Creating Genomic Stability in Patients with Cancer by Disabling ENOX2 Proteins and Restoring Microbiata Balance

Mitchell J. Ghen, D.O., Ph. D. Best Answer for Cancer May, 2018

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The content of this presentation has been peer reviewed for fair-balanced and evidence-based medicine



ENOX PROTEINS

The ENOX family of cell surface proteins is very complex and has far reaching influences upon certain areas of plant and animal biochemistry.

These include being responsible for setting the length of periods of activity and inactivity within cells in the body, acting as an internal biological clock.

. Over 250 peer-reviewed papers have been published on the ENOX proteins.

Morré & Morré (2013) ECTO-NOX Proteins: Growth, Cancer, and Aging

ENOX PROTEINS

Contained within this group or family of proteins there are unregulated NADH oxidases associated with the cell surface of cancer cells, designated ENOX2 (or tNOX), which explain the well-known cancer cell characteristic of uncontrolled growth.

. It was proposed by researchers as early as 1997 that this protein could have utility as a pancancer, cancer marker, as well as a target for cancer management.

. It is the ONLY universal cancer marker known to date.

WHY ENOX?

ENOX2	Other markers
Cancer specific	Always present
Elevated early	Elevated only in late- stage
Useful for screening and early intervention*	Detected too late and not sensitive enough

*research has detected ENOX2 proteins 4-10 years before development of clinical symptoms

Morré et al. (2016) Clin. Proteom. 13:2



ENOX2 target for early diagnosis and intervention





 Polyphenol EGCg binds to the same receptor site as the pharmaceuticals that they tested but were much less toxic.

 Green tea concentrate - synergistic
 actions with vanilloid component of a specific chili pepper.

Morré et al. (1995) PNAS 92:1831-1835, (2003) Pharmacol. Toxicol. 92:234-241

EGCG-SAFETY

Rat safety studies on the nutraceutical demonstrated that even at doses 2,000 times the standard therapeutic dose there was absolutely no toxicity.





- To complete the translation of the science behind ENOX2 and the capability to disable it and induce apoptosis or cell suicide in cancer cells, a clinical trial was conducted.
- The results were published in the peer-reviewed journal **Clinical Proteomics.**
 - That landmark study demonstrated beyond a shadow of a doubt that it is possible to detect cancer in it's very early stages and prevent it from ever developing into a diagnosable disease.

Hanau et al. (2014) Clin. Proteom. 11:2

EGCG-SAFETY

The proprietary synergistic blend of green tea concentrate and red pepper high in vanilloids, is based on over 20 years of solid scientific research that has stood up to the rigors of peerreview.

CAPSOL-T/ELIMENOX2 OUTPATIENT PROTOCOL

<u>Summary of outpatient infusion protocol for Capsol-</u> <u>T/ElimENOX2:</u>

The standard IV protocol is the following:

I ml Capsol-T infusion material for IV injection per 500 ml NS (0.9%)

Delivered at a rate of 125ml/hour.

Therefore, a standard I liter bag would be loaded with 2ml infusion material and @ a delivery rate of 125ml per hour would be changed in 8 hours.

That translates to 0.002ml Capsol-T infusion material per ml of Normal Saline.

And based on the rate of delivery: 0.25ml Capsol-T material every hour.

CAPSOL-T/ELIMENOX2 OUTPATIENT PROTOCOL

If a 1 liter bag can only be changed every 12 hours it would look like this:

3ml of Capsol-T infusion material into the liter bag It would be infused at a rate of 83.3 ml per hour.

Or, if patient can only be at the clinic being during the 8 hour business day:

2ml Capsol-T IV material into I liter normal saline Infused @ a rate of 125ml per hour.

Then a liter bag would be loaded that would last until the next morning at 9:00 which would mean it would need to infuse at home for 16 hours:

4ml Capsol-T IV material into I liter normal saline. Infuse @ a rate of 62.5ml per hour.

IV CAPSOL T/ELIMENOX 2 OUTPATIENT PROTOCOL

Monitoring & Dose adjustment

- Pediatric sst and transfer serum to transfer tube overnighted with ice pack.
- . Based on the results, dosing will be adjusted.

DMSO Co-Administration

- Get a baseline osmo before starting and monitor daily.
 Mix the cap-T in 0.45% NaCl when DMSO initiated. Then,
- depending on the osmo, adjust the NaCl down to ¼ Normal Saline.







INTRODUCTION

- . Bacteria is neither good or bad
- 1/3 of the metabolites in the blood come from gut bacteria
- At least 50 disorders are associated with gut microbes out of balance
- Adjust microbes on the / in the body killing them purposefully or not; replacing bacteria like fecal transplant vs. antibiotic

INTRODUCTION

- . We have a lot to learn
- Blood leaves the intestines goes to the liver, carries nutrients from food; but also...
- therefore dysbiosis causes liver cancer

ROLE OF BACTERIA IN ONCOGENESIS

- . 10:1
- . Bacterial propagation
- . Bacteria causing toxic
- carcinogenic metabolites
- . Increased inflammation
- . Antigen driven
- lymphoproliferation
- . Induction of hormones that increase epithelial proliferation

ROLE OF BACTERIA IN ONCOGENESIS

- . Microbes induce 20% of all fatal cancers
- Some heavy smokers never get lung cancer microbiome
- . Microbial load matters
- Microbiol lood hoopotus
- Microbial load + genotype may play a role

ROLE OF BACTERIA IN ONCOGENESIS

- Environmental factors may contribute...aflatoxins
- Male + female issues may play a rolegastric CA 80% male predominance with H. pylori induced

MICROBE INDUCTION OF CANCER

- . Microbes-organs
 - use glucose needed for healthy cells
 - . waste products + mycotoxins
 - overall weakening of the immune system



- . If cancer consumes 15x more glucose than a normal cell, is there 15x more ATP?
- Answer: NO; cancer produces no ATP

BACTERIA INDUCED CANCERS

- . Prostate CA-chronic prostatitis
- . Sinus tract
- Cervical CA-chlamydia, (HPV)
- PAL (pyothorax associated lymphoma)
 - . Hodgkin's B cell lymphoma
 - in cavity of treated TB 20 years earlier

BACTERIA INDUCED CANCERS

- MALT lymphomas-H.pylori,
 Chlamydophilia psittaci,
 Borrelia burdorferri
- . Leukemia-Mycoplasma
- . Gallbladder-Salmonella enterica
- . Esophageal-possible H. pylori

MECHANISMS OF CANCER INDUCTION

- . EBV
 - . found in 70-85% of the PAL tumors in Asia
 - antigen driven
 lymphoproliferation

Overview of the mechanisms of oncogenesis affected or promoted by bacteria.



2010;23:837-857

Clinical Microbiology Reviews

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DNA ELEMENTS AND MINERALS

IA H	IIA	P	erio	dic	Cha	art c	of E	lem	ent	5	'н	IIIA	IVA	VA			VIIIA ² He
³ Li	⁴ Be	Biochemical Standard Elements										⁵ В	⁶ C	'N.	°	⁹ F	¹⁰ Ne
¹¹ Na	¹² Mg	IIIB	IVB	VB	VIB	VIIB	VIII	VIII	VIII	 IB	IIB	¹³ AI	¹⁴ Si	[™] P	¹⁶ S	¹⁷ CI	¹⁸ Ar
™K	20 Ca	²¹ Sc	²² Ti	²³ V	²⁴ Cr	²⁵ Mn	Fe	27 Co	²⁸ Ni	²⁹ Cu	³⁰ Zn	Ga	³² Ge	Ås	³⁴ Se	³⁵ Br	³⁶ Kr
³⁷ Rb	³⁸ Sr	³⁹ Y	⁴⁰ Zr	Nb	Mo	^₄ ³ Tc	^{₄₄} Ru	[₽] Rh	₽d	⁴⁷ Ag	⁴⁸ ℃d	٩٩ In	⁵⁰ Sn	Sb	⁵² Te	53 	⁶⁴ Xe
⁵⁵ Cs	Ba		⁷² Hf	73 Ta	74 W	Re	⁷⁶ Os	⁷⁷ lr	Pt	⁷⁹ Au	^{®®} Hg	⁸¹ TI	⁸² Pb	⁸³ Bi	⁸⁴ Po	⁸⁵ At	⁸⁶ Rn
⁸⁷ Fr	₿®	$\backslash \backslash$	Rf	Db	Sg	Bh	Hs	Mt	Un	์ป็น							
		$\left(\right) \right)$															
			57 La	Ce	Pr	Nd	Pm	Sm	Eu	Gd	Tb	Dy	Нο	Er	Tm	Yb	Lu
			Ac	Th	Pa	U	Np	Pu	Am	Cm	Bk	Cf	Es	Fm	Md	No	¹⁰³ Lr

LIST OF PATHOGENS

- Achromobacter metalcaligenes
- Achromobacter mucosa
- Acinetobacter spp. (92 different strains)
- Acinetobacter anitratus
- Acinetobacter Iwoffi
- Actinomyces viscosus
- Adenovirus
- Aerobacter aerogenes
- Agrobacterium tumefaciens Alcaligenes faecalis
- Alternaria dianthi
- Alternaria oleracea
- Alternaria solani

- Amoebic dysentery
- Angina pectoris
- Anthrax bacilli
- Arthrobacter globiformis
- Ascomycetes
- Aspergillus flavus Aspergillus fumigatus
- Aspergillus niger
- Bacillus antratum
- Bacillus megaterium
- Bacillus mycoides
- Bacillus subtillis
- Bacterium tabacum
- Bacteria Aertryek
- Bacteria Danyaz
- Bacteria gaertner

- Bacteria pestis
- Bacteria pyocaneus
- Bacteria tuberculosis
- Bacteriodes fragilis
- Basidiomycetes
- Blennorrhagia
- Bordetella pertussis
- Botryobasidium (Rhizoctonia) solani
- Botrytis cineria
- Botrytis paenoiae
- Bovine enterovirus
- Bovine rotavirus
- Brevibacterium linens

LIST OF PATHOGENS

- Brucella abortus
- Bubonic Plague
- Burkholderia cepacia
- Candida albicans I
- Candida albicans II
- Candida globata
- Candida krusei
- Candida parapsilosis
- Candida pseudotropicalis
- Candida tropicalis
- Candida utilis
- Caries (dental)
- Carcinoma (gastric)
- Catarrh
- Caulobacter vibroides
- Cerebro-spinal Meningitis

- Chlamydospores Tilletia tritici
- Citrobacter
- Clostridium perfringes (strains 1687, 1694)
- Coxackie virus type B-3 (Cb-3)
- Corynebacterium diphtheriae
- Cryptococcus albicans
- Diphtheria (Corynebacterium)
- Diphtheroids
- Dysentery
- E. polygoni
- ECHÓ virus
- ECHO virus type 6 (EC-6)
- Entamoeba histolytica (cysts)

- Enterobacterntere obacter spp (20 different strains)
- Entereobacter
 aerogenes
- Entereobacter cloacae
- Entereococci (20 different strains)
- Entereococcus
 Group D
 streptococcus
- Entereococcus faecalis
- Entereococcus faecium (Vancamycin)
- Entereoviruses



- Erwinia amylovora ٠
- Erysiph graminis
- Escherichia Coli
- E. Coli (20 strains) ٠
- E. Coli HB 101 strain •
- E. Coli B23 strain ٠
- Eugelena
- Flavobacterium aquatile
- Flavobacterium halmephilum
- Flavobacterium spp. (lib) Heterodera marioni
- Flavobacterium Group
- Fungi Imperfectii
- Fusarium spp.
- Furunculosis (Hidradenitis suppurative)
- Gardnerella vaginalis
- Gonorrhoeal arthritis
- Gonorrhoeal conjunctivitis

- Gonorrhoeal opthalimia
- Gonorrhoeal Prostratic Gleet
- Haemophilus influenzae
- Herellea
- Herpesvirus hominis (HSV)
- Herpes zoster
- HIV
- Influenze
- Influenzae A
- Klebsiella pneumoniae (20) different strains)

- Klebsiella oxytoca
- Lactobacillis acidophilus
- Legionella Pneumophila
- Legionella
- Pneumophila (Legionaire's Disease)
- Listeria monocytogenes
- Lyme Disease (Borrelia burgdorferi)



- M. Furfur
- Malaria (Plasmodium berghei)
- Measles virus (MV, Nagahata strain)
- Micrococcus luteus
- Mima
- Monilinia fructicola
- Mucor pusillus
- Mycobacterium
- Neisseria gonorrhea
- Neurospora sitophila
- Ophiobolus graminis
- Osteomyelitis
- Paracolon (Harnia)
- Paracolon (Providence)

- Neurospora sitophila
- Ophiobolus graminis
- Osteomyelitis
- Paracolon (Harnia)
- Paracolon (Providence)
- Paramecium (Balantidium coli, Holophrya coli, Leukophrya coli, Balantidiasis)
- Para-typhoid
- Para-typhosus A
- Para-typhosus B
- Pestalotia stellata
- Phycomycetes
- Phytophthora infestans
- Plasmodium berghei
- Pneumococci
- Pneumonia

- Poliovirus I (Sabin strain)
- Polio virus type I (Po-I)
- Providencia stuartii
- Providencia stuartii (20 different strains)
- Proteus spp. (20 different Indolepositive strains)
- Proteus mirabilis
- Proteus mirabilis (20 different strains)
- Proteus morgani
- Proteus rettgeri
- Proteus vulgaris
- Pruritis ani
- Pseudomonas aeruginosa

LIST OF PATHOGENS

- Ps. aeruginosa spp. (20 different strains)
- Ps. fluorescens
- Ps. multiphilia
- Ps. pyocyanea
- Pseudorabies virus
- Pyemia
- Pyorrhoea alveolaris (Riggs disease)
- Reovirus type I
- Rheumatic fever
- Rhinovirus type IA
- Ringworm of the body
- Rhizopus nigricans
- Saccharomyces cerevisiae
- Salmonella
- Salmonella arizona
- Salmonella typhimurium
 Staphylococcus aureus
- Saprophytes

- Sarcina aurantiaca
- Scarlatina
- Scarlet fever
- Sclerotinia americana
- Sclerotinia fructicola Sepsis
- Septicæmia
- Septoria apii
- Serantia aurantiaca
- Serratia
- Serratia marcescens 48
- Shigella boydii
- Shingles
- Small pox
- Spore-forming Bacteria
- Sporosarcina ureae
- Sprue
- Staphyloclysin (inhibits)

- Staphylococcus aureus (97 MRSA strains were tested)
- Staphylococcus (20 Coagulase-negative strain)
- Staphylococcus epidermidis
- Staphylococcus pyogenea
- Staphylococcus pyogens albus
- Staphylococcus pyogens aureus
- Stenotrophomonas maltophilia
- Streptococci
- Streptococcus (Nonhemolytic)

LIST OF PATHOGENS

- β-hemolytic streptococcus
- Streptococcus Group D
- Streptococcus agalactiae 27956 strain
- Streptococcus fæcalis
- Streptococcus faecalis 9790
- Streptococcus gordonii
- Streptococcus mitis
- Streptococcus monilla
- Streptococcus mutan
- Streptococcus mutans GS 5
- Streptococcus pneumoniae
- Streptococcus pyogenes

- Streptococcus pyogenes (20 different strains)
- Streptococcus salivarius
- Streptococcus sobrinus
- Syphillus
- Tinea versicolor
- Torulopsis glabrata Treponema pallidum
- Typhoid Bacillus
- Uromyces caryophyllinus
- V. cholera
- Vaccinia virus
- Varicella-zoster virus
- Vegetative B. Cereus cells
- Veillonella alcalescens
- Venturia pyrina

- Venum (arachnids)
- Vesicular stomatitis-Indian virus
- Vorticella
- Whooping Cough (also see Bordetella pertussis)
- Xanthium glabaratum
- Yeast
- Yersinia pestis

WHAT IS A HYDROSOL?

- Herbal distillates are organic aqueous solutions or organic colloidal suspensions (hydrosol) of essential oils usually obtained by steam distillation from aromatic plants.
- A silver hydrosol is a dispersion of silver nanoparticles dispersed in a continuous phase comprising a solution of silver ions.
 A shorthand representation of this mixture is Ag(n)1+

BIOACTIVE SILVER HYDROSOL DEFINED

- Every silver containing species in silver hydrosol is electrically charged.
- The vast majority (more than 98%) are positively charged.
- Charge directly relates to absorption rate and efficacy

SILVER PRODUCTS HAVE TWO KEY ADVANTAGES:

They are broad-spectrum antibiotics
They are not yet associated with drug resistance

Lansdown AB, "Silver. I: Its Antibacterial Properties and Mechanism of Action." J Wound Care 2002 Apr 11:125-30



SIZE MAKES A DIFFERENCE



	Magnification	PPM-Claimed	PPM-Actual	Color	pН	Conductivity	Osmometry	Tyndall Effect	Zeta Potential	% Charged	Hydrosol
Α	100,000X TEM	10-PPM	10.06-PPM	Clear	6.88	11[µS]	- 0 -	*	Yes	95.7%	Yes
В	100,000X TEM	10-PPM	9.31-PPM	Clear	5.66	19[µS]	- 0 -	****	Yes	32.4%	No

THE MOST BIOLOGICALLY DISCRIMINATING SILVER (FOR HIGHER VS. LOWER LIFE FORMS) IS A SILVER HYDROSOL THAT CONTAINS:

- . Particles measured on the nanoand pico-scale (0.8 nm to 10 nm).
- Fully positively charged (> 90%
 Ag(n)1+).

 Optimal, low concentrations (<
 25 PPM) to maximize safety and preserve potency.

¹Yudkin, J, "Efficacy of Silver Ions in Enzymes of Bacterium coli.," Enzymologia, 1937; 2:161-170. In: Russell, AD, Hugo, WB, "Antimicrobial Activity and Action of Silver," Prog Med Chem, 1994; 31:357. ²Feng QL, Wu J, Chen GO, et al. A mechanistic study of the antibacterial effect of silver ions on Escherichia coli and Staphylococcus aureus. J Biomed Mater Res 2000; 52: 662–8. ³Bechhold, H, Colloids in Biology and Medicine, JGM Bullow, trans., D Van Nostrand Company, New York, 1919; P.368.

MECHANISM OF ACTION

The scientific literature contains many recent studies showing silver ions do the initial killing of bacteria.
The nanoparticles then react chemically to generate more silver ion in a type of controlled release manner.

At 2 nm, 100% of the surface area of the nanoparticles is available for reaction

SILVER HYDROSOL PROPERTIES: PURITY, PARTICLE SIZE AND ENERGY

- Positively charged silver nanoparticles
 (Ag(n)1+) 96%+.
- Particles measured on the nano/picoscale.
- Uniform dispersion.
- Unprecedented surface area means that you can achieve with microgram doses what even gram doses of drugs cannot – without toxicity!
- At only 23 parts per million (ppm), there may be over 300,000,000 particles of active silver in every drop of pharmaceutical-grade purified water (H2O).

Silver Hydrosol is significantly different from colloidal silvers by virtue of uniform particle size.

Transmission Electron Micrographs at 100,000x magnification





В

Ε









D

The Silver Hydrosol is (C)



April 2009

ROUTES OF ADMINISTRATION

- Oral, intranasal, aural,
 - intravaginal, bladder instillation, IV,
 - nebulizer, intraocular, topical, direct
 - lesion, rectal
- . How Often?
- Using multiple routes of administration to improve advocacy
 SILVER ALLERGY: Skin test:Desensitize

INDIRECT MECHANISMS OF ACTION

- Leukocytes are found throughout the body, blood and lymphatic system. Five different and diverse types of circulating leukocytes exist, but they are all produced and derived from a multipotent cell in the bone marrow known as a **hematopoietic stem cell**.
- Silver improves or stimulates the rate of bone marrow WBC production.

INDIRECT MECHANISMS OF ACTION

In addition to increased production of reactive oxygen species, the silver hydrosol induces and/or catalyzes increased WBC production of myeloperoxidase

The myeloperoxidase level is a key component of immune responses to higher order parasites.

WHAT IS THE METABOLIC PATHWAY OF ELIMINATION?

The normal physiologic pathway in humans and animals for the metabolism and elimination of ingested silver occurs in phase II liver glutathione conjugation, which leads to concentration in the biliary tree and normal excretion as solid waste metallothionein complex through the colon.

 Rentz EJ. Viral Pathogens and Severe Acute Respiratory Syndrome: Oligodynamic Ag+ for Direct Immune Intervention. Journal of Nutritional and Environmental Medicine (June 2003) 13(2), 109-118.

Broad Spectrum Anti-microbial

Comparative toxicity of different silver species

Ag^{I+} highest toxicity, $Ag_{(n)}^{I+}$ lowest toxicity

	Relative Toxicity by General Species of Silver								
Highest Salt solution - inorganic Salt solution - organic Salt alkali Protein complex / crystaloid Oxide Colloidal dispersion Hydrosol Homeopathic Homeopathic	id								

FULL SPECTRUM ANTIBACTERIAL

. Penetrates the cell wall of every bacteria or prokaryote on planet Earth

 L-form or stealth bacteria which shed their cell wall inside their host still contain enzymes and genetic material which the silver reacts with rapidly

Silver Hydrosol



January 10, 2008

Statement on Silver Hydrosol Safety:

Silver Hydrosol product, Argentyn 23[®] (23 ppm), CANNOT CAUSE ARGYRIA (BLUE SKIN).

There has been much media attention recently about colloidal silver causing a blue discoloration of the skin that is irreversible. Argyria is the result of consumption/absorption of silver products containing impurities including salts, proteins and other metals. These impurities result in <u>silver compounds</u> inappropriate for human consumption, particularly from those that are homemade and/or of much higher ppm concentration.

The Foundation for Collaborative Medicine & Research has examined the product from Natural-Immunogenics Corp. and found it to be not only <u>without any side effects</u> but extremely pure and effective in its use for enhancing the immune system and stimulating healthy regenerative events.

The Laboratory practices by this company to insure safety and efficacy are parallel if not superior in quality to the work done at FDA and major Pharmaceutical companies.

It is without hesitation that I support and applaud Natural-Immunogenics Corp. for its safety and quality in making an excellent and pure silver hydrosol product for professional use. It is my researched opinion that there is no reason for the doctor community or public to have concern about using this product safely as directed.

Dr. Dana F. Flavin, B.S., M.S., M.D. Former: Science Assistant to the Associate Bureau Director for Toxicology, FDA. Washington, D.C. BOARD OF DIRECTORS: Founder & President Dr. Dana F. Flavin, BS, MS, MD Vice President Douglass A. Alexander, BS, MS Treasurer Gary Jacobs, J.D *3 teaspoons a day for 70 years (76,650 teaspoons) of a 23 ppm silver hydrosol falls under the oral RfD for lifetime exposure according to the U.S. EPA.

76,650 teaspoons does not even come close to the Lowest Observed Adverse Event Level (LOAEL). TOXICITY, CONCENTRATION AND DOSAGE OF EXPOSURE

LOWEST OBSERVED ADVERSE EFFECT LEVEL (LOAEL) OF ORAL SILVER AT 10-PPM:

Tablespoons / 24 hour period-6,000

- . US Public Health Service: ATSDR (1990)
 - . LOAEL for silver ion at 222.2mg/kg/day elicits less serious adverse effects.
 - . LOAEL for silver ion at 430mg/kg/day elicits the serious adverse effects.

TOXICITY: BENEFITS VERSUS RISK

- The LD50 for a silver salt [AgNO3] is
 430mg/kg/day for 4 consecutive
 days in rats.
- The LD50 for a silver colloid is I,680mg/kg/day for 4 consecutive days in rats. This is essentially a four times greater mass of silver as a colloid compared to the silver salt form or silver salt species.



- 90% of all bacteria live within a biofilm
- Biofilms have DNA mixed in the protein to protect itself
- Silver Nanoparticles bind to any exposed DNA or RNA exposed and therefore distorts the biofilm

PROTOCOLS WITH SILVER HYDROSOL USE

- . H. pylori eradication
- . Bladder
- . Early introduction by IV
- . Eliminate reservoirs of microbes
- . Support Phase II detoxification
- . Add Selenium and Zinc orally
- . Sinus
- . Cervical
- . Pulmonary
- . Elimination of EBV & Lyme



- . Put the silver where the problems are
- . Use a biological active form
- . Use it often & slow
- . Keep it wet
- . PICC line
- . Use it alone

NOTE: WITHOUT REMOVAL OF MICROBES, THE CANCER CAN RETURN AGAIN

- . No raw meat
- . No sushi
- . Reduce the sugar

. Cayenne pepper

- . Bay leave
- . Clove
- Curcumin #1 for H. pylori
- . Tarragon
- . Thyme
- AllspiceOregano
- . Garlic
- . Onion

MICROBE KILLING



- . Block ENOX2 Proteins
- . Restore Microbiome
- . Decrease inflammation
- . Decrease free radicals
- . Increase nutrition
- . Decrease blood viscosity
- . Disrupt reproductive cycle
- . Improve Healthy Stem Cell Function and Immune Response
- . Lifestyle Changes

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