Perpetuating Dr. Revici's Lipid-Based Therapy for Cancer

A promising development in the efforts to preserve the cancer treatments originated by Emanuel Revici, MD (1896–1998), occurred this January when Raphael Kellman, MD, added Dr. Revici's authentic cancer protocols to the therapies offered at his Fifth Avenue (New York City) office.

Dr. Kellman, a graduate of the Albert Einstein College of Medicine (NYC), and an internist, has been in private practice since 1995, combining the most effective conventional and alternative therapies in a holistic approach to healing.

A vital component of his approach is his belief that the foundation of physical healing is healing the psyche; he views isolation, lack of personal meaning, and poverty of spirit as significant underlying factors in disease.

He also believes firmly in having patients take an active role in treatment, in getting them to understand how the medications he prescribes are supposed to work. Dr. Kellman disapproves of merely handing patients a prescription — for a nutritional supplement or pharmaceutical drug — and then sending them home. In his experience, he has found that patients who participate in the healing process experience better results than those who passively accept whatever their doctors tell them.

Why It Is Important to Continue Revici's Therapies

Emanuel Revici was a major groundbreaker in the study of lipids and disease. He began his clinical career in Bucharest, Romania, in the mid-1920s; moved to Paris to advance his investigation of lipids in the late 1930s; spent 1941 to 1945 (during World War II) in Mexico City, where he opened a clinic that offered his treatment to cancer patients without charge; and relocated to NYC in 1947.

Throughout Dr. Revici's American years, the US medical community ignored or responded with skepticism to his scientific findings and clinical results. But several cancer specialists, widely respected authorities in their fields, have considered his medical theories sound and his therapies effective.

Professor Joseph Maisin (1893–1971), formerly director of the Institute of Cancer, University of Louvain, Belgium, and director of the International Union Against Cancer, tried Revici's therapeutic substances in terminal patients who had failed to benefit from any treatment, and observed remarkable positive responses. He reported these observations to Revici in letters during the 1960s, but died from injuries sustained in a car accident before he could conduct larger, formal trials.

Gerhard N. Schrauzer, PhD, professor emeritus of chemistry, University of California, La Jolla, appraised Revici as "an innovative medical genius, outstanding chemist, and a highly creative thinker" in a public letter to the Board of Regents of the University of the State of New York in 1986. Schrauzer, a universally acknowledged expert on selenium, credited Revici with discovery of pharmacologically active selenium compounds of very low toxicity for use in cancer.

In the late 1990s, Mark D. Noble, PhD, professor of genetics, University of Rochester (New York), confided that he "was studying Dr. Revici's work because ... there is a significant chance that he has created a coherent chain of scientific discoveries." Noble went on record concerning Revici's research in a letter to the New York State Department of Education. Professor Noble also rewrote the section about Revici's research findings and therapeutic approach in the article on Revici's life and career that I published in Townsend Letter in Aug./Sept. 2004. I had incorporated Revici's iconoclastic terminology, and Noble modernized the language so that 21st-century cancer specialists could better appreciate Revici's achievements.

Dr. Jonathan Collin, publisher and editor-in-chief of Townsend Letter, requested me to update the status of Dr. Revici's therapy in 2007. He published my update as a special report in the Aug./Sept. 2007 issue. I listed seven
noteworthy scientific discoveries by Revici. Researchers had confirmed these “firsts,” unaware that Revici had preceded them, usually by a generation or more.

I repeat them here as reasons for perpetuating Dr. Revici’s clinical applications.

1. Revici was the first scientist to define lipids according to their molecular properties and activities. (Lipids are basically either sterols or fatty acids.)

2. He was the first to use lipids to transport chemotherapy harmlessly to sites of abnormal tissue via the bloodstream.

3. As Professor Schrauzer noted: Revici was the first MD to develop and effectively treat human cancer with selenium compounds that are low in toxicity. Because of their low toxicity, Revici was able to administer these selenium compounds in much high doses than conventionally given.

4. He was the first to describe leukotrienes, substances produced in the body that are centrally involved in inflammatory processes.

5. He was among the first clinical researchers to treat human cancer with omega-3 fatty acids, again successfully.

6. He was among the first physicians to treat human cancer with conjugated linolenic fatty acids, also effectively.

7. Finally, Revici was among the first physicians to incorporate into clinical practice the understanding that abnormal responses by defense mechanisms of the body can cause as much or greater damage than pathogens.

Here I will point out in passing that Dr. Revici’s use of lipids and lipid compounds possibly accounts for the unusual number of documented remissions in patients he treated for brain cancer. Lipids can pass through the blood-brain barrier, which bars aqueous substances.

Other crucial reasons for perpetuation of Dr. Revici’s therapy have to do with the relatively glacial decline in the annual cancer death rate, the invasive nature of the three mainstream modalities for managing cancer (surgery, radiation, and chemotherapy), and the adverse effects of radiation and chemotheraphy.

Ralph Moss, PhD, who writes the “War on Cancer” column in Townsend Letter, disputed claims by the medical and media establishments that the cancer death rate in the US had recently plunged. In his column appearing in May 2007, Moss said: “This is not the case at all. As the respected weekly Cancer Letter trenchantly pointed out, the number of cancer deaths had either risen or remained the same, on a year-by-year basis, for over 70 years since record-keeping began. Meanwhile, the widely trumpeted decline in US cancer deaths amounted to only a few thousand – a fraction of a percentage point of the overall toll taken by cancer in 2004. And in 2003, the fall was even smaller, amounting to less than four hundred fewer deaths. Yet on the announcement of that miniscule drop, scientists also made a self-congratulatory mountain out of a statistical molehill.”

Cognizant of these dismal statistics, in 1987 Congress authorized the Office of Technology Assessment (OTA), at that time a congressional investigative arm, to conduct a study of unconventional cancer treatment in the US. The OTA published a report in 1990, which supplied information supportive of Revici’s treatment (along with information, of course, on numerous other unconventional approaches to cancer).

In 1992, Congress created the Office of Alternative Medicine (OAM) within the National Institutes of Health (NIH), and in 1997, Congress expanded the OAM into the National Center of Complementary and Alternative Medicine (NCCAM). Congress made it a prime mission of both OAM and NCCAM to identify and evaluate promising alternative cancer treatments, greatly expanding NCCAM’s autonomy within the NIH and its budget to achieve this goal. To date, neither NCCAM nor any associated or independent mainstream cancer facility has followed through with a clinical trial of an unconventional approach as a primary cancer treatment. (See my special reports on NCCAM in Townsend Letter, the Aug./Sept. and Nov. 2007 issues.)

A US mainstream evaluation of Stanislaw Burzynski’s antineoplastons had been planned, and preliminary steps were taken toward a US mainstream evaluation of Nicholas Gonzalez’s enzyme-based therapy. These therapies are much less invasive than the conventional therapeutic triad. And their adverse effects are comparatively minor. That’s as far as we’ve come in the US toward a mainstream evaluation of a major alternative cancer treatment.

Revici’s lipid-based treatments are noninvasive, practically speaking, and negligible in toxicity; but the large number of his therapeutic compounds, their differences, and their multiple uses for various conditions in addition to cancer pose unique problems for mainstream evaluators. (See my August/September 2007 update.)

The last and perhaps most urgent reason for maintaining the Revici therapy as an option for cancer patients, especially those who fail to respond to conventional care, is the lengthy list of cancer patients, spanning half a century, reportedly in long-term remission under his method of treatment.

Books by Dr. Kellman

Dr. Kellman has authored two books. The first, Gut Reactions: A Radical New 4-Step Program for Treating Chronic Stomach Distress and Unlocking the Secret to Total Body Wellness, was published by Broadway Books.
a division of Random House (NY), in 2002. He wrote it with Carol Colman, who has coauthored a number of popular books on health care.


Readers who wish to know more about the content of these books can find this information at Dr. Kellman’s website: www.medicineoftomorrow.com.

In this column I will say only that in Gut Reactions Dr. Kellman views the gastrointestinal tract ("gut") as an important system within a body of systems, and that what superficially may seem to be a GI problem may actually relate to problems in other body systems. For instance, GI conditions may relate to poor thyroid function, hormonal imbalance, neurological disorder, or a problem with immunity. Stress, trauma, or a viral infection can trigger or aggravate GI conditions. Conversely, problems originating in the GI tract can trigger or aggravate arthritis, autoimmune disease, heart disease, and mental disorders. So if a doctor does not look into the “gut” for such interrelationships and problems, the underlying cause(s) of various conditions in the GI tract and other body systems may not receive adequate treatment.

Guided by this viewpoint, Kellman has successfully treated thousands of patients with a broad range of GI tract complaints who have been prescribed therapies that have not resolved the root causes of their distress. And he points to a growing body of scientific evidence showing that the "gut" is in fact involved in activities that affect every single cell in the body – from the brain, to the heart, to the joints.

As for Matrix Healing: this book springs from the college courses Kellman took in philosophy and world religion along with the usual premed curriculum. The cabbala (my dictionary spells it with a “c” and no “h”), a text that is one of the mystical foundations of Judaism, provided him with an antidote to the standard medical school education, which too often focuses on biochemistry and statistics while ignoring the human spirit. In contrast, the cabbala, according to Kellman, offers a guide on how to access the hidden world of the spirit in healing. Early in his medical treatment, he realized that it is not enough to perform the correct diagnostic tests and write the correct prescriptions; a good doctor must seek the deeper spiritual causes of illness as well to help patients recover health.

Plumbing the ancient tradition of the cabbala, Dr. Kellman entered into an unseen world, one with great energy and healing power, which exists within our day-to-day material world. He calls this unseen world “the matrix,” and he believes that in this spiritual realm people have the potential for perfect health. Kellman applies core cabbalistic principles in Matrix Healing – for example, the power of meditation, and the vitality that comes from compassion and acts of kindness – and includes many stories of patients who have overcome serious disease by implementing these principles.

The Challenge in Perpetuating Revici’s Therapy

An uncle on Revici’s mother’s side, Moses Gaster (1856-1939), was the chief rabbi of the Sephardic Jewish communities in England. A scholar, Gaster lectured on philology at Oxford University. He was also active in the early Zionist movement. (A draft of the Balfour Declaration, a document that led to establishment of a homeland for Jews in Palestine, was signed in his house.)

Revici’s first name, Emanuel, is Hebrew, meaning roughly “God with us.” Yet throughout his adult life, Revici was an atheist. I suspect he paid scarce attention to the spiritual aspects of clinical practice, but he definitely was open-minded about the effects of psychology on recovery from illness.

In the mid-1950s, Lawrence LeShan, PhD, was making the rounds of oncoligists, seeking patients for studies on the connections between cancer and psychology. They turned LeShan down cold. Cancer, they agreed absolutely, is a physical condition, and the only beneficial treatments are physical.

When he approached Dr. Revici, Revici listened to his request for patients, and declared, “You may be right, or you may be wrong. But you deserve a chance to find out.” Dr. LeShan studied Revici’s cancer patients into the early 1960s. Apart from his observations on psychology, LeShan was struck by the comparative absence of intractable pain suffered by Revici’s terminal patients. Revici’s treatments controlled pain, easing the death of patients who couldn’t be saved.

LeShan published on psychology and cancer throughout his stay at the Institute of Applied Biology, Revici’s clinical research facility on Manhattan’s Upper East Side. His pioneering papers appeared in very reputable journals, the Journal of the National Cancer Institute among them.

So Dr. Revici surely did appreciate the role that psychology can play in disease. How he would feel about Dr. Kellman’s application of the principles of cabbala in clinical cancer practice, I won’t presume to speculate.

Instead, I’ll close this column with a story drawn from my experience with Dr. Revici and the Lubavitch community of ultra-Orthodox Jews, whose outreach houses have disseminated to distant parts of the world from the sect’s headquarters in Brooklyn, NY.

I have no idea how many Lubavitchers realized that Revici was an atheist. I doubt that it would have mattered if most of the community had been aware of his atheism. Revici had treated cancer patients belonging to this community since the mid-1980s, and the Lubavitchers had seen remissions with good quality of life in enough cases to regard Revici as a healer. In their eyes, he definitely was not part of the mass of oncologists they pictured as mere technicians in white lab coats.
One day, Dr. Robert Feldman phoned me. A pediatrician, Feldman belonged to the inner circle of the chief rabbi of the Lubavitch, Rebbe Menachem Schneerson. Rabbi Schneerson, called “The Rebbe,” by Lubavitchers, was sending Revici a patient, Feldman said.

“Who’s the patient?” I asked.

“An engineer, turned 20, with advanced pancreatic cancer,” he replied. “He’s from Brazil, and his parents phoned The Rebbe about treatment. The Rebbe directed them to Revici.”

“Bob,” I cut in, “Revici’s a physician, striving all he humanly can to save patients. Schneerson cares for souls. Miracles are his ‘business.’” (That was the word I actually used.)

“The Rebbe ordered them to see Revici! Get them in fast,” Feldman retorted, hanging up.

Rebbe Schneerson’s words were commands for the Lubavitch community. I arranged for the Brazilian family to consult Revici immediately, then refocused on other responsibilities I shouldered for Revici patients.

Months later, I was reading up on potentiators, substances that enhance the effects of treatment, and it flashed on me why The Rebbe had pointed the young man with pancreatic toward Revici.

Either Schneerson understood (he was very wise about worldly things), or Feldman had informed him, that survival for the great majority of patients with this cancer at an advanced stage is less than a year. Recovery in this case would be miraculous.

Feldman may have also informed The Rebbe that Dr. Revici did not believe in God. Perhaps The Rebbe, reputed to have powers to see through and sum up individuals, perceived this. No matter: Schneerson seized on Revici as the means through which God might work a miracle in the young man’s case.

I believe that The Rebbe had sensed something in Revici’s relationship with patients that acted to potentiate his medications, which made them more effective than they were in themselves. I think Schneerson had detected a psychic element in the way Revici related to patients – not a spiritual element – which infused itself mystically (a loaded word here) into Revici’s therapeutic compounds.

Let me move in conclusion from the realm of pure speculation to the real world. There are reports of Revici patients with pancreatic cancer who survived many years. These cases have corroborative documentation. Unfortunately, the young Brazilian couldn’t be added to the list. No oncologist, mainstream or alternative, “possesses” an infallible cure for any type of cancer.

Judging from what I have read about Dr. Raphael Kellman and his books, he appears intellectually – and psychologically – equipped to perpetuate treatments as promising and complex as those Emanuel Revici, MD, bequeathed to the world.

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