Methods for prevention, increase survival and surgical techniques are excellent, but we are now stymied by the spread of cancer in the organism, a phenomenon known as metastasis. Diagnostic tests and surgical techniques are excellent, nevertheless there is a post surgical post surgical period which consists of an apparent disease free interval of variable length preceding a recurrence locally or at a distant site. The recurrent site may demonstrate a random distribution.

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