Cancer Treatment Combining Lipoic Acid and Naltrexone, and, Lipoic Acid’s Use As An Effective Cure for Severe Liver Disease

An Interview With Burt Berkson, M.D., PhD.

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KIRK HAMILTON: Hi, my name is Kirk Hamilton, your host of Staying Healthy Today, and our mission is simple: To provide you credible usable health information from interviews and our educational resources to help you Stay and Be Well in the busy modern world. Please take a few moments before or after listening to this interview to browse through the Prescription2000.com website, the home of Staying Healthy Today Radio, for our free educational services.

Today’s show topic is “The Successful Use Of Lipoic Acid And Naltrexone In The Treatment Of Cancer, And The Use Of Lipoic Acid In Severe Liver Disease.”

Our guest today is Dr. Burt Berkson, who practices integrative medicine in Las Cruces, New Mexico, and is an adjunct professor at New Mexico State University. Along with his M.D. degree, Dr. Berkson holds a masters and PhD degree from the University of Illinois. Dr. Berkson is an active speaker and researcher and in the spring of 2007 spoke at the National Cancer Institute on his successful experiences of treating various forms of cancer and autoimmune illnesses with low-dose naltrexone and alpha-lipoid acid. He is a CDC expert consultant on lipoic acid and liver disease and a former FDA alpha-lipoic acid principal investigator. He has authored or co-authored four books, “The Alpha-Lipoic Breakthrough,” “All About the B Vitamins,” “Syndrome X,” and “A Users Guide to the B Vitamins.”

Welcome Dr. Berkson. I’m really excited to have you on the show today.

DR BURT BERKSON: Hi Kirk. I’m happy to be here.

KIRK HAMILTON: You - it’s been – I interviewed somebody else. I did an expert interview with Dr. Gonzales oh about a month ago and I can’t believe that you guys were some of the early interviews and so it was like 10 or 15 years ago. And it’s just flown!.. So I want to know a little about your background. I know that you were first, got your masters and PhD. Was that in mycology or fungal..? You specialized in some fungal studies?

DR. BURT BERKSON: It was in mycology. I studied the cell biology of various fungi.

KIRK HAMILTON: So how did you go from there to wanting to be the M.D.?

DR. BURT BERKSON: Well actually I never really wanted to be an M.D. I started medical school in Chicago right out of college and I just hated it. I just wasn’t mature enough. I didn’t like waking up early in the morning and having to be at classes all day. I quit and went to the University of Illinois, got a masters degree, PhD, and became a professor at Rutgers University. And it was later on that I thought I’d pick up the M.D. as a sideline. I’d had the first two years of medical school, I had six years of education above medical school, but I didn’t have the two hospital years.

KIRK HAMILTON: Well it’s interesting that you were interested in mycology because
eventually you became an expert in amanita poisoning and that eventually affected the liver and that eventually sets up the stage for lipoic acid. Is that kind of serendipitous?

DR. BURT BERKSON: Exactly.

KIRK HAMILTON: Tell us the story, because it’s such a powerful story that sometimes, I’ve got to tell you, I have a hard time believing the experience in the Chicago hospital.

DR. BURT BERKSON: It was Cleveland.

KIRK HAMILTON: Cleveland Hospital, excuse me. Tell us how you became involved with lipoic acid first, and then the Cleveland Hospital experience.

DR. BURT BERKSON: It’s a very long story, but I was a internal medicine resident at one of the Cleveland University hospitals. And I was asked to take care of two people who had eaten poisonous mushrooms and their liver enzymes were in the thousands and they couldn’t get a transplant for them in time and they – I was told they’d surely die. I was told to just watch them, take notes and present it to grand medical rounds. And I went upstairs, looked at these two folks who were very sick. And as a medical doctor you’re just supposed to follow the orders of the chief, but a PhD is always looking for new things. So I called Washington and spoke to Dr. Fred Barter who was head of internal medicine, National Institutes of Health and asked him if there was anything in the world that would stimulate regeneration of an organ that he knew of. And he said he was studying alpha lipoic acid, thioctic acid because he thought that this might be the miracle drug for the reversal of the complications of diabetes. When they gave it to people – this is back in the ‘70s – when they gave it to people they grew new blood vessels, new nerves into their toes. Things seemed to normalize with diabetes. But he said that the folks also seemed to regenerate organs. So he sent me the lipoic acid. I injected it into the two people and within two weeks they had regenerated their livers and were completely normal. I was all excited. Washington was thrilled. The chiefs were angry at me because I did something that was different from what they normally do. And I was told that, you know, never do this again. They were really not interested in what I was doing and another group of people came in with mushroom poisoning a week later which was very unusual. I took care of them, did the same thing, and they got better right away. I guess I would have been fired on that day if Dr. Barter and a group from NIH had not come out to Cleveland to set up a national conference on organ regeneration and I was the lead speaker, and I suspect they were concerned about losing NIH grants if they had thrown me out.

KIRK HAMILTON: It sure seems like that if Washington was supporting you, I mean just from a lay person’s point of view, that if Washington was supporting you that Cleveland doctors would have listened. And then the fact that you saved, I don’t know…four or five, six people’s lives over a week or two period. It just – it’s mind boggling to me and I hear that story, and I read it and I still - it’s hard for me to believe it that they just rejected it.

DR. BURT BERKSON: It’s even crazier than that, Kirk. Someday I’ll tell you the whole story.

KIRK HAMILTON: So let me ask you one thing, I’m always curious as a clinician. What dose did you give? You gave an IV to these people…

DR. BURT BERKSON: Yes. We were giving 100 mg, 25 to 100 mg four times a day intravenously while they were in the hospital.

KIRK HAMILTON: Just as a…
DR. BURT BERKSON: Very low dose.

KIRK HAMILTON: Just as a push.

DR. BURT BERKSON: Yes. No, it was a drip, I’m sorry.

KIRK HAMILTON: As a drip, okay.

DR. BURT BERKSON: Over about 20 minutes.

KIRK HAMILTON: So exactly what is lipoid acid?

DR. BURT BERKSON: Well lipoic acid is a, is an 8 carbon octanoic acid with some sulfur attached, and I guess the most important function of alpha lipoic acid is it’s a rate limiting factor for the production of energy from food. So when you eat something it’s converted to carbohydrate, that’s converted to pyruvate. Pyruvate can’t enter the cell. It has to be converted to acetyl CoA, which goes right into the mitochondrion of the cell and produces energy. But there’s an enzyme that converts pyruvate to acetyl CoA. It’s called pyruvate dehydrogenase, but it doesn’t work without alpha lipoic acid. That’s the trigger. So the more lipoid acid you have up and to a point, the more energy you get out of the energy factor of your cell, the mitochondrion.

KIRK HAMILTON: So let’s go to when you started using this because we obviously have many people with hepatitis, especially hepatitis C. I’m very curious. Did you just...a light bulb went off and you say, “Okay well since it worked for regenerating the liver that I might be able to use it for hepatitis C?” And is that an antiviral agent or something that just inhibits inflammation or what? How does it work?

DR. BURT BERKSON: Well I actually use basically three different agents. I use alpha lipoic acid to stimulate organ regeneration in the liver. I use selenium. And I started using this after I met Dr. Will Taylor from the University of Georgia. He found that viruses appear to monitor selenium levels. When selenium levels are high up and to a point, the virus tends to remain dormant. When selenium levels fall they replicate so I use a three antioxidant therapy for hepatitis. Lipoic acid stimulates organ regeneration, selenium is a ‘birth control pill’ for the virus, and third silymarin – the extract of milk thistle. It protects the liver from further damage.

KIRK HAMILTON: So do you do this IV, or, do you this orally or both?

DR. BURT BERKSON: Both.

KIRK HAMILTON: Can you just for the clinician in me and the clinicians that are going to listen to this, can you give me like the IV doses of alpha lipoic acid, selenium and silymarin if you do silymarin that way?

DR. BURT BERKSON: Well, no I don’t give intravenous silymarin. Although I could if I wanted to, but I haven’t been doing it. We’ve been having great luck the other way. What I usually do is give low doses of lipoic acid to start. I start out with maybe 75 to 100 mg the first day and monitor the patient carefully because it can cause hypoglycemia. You know it has this – it pushes everything into a pro-oxidant state where lots of oxygen is being used up in the mitochondrion and oftentimes blood sugar levels fall. So we start out low and over a period of a week or so we get up to about 600 mg a day
intravenously.

**KIRK HAMILTON:** Okay. And how about selenium? Do you use that orally or IV or both?

**DR. BURT BERKSON:** I’ve used it intravenously and orally, but I use it orally about 200 mcg a day, twice a day.

**KIRK HAMILTON:** And then the silymarin is how much?

**DR. BURT BERKSON:** I use 300 mg, four capsules a day. Four to six capsules a day.

**KIRK HAMILTON:** And, that’s each are 300 mg. Okay. That gives me a ballpark idea.

Now I want to ask you because this to me is a controversial and kind of a frustrating issue as a clinician. When you get this alpha lipoic acid, can you get it from a – let’s say we order it from one of the many compounding pharmacies that service the integrative medicine groups. Is that legitimate alpha lipoic acid, or do you get yours from Germany, from a special source?

**DR BURT BERKSON:** Well I used to write prescriptions for lipoic acid for individual patients for the prescription drug from Europe, but then a couple of years ago a large shipment, about $4000.00 worth was held up by customs in New York, and said I was importing dangerous drugs. Even though we had prescriptions for the individual patients. So I had to find some way of obtaining this lipoic acid so I spoke to one of the compounding pharmacies that I had worked with before and asked them to import the prescription drug from Europe and make it into the same product.

**KIRK HAMILTON:** So hepatitis C, you’ve had good results. How long do you keep this therapy up for?

**DR BURT BERKSON:** Well, let me give you a typical patient. You know it all depends. Some people come in with hepatitis C and they’re healthy people and they don’t want to get sick. Others come in with full-blown cirrhosis of the liver and portal hypertension and ascites and we treat them differently. But an average patient let’s say would come in with abnormal liver enzymes. Actually I follow three parameters very carefully. The most important is the albumin level. A person with a sick liver cannot have a high albumin level. So I follow albumin levels very carefully. Secondly, the platelet counts. If a person has full-blown liver disease they’re going to have a low platelet count. If the liver is healthy they’re going to have a normal platelet count. The third is the prothrombin time. Because the liver produces the clotting factors and the prothrombin time would be elongated if there’s serious liver damage.

**KIRK HAMILTON:** So these are the three parameters you follow when you’re treating hepatitis C patients or hepatitis patients in general.

**DR BURT BERKSON:** I follow other ones but these are the three major ones for the liver. And I think those three tests tell you in my case at least, as much as a biopsy would tell you.

**KIRK HAMILTON:** And again when you administer this IV you’re having it covered in a darkened – the bag is surrounded by a darkened agent?

**DR BURT BERKSON:** Yes. I usually put it into D5W or normal saline. And it’s covered because it’s very sensitive to light.
Kirk Hamilton: Okay. And so I’m assuming then that this similar approach would, we have an epidemic of kind of non-steatorrheic fatty liver disease, I’m supposing this would help with that?

Dr Burt Berkson: This seems to work for every type of liver disease. We have many patients with primary sclerosing cholangitis, primary biliary cirrhosis. Works I think best with autoimmune hepatitis, hepatitis C, hepatitis B, Epstein-Barr hepatitis, etc.

Kirk Hamilton: So why isn’t this made into a drug and used for hepatitis? It would seem like a ‘gold mine.’

Dr Burt Berkson: Well you know originally I was the Food and Drug Administration principal investigator for lipoic acid as a drug, and I think, I could be wrong, but I think the, I won’t name the pharmaceutical company that was working with it. But I suspect they were having trouble working out a deal with the Germans who own a patent on it. Also, this is my own opinion, I think that you know the Mayo Clinic studied it for the reversal of diabetic neuropathies and they had fantastic results, amazing results. You know people grew new blood vessels, new nerves into their toes and did not require amputation. And then they stopped doing it. My own personal opinion is probably the drug company thought well, you know, if we put this out for diabetes it will also help liver disease and it will help so many other things. It’s just too good of a drug and it does too many things and you know we’ll lose money on our products.

Kirk Hamilton: Well then what is it used for in Europe? I mean I guess, is it used in Europe? Is that where it’s sold and what is it used for?

Dr Burt Berkson: It’s a prescription drug in Europe and it’s mainly used for liver disease and diabetic neuropathies.

Kirk Hamilton: So if you were in a poison control center, or an amanita poisoning came in and you were in ICU, and I was in the United States and I couldn’t get hold of you, I couldn’t get alpha lipoic acid to cure my liver failure?

Dr Burt Berkson: Well let me give you an example. I’m the amanita - lipoic acid expert consultant to the Centers for Disease Control. And what happens typically is somebody will call me, for example from a California doctor, and says he has four patients that are in acute liver failure and they’re waiting for transplants and he can’t get a transplant for them. Would you tell me how to use alpha lipoic acid? And he gets my name from the Centers for Disease Control. And I’ll tell him exactly what to do and how to treat these patients and I will give him the name of the compounding pharmacy that will get it to him the following day and then he calls me up a day later and says, “Oh the hospital won’t let me do it.” And I’ll say, “Why?” “Well, you know, it’s not an FDA approved drug and they don’t want to take any chances.” So they would rather have their patient die than try something different. I guess that’s so. And you know in my book “The Lipoid Acid Breakthrough,” Julian Whitaker wrote a foreword actually saying that, that many doctors would rather have their patients die than do something different.

Kirk Hamilton: It’s just – this story has always stunned me and is mind-boggling...

So let’s move for the last half of the interview. I want to go to – I know that you spoke at the National Cancer Institute on lipoic acid and naltrexone therapy in cancer treatment. So first of all, I guess, how did you get involved with using naltrexone?

Dr Burt Berkson: What happened was about 12 years ago a man came into my office as a patient and he was, walked in with a walker and was in terrible pain and I asked him what I could do for
him. And he said he had just been to MD Anderson cancer hospital who told him he had terminal cancer, prostate cancer, metastases in his bones. He was in terrible pain and nothing else could be done and he also had lupus and rheumatoid arthritis. So I said, “What could I do for you.” And he said well, he has a wife who has Alzheimer’s disease and before he died he had to have her placed in a home and would I give him narcotics to help him with the pain until that time. I said of course I would. Then he asked me if I had ever heard of Dr. Bihari in New York. I said, “No I haven’t.” He said well he heard Dr. Bihari was curing cancer and lupus and rheumatoid arthritis. So I said, “What are you doing in my office or MD Anderson, you know. You know somebody that could cure cancer. Get right up there and see him!” I mean serious metastatic cancer. I told him that I know MD Anderson treats a lot of metastatic cancers. But they treat it, I’ve never seen them cure a serious metastatic cancer. He says he’s just in a little office up in New York. What does he know? Wouldn’t he be with a big institution? And I told him that when I was with the a big institution they didn’t want to do anything different. So he went up there and I thought he’d died. Three years later he comes back without his walker and he walks in like a normal man. And I said, “John how are you doing?” He said, “You know I have bronchitis or something or allergies.” “No, what about the cancer?” “Well Dr. Bihari cured that.” I said, “What about the lupus, rheumatoid arthritis?” “Oh, he cured that too. He used tiny doses of naltrexone at bedtime.” So my wife had two aunts who had rheumatoid arthritis and lupus and Raynaud’s. The tips of their fingers were falling off. They were on methotrexate and prednisone and all sorts of horrible things, and nothing was helping. They were all swollen. And I asked them if they would like to try this. They said sure. Within one month they were off all medications and completely normal. So then I started treating my patients like this and I’d say 90% of the autoimmune patients within a month or two are off all drugs and normal on this 12 to 15 dollar a month prescription drug, low dose naltrexone.

KIRK HAMILTON: So let me ask you how you use it. Do you taper it up like 1.5 mg to 3 to 4.5 and is that your end dose? Or how do you use it?

DR BURT BERKSON: Usually I start with 3 mg at bedtime. Some people, I don’t know why but they say that they just can’t take it. It makes them sick, so I go to 1.5 and go up slowly. But it’s an, it’s the most amazing drug I’ve ever seen.

KIRK HAMILTON: Is the maximum dose 4.5 then? Is that pretty much?

DR BURT BERKSON: I don’t go above that.

KIRK HAMILTON: And if you gave this to someone and there was no benefit in a month at 4.5 then you would say it wouldn’t work? Is that pretty fair?

DR BURT BERKSON: Well you know I try something else. I often add alpha lipoic acid to the regimen.

KIRK HAMILTON: Oral or IV?

DR BURT BERKSON: Orally and IV.

KIRK HAMILTON: Okay. When did you start putting the two together?

DR BURT BERKSON: Well what happened is another man came in and it was my first regular patient with pancreatic cancer. Young man in his 40s. He had been to MD Anderson cancer hospital. They told him he had metastatic pancreatic cancer to his liver. Nothing could be done and his wife had dragged him because she had heard about this other fellow with cancer. And I said, “Would you like to
try this?” He said, “No, there’s no hope.” But his wife made him do it. And he didn’t die and within three months he was back at work. Now it’s almost eight years later. There’s no sign of cancer. We do regular PET scans, regular CAT scans and the cancer’s disappeared. Low dose naltrexone at bedtime 4.5 mg and intravenous lipoic acid once or twice a week.

KIRK HAMILTON: And what’s the dose of that once or twice a week?

DR BURT BERKSON: 600 mg.

KIRK HAMILTON: And did you give him oral lipoic acid?

DR BURT BERKSON: Yeah, he’s on oral lipoic acid and he’s on a high vegetable diet program and many of these people I put on enzymes, pancreatic enzymes, like Dr. Gonzales does.

KIRK HAMILTON: And your oral dose again is how much? Of lipoic acid.

DR BURT BERKSON: Lipoic acid usually 300 mg two or three times a day. But you realize whenever you give lipoic acid you have to give B complex vitamins because in this pyruvate dehydrogenase energy cycle you deplete tremendous amounts of B complex vitamins.

KIRK HAMILTON: So what kinds of cancers is this good for? I’m thinking of a glioblastoma patient of mine. Is there any contraindication for brain cancer patients in this therapy?

DR BURT BERKSON: Well you know we’ve had quite a few lymphoma patients that have done very well on this. Some haven’t, but some have done extremely well, where the cancer has disappeared. And a glioblastoma is actually a type of lymphoma in the brain. So I don’t know. I haven’t treated it but I don’t see why somebody wouldn’t try it.

KIRK HAMILTON: We are talking to Dr. Burt Berkson, M.D., PhD and author of the “Alpha Lipoic Acid Breakthrough” and other books and just a pioneering clinician in nutrition, integrative medicine and the use of naltrexone and alpha lipoic acid in cancer treatment, and also then lipoic acid in the treatment of different liver pathologies. So is there anything else you want to add to your great story?

DR BURT BERKSON: Well I would say that low dose naltrexone works better than anything I’ve ever seen for autoimmune disease. For lupus, rheumatoid arthritis, dermatomyositis. You know, and it works for many people with cancer. Not all of them, but some of them. If people want to find out more about me and this type of treatment they might want to go to Google and type in Berkson, B-E-R-K-S-O-N, B, M like Martin and thousands of web pages should pop up. Many of them, for example my speech at the University of Glasgow in the spring and another speech at NIH in fall, and there’s tremendous amounts of material there on the subject.

KIRK HAMILTON: So now that it’s, I mean again sometimes I’m dumbfounded and I’ve been doing this a long time, it seems too good to be true. So are there, what are the side effects of naltrexone and what are the side effects of alpha lipoic acid?

DR BURT BERKSON: Well if you give too much lipoic acid, I mean in very, very, very high doses, you can burn out your mitochondrion and kill yourself so you have to, you can’t go up too high on it. The primate research labs did a study on this several years ago and they gave it to monkeys. I never wanted to be involved with any type of monkey research, but these folks did it and they called me in as a consultant to do the electron microscopy of the livers when the monkeys died, and there were big necrotic areas in...
the liver from high doses of, tremendously high doses of lipoic acid where the mitochondria just fell apart.

**KIRK HAMILTON:** So would a maximum dose then be like for IV, 600 mg IV four or five, three or four times a week for let’s say a serious cancer patient?

**DR BURT BERKSON:** I’ve never with humans, I’ve never gone above 15 mg/kg. For primates it takes about 90 mg/kg to kill a primate.

**KIRK HAMILTON:** And how about naltrexone? It seems like there is, there doesn’t seem much side effects to it.

**DR BURT BERKSON:** Well I’ve seen people, well take the naltrexone the first few nights and they tell me that only a few people will say they go to bed and they have trouble falling asleep, they feel awake. So I always add a little bit of Ativan or Xanax the first few nights and that seems to take care of the problem.

**KIRK HAMILTON:** It’s a great clinical pearl, no pun intended, knowing my history. Do you have people flying all over to see you for your cancer treatment?

**DR BURT BERKSON:** Well this week we have people from Romania, from Africa, from Europe. They come from all over the world.

**KIRK HAMILTON:** Wow. Well Dr. Berkson it’s just been great. It’s exactly what I wanted. I wanted to hear it from the person who does the therapy and I hope you get your credit someday because you’ve been doing this a long time and it just seems too dramatic to be true almost sometimes.

**DR BURT BERKSON:** Yeah, 33 years.

**KIRK HAMILTON:** Alright. Well I want to thank you again so much for being on and thanks again, Dr. Berkson.

**DR BURT BERKSON:** It’s a pleasure Kirk. Take care.

**KIRK HAMILTON:** And I want to thank you all for listening again to this edition of *Staying Healthy Today Radio*. And until next time, *Stay and Be Well*.

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