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## Kelley Protocol for Cancer Support

When Dr. William Donald Kelley, DDS developed pancreatic cancer in 1962, he was given less than a 4 weeks to live by the physicians of his day. Facing imminent death, Dr. Kelley chose to follow the theories of Dr. John Beard, MD in order to enjoy an improved quality of life. Dr. Beard proposed that cancer cells act similarly to trophoblastic (placental) cells—cells whose growth is stopped by endogenous pancreatic enzymes from the mother and baby. Beard’s theory is known as the “trophoblastic theory of cancer.” Employing this theory, Dr. Kelley used pancreatic enzymes, raw juices, and coffee enemas to improve his overall quality and length of life. Dr. Kelley survived until 2003.

(John Beard (1858 – 1924) published his “Trophoblastic Theory of Cancer” in the *The Lancet* in 1902).

Dr. Kelley developed what he later described as the metabolic protocol for cancer. He was so successful at improving his own quality of life that other cancer patients came for nutritional advice. In 1981, Dr. Nicholas Gonzalez, a 3<sup>rd</sup> year medical student at Cornell University did a summer project documenting Dr. Kelly’s work. In a retrospective study of 1300 patients, Dr. Gonzalez was so impressed that he devoted his life’s work to perfecting Dr. Kelley’s work. Dr. Gonzalez was, in fact, awarded a 1.4 million dollar grant in 1999 by the National Cancer Institute and the National Center for Alternative and Complimentary Medicine to compare the efficacy of his enzyme protocol to that of chemotherapy for pancreatic cancer patients.

(Gonzalez’ work has been published in the journal *Nutrition and Cancer*. Gonzalez NJ, Isaacs LL (1999). "Evaluation of pancreatic proteolytic enzyme treatment of adenocarcinoma of the pancreas, with nutrition and detoxification support". *Nutr Cancer* 33 (2): 117–24. doi:10.1207/S15327914NC330201. PMID 10368805.)

## Kelley Protocol at Aspen Integrative Medicine

Dr. John Hughes, D.O. was introduced to Dr. Nicholas Gonzalez in 1991. Dr. Gonzalez’ work inspired Dr. Hughes that he later did a senior thesis and lecture at Furman University in 1997. Dr. Hughes learned about Kelley’s work with one of Dr. Kelley’s last students, Pamela McDougle. The Kelley Protocol shared by Dr. Hughes has been adapted from the direct teachings of Dr. Gonzalez and Ms. McDougle. Dr. Hughes has lectured at Envita Medical Center in Scottsdale, Arizona about



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the Kelley Protocol. He has patients from Colorado and Arizona that use the Kelley Protocol on a regular basis.

Dr. Hughes shares nutritional information about this protocol for quality of life purposes only for patients who are not seeking any curative therapies.

Note: The following nutritional support is not designed in any way to offer any type of “cure” or “treatment” for any cancer, but it may have some benefit for improving quality of life for some cancer patients.

The Kelley Protocol for cancer has 4 major components.

- 1) Appropriate diet
- 2) Nutritional supplements-including pancreatic enzymes, amino acids, and digestive aids
- 3) Detoxification (aided by saunas and/or exercise)
- 4) Close follow-up: with physician care, imaging, and labs

The core of the Kelly Protocol is the utilization of the human immune system to eliminate cancer cells, detoxify, and remain strong and fit. Utilizing all of the above three components, it may be possible for the human system to accomplish this task.

## Basic Guidelines-Kelley Protocol

- 1) **Water:** Drink only filtered or spring water. Avoid plastic water bottles with BPA (bisphenol-A). Avoid metal drinking containers. Avoid chlorinated water. Drink 8 glasses of water daily; avoid large volumes of water at meal times.
- 2) **Organization:** Be ready to show this calendar to Dr. Hughes and associates at least once per week. The first 12 weeks of the program are most difficult to stay on track.
- 3) **Cookware:** When eating cooked foods, only use stainless steel, iron skillet, safe ceramic, or pyrex cookware. Do not use microwave ovens. Do not deep fry foods. Do not use aluminum cookware.
- 4) **Dental Work:** Regarding amalgam fillings, do not remove these fillings during the first 6 months of this Kelley program. Removing these fillings may create a very toxic burden that cannot be handled by the human body fighting to survive in the face of cancer. Patients that have mercury or other heavy metal toxicity may utilize oral chelating agents. Regarding root canals, the patient should remove these teeth as soon as they are physically able. It is not recommended to have implants replace the extracted teeth. Along a similar line, breast implants are also an immune burden.



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- 5) **Labs:** Lab work is critical to monitoring progress and nutritional status. Your primary physician and your oncologist will determine many of your labs. A functional medicine physician may also recommend others. Dr. Hughes recommends only a few specific nontraditional labs that most patients have not used. See below for more information.
- 6) **EMF:** Electromagnetic Fields—These are very real magnetic fields that can damage the human energy system. These fields derive from cell phones, computers, plasma televisions, far-infrared saunas, high-tension power lines, underground water sources, automobiles, and other electronic appliances. Using polarizers recommended are vital for maintaining critical energy levels.
- 7) **Somato-emotional sources:** While the physical body is often the most visible manifestation of cancer in the human, the human spirit and emotional body most often determine whether the human body will continue to manifest cancer. “Cancer” is, ultimately, only a vague term often to describe the very real underlying unresolved emotional and spiritual challenges faced by a particular human. Hence, it is vital to stay open to the messages and lessons learned while facing of the physical and spiritual nature of “cancer.” Resources for doing this work are available upon request.

### **Dietary Guidelines**

The following guidelines are generalized for cancer patients. Please see attached pages in addendum to understand specific foods recommended for cancer patients.

- 1) **Food in general:** The goal with any cancer patient is to feed the patient but not the cancer. Most cancer patients fail at this goal and either end up starving themselves or dying from the complications of a well-fed tumor. We have to remember that tumor cells are like the trophoblastic (placental) cells that surround a baby. Any pregnant women knows that tissues that feed the baby are those that feed first. Starving a baby is the game...along with feeding the mother.
- 2) **Sugar:** Cancer cells love sugar. Because cancer cells operate solely from anaerobic respiration, they need lots of sugar (glucose) in order to make ATP (the energy source). Normal cells, operating with primarily aerobic respiration, require 8 x less sugar than cancer cells to make an identical amount of ATP. Hence, every time a cancer patient eats sugar, there is competition for the glucose molecules and the cancer usually wins. The advice here is to avoid sugar (in fruits, drinks, breads, sweets, chocolate) like it was a black plague.
- 3) **Protein:** Cancer cells love protein. If you read *The China Study*, you will learn that heavy meat eaters in China develop far more cancerous tumors than vegetarians. The assumption from the book is that we should all be vegetarians, but it fails to account for the fact that most plant sources of protein are deficient in bioavailable protein. Secondly, most humans over the age of 40 are deficient in amino acids regardless of vegetarian status or not. Another fact that is overlooked is that humans from different



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cultures require different amounts of protein and from different sources. An Alaskan native needs far more animal protein than the more vegetarian tribal person of central Africa. When thinking of the Kelley Protocol, the danger of heavy animal protein (cooked red meat, pork, etc.) is that it requires large amounts of digestive energy and pancreatic enzymes to break down into usable amino acid forms. These pancreatic enzymes are better utilized to destroy the tumor tissue. To maintain proper amino acids in human (to facilitate the immune system), a supplement such as M.A.P. (Major Amino Acid Profile) is utilized along with more easily digested animal proteins such as eggs or fish. M.A.P. has more bioavailable and usable protein than any supplement or shake. Note: The Alaskan native person traditionally has always eaten the pancreas of the caribou as an adjunctive to their high meat diet. Traditional peoples either intuitively or by heritage knew to pancreatic enzymes with their meals of meat.

- 4) **Raw Foods:** Raw foods usually can be more bioavailable and nutrient-dense than cooked foods that have lost B-vitamins, enzymes, and overall quality due to the cooking process. The Gerson Method is a cancer program that requires that patients drink approximately 12 glasses of raw juice everyday. Using raw juices with minimal sugar content is very important in any cancer support regimen because their high enzyme content and high alkalizing content. It is recommended to drink at least 3 large glasses of juice per day for the first 3 months of therapy.
- 4) **Acid:** Cancer cells live in acid environments and make more acid. Dr. Tullio Simoncini is an Italian doctor who has capitalized upon this truth and now regularly infuses cancer cells with large amounts of sterile sodium bicarbonate—a very alkalizing substance. Avoiding foods such as heavy meats, sugars, and alcohol along with incorporating a stress-free life and using appropriate dietary supplements will reduce acid in the system.
- 5) **Fats:** Essential fatty acids are vital for cancer patients. Omega 3's provide for proper nerve, skin, and heart function...all essential for proper oxygenation and detoxification.
- 6) **Food Allergies:** Food allergies may be a concern for cancer patients by preventing proper absorption of nutrients. However, pancreatic enzymes such as *Pan-Alone* are so potent that food allergies present few problems for those doing the Kelley Protocol. Additional supplements may be necessary for providing vital nutrition. See next section for more information.

The attached dietary addendum gives general references to what most patients eat traditionally on the Kelley program. These food recommendations are adapted from the Westin Price Foundation. Books recommended include *Eat Well and Live* by Gwynn Palmer, *Nourishing Traditions* by Sally Fallon, and keto books such as *Fat for Fuel* and its associated cookbook by Joe Mercola.



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## Nutritional Supplementation

### Core Supplements:

- 1) **Pan Immune Pancreatic Enzymes:** These enzymes are formulated by Dr. Kelley's son, John Kelley, and have a very high chymotrypsin content, unlike any other digestive enzymes in the world. There are several theories as to how these enzymes affect cancer patients. One of these theories is discussed below in the addendum "How Enzymes Work in Cancer Patients."
- 2) **M.A.P.: Major Amino Acid Pattern (aka Perfect Amino):** This is a bacteria-derived amino acid supplement superior to any protein shake, animal, or plant-derived amino acid source or supplement. MAP is superior because none of the actual protein is wasted or filtered through the kidneys. In contrast, roughly 65% of all cooked protein eaten is not absorbed by the body. Most humans over 40 years old are deficient in amino acids. Cancer is a protein-hungry disease as it saps almost all available protein from its host. M.A.P. is essential for all cancer patients provides one of the most effective ways to obtain vital amino acids essential for the immune system and for lean body mass.
- 3) **Minerals (Trace Minerals Research):** Minerals are essential for proper functioning of the human endocrine, immune, neurological, and digestive system. Unfortunately, in the past 300 years, most of the North American food supply has been depleted of minerals due to poor farming practices (lack of crop rotation, replenishing the soil).
- 4) **Alpha Lipoic Acid** This product is vital for improving the immune system and detoxification.
- 5) **Liv-On Labs-** Vitamin C is a critical part of many biochemical processes in the body, particularly those of the immune system. Humans and guinea pigs are the only mammals that cannot endogenously produce their own vitamin C.

Other Supplementation: Patients may choose to include a multivitamin, Vitamin D, or other supplementation. Please discuss with Dr. Hughes.

## Laboratory Testing

### Cancer Marker Profile Test

American Metabolic Labs has a 92 % specific tumor marker test, developed by Dr. Schandl, to determine presence or absence of cancer antigens. This test does not replace any test or imaging done by an oncologist. It is done one time at the beginning of the Kelley program and one time at the end of the Kelley program.



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*Basic Test includes: HCG (imm), HCG(irma), PHI, GGTP, CEA, TSH, DHEA-S, and urine HCG (quant)—usually adequate for most patients*

Urine tube (collect first urination of day) + Serum tube (standard SSI)

--It is essential to be off any pancreatic enzymes at least 5 days before taking this test.

#### Alternative Cancer Test

Nagalase has become popular as another nonspecific tumor marker in recent years. While more familiar with the PHI test from the American Metabolic Labs, Dr. Hughes recommends this lab for patients who desire further confirmation of their diseased condition and/or progress. <http://www.hdri-usa.com/tests/nagalase/>

Nagalase is an extracellular matrix-degrading enzyme that is secreted by cancerous cells in the process of tumor invasion. It is also an intrinsic component of the envelope protein of various virions, such as HIV and the influenza virus. Thus, it is also secreted from virus-infected cells<sup>1,3,4</sup>.

#### Elemental and Amino Acid Analysis

Genova Labs has a test to determine mineral/elemental content as well as amino acids. Most all cancer patients are deficient in vital elemental minerals and amino acids.

Other Labs: Standard Labs including CBC, CMP, Hormonal Profile, CRP, Lipid panel, and other tumor markers are utilized as medically indicated for each patient.

### “How Pancreatic Enzymes Work in Cancer Patients”—a theory

Whenever we eat protein meals, the pancreas secretes the enzyme trypsin, along with other enzymes. The trypsin acts to digest cooked left-handed proteins and (non-cooked) right-handed proteins. Trypsin does not act to digest organs or tissues of the body because these are living (non-cooked) left-handed proteins. However, trypsin acts directly on cancerous tumors because these are living right-handed proteins. The protein mass of the tumor is liquefied by the trypsin enzyme and other assisting enzymes. Conversely, tumors also secrete an enzyme known as malignin that mimics trypsin, except that it digests living left-handed proteins (aka living human tissue).

There is currently a patent for using malignin as a tumor marker for brain cancers. See below.

Malignin, derived from brain tumor cells, complexes and polypeptides thereof  
United States Patent 4195017



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