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Dr. John HOLT

Cancer Therapy

Dr John Holt



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Documentation : http://www.rife.de/holts_documentation.html

<http://www.drholtsupport.com/simple.asp>

A Simple Explanation

Treating cancer by ultra high frequency waves.

Cancer - Three features uniquely define cancer.

- 1 - It grows exponentially. That means every cell is dividing all the time. One cancer cell divides into two, then into four, then into eight, 16, 32 etc etc.
- 2 - It is irreversible.
- 3 - It passes on these traits from generation to generation.

Glucose

This sugar is used for three purposes. Firstly it provides energy from converting glucose into lactic acid for cancer cells to divide, without using oxygen. Secondly glucose uses oxygen and provides all the energy for your brain to function. Thirdly glucose with oxygen controls normal cell division. Cancer is a fault in this control which makes it cancerous.

434 MHz Ultra High Frequency Radiowaves

I discovered in 1973 that this frequency (used throughout the continent of Europe as the standard frequency for medical purposes) will temporarily activate cancer's burning of glucose without oxygen for between 20 and 30 minutes. Millions of patients throughout Europe have been treated since 1948 with this frequency for stimulating the repair of injuries, fractures, wound healing etc without any side effects being discovered. It stimulates normal cell division which is self limiting when repair is complete.

If the cancer cells' uptake of glucose from the blood can be blocked before applying UHF radiation the cancer cell will die. This is selective killing because it ONLY acts on the Glucose to Lactic Acid system.

The Treatment Method

Intravenous injection of glucose blocking agents immediately before UHF are essential and have to be given quickly through a vein or an intravenous line. The blocking agents consist of cystine and oxidised glutathione and other similar forms of amino acids in their fully oxidised state. They carry a lot of oxygen with them, they look like glucose to the cancer cell and are therefore rapidly absorbed by them immediately the UHF radiation commences. The glucose is "burnt" by the blocking agent's oxygen and the cancer cell dies.

Large arm veins are the most suitable site for injection. The smaller veins of the hand are unsuitable. The injection is slightly irritant and is approximately 50 ml of fluid. Before treatment starts a PICC line (Per Intravenous Cutaneous Catheter) can be inserted if the patient has poor veins. The line is inserted by a radiologist using ultrasound placement into a deep vein in the upper arm and can only be done in Perth if the patient has private health insurance. At the end of treatment the PICC line can be easily removed.

Results have come from 15 treatments over three weeks, Monday to Friday - 15 working days (remember WA's public holidays!).

The infusion of the glucose blocking agent takes approximately fifteen minutes and is immediately followed by 20 to 25 minutes of UHF therapy using the radiowave machine to part or all of the body.

Complications of Treatment

434 MHz UHF creates resonance (it shakes cancer cells like a bell) and fluorescence (the cancer re-radiates different frequencies) and the energy does create some heat in the normal cells similar to sitting in front of a large electric fire. It must be emphasised that this is not heat treatment and MUST NOT be called hyperthermia where the body is deliberately raised to 41.8°C by non electrical methods. After treatment half an hour's rest on a relaxing chair/bed under a fan allows the patient to drive their car away if they wish.

Side Effects

Every patient has their haematology, biochemistry and proof of cancer levels etc estimated before and after treatment. The only contraindication to treatment is a rare disease called thalassaemia because the red blood corpuscles in this disease (there are a few lesser variants which also may cause trouble) are readily damaged by mild warming (body temperature never exceeds 39.5°C, upper limit of human tolerance is 41.8°C) and the patients become anaemic. This may need fairly urgent transfusion if it occurs.

Approximately 1% or 2% of patients slight symptoms of the brain being starved of glucose may occur. The cancer obtains its glucose supply using the amino acid cysteine but the brain extracts its glucose using the amino acid methionine. This rare complication can be completely avoided by eating 100 to 200 grams of cooked red meat five times a week. If you are not willing to eat red meat during treatment there is 1 in 50 chance that you will experience these side effects and require admission to hospital. Patients must understand that if they do not eat red meat that treatment is at their own risk and that they must bear all consequences thereof.

No patient will be treated who is taking any antioxidant other than that which is contained in a normal, simple diet. For example large doses of Vitamin A, Vitamin C, Vitamin E, selenium and multiple other so-called anti-cancer antioxidants may result in ineffective treatment simply because these substances destroy the glucose blocking agents before they reach the cancer cell.

General Features for Successful Treatment

A: The smaller the individual lesions the better the result because as cancer masses become bigger so the blood supply to the centre decreases and the drug cannot penetrate there.

B: The total mass of cancer is important. Any estimated load in excess of 100 grams will probably require more than one session of treatment.

The Practical Regime

I treat every patient whom I consider have a chance of response with 15 days of treatment. Then wait six to eight weeks and reassess the situation. If there is significant improvement - decrease by 10-20% of the cancer mass - then retreatment should be carried out because cure is possible in such patients. The maximum number of treatment courses given was seven in a patient with mesothelioma treated twelve years ago who now is alive and well without evidence of the disease.

Specific Contraindications to Treatment

1. A major contraindication to UHF therapy is having had any form of chemotherapy (also called cytotoxics, or cytotoxic treatment). These drugs are non-specific cell poisons designed to act against the genetic material in the cell nucleus. They do not act specifically on the cause of cancer, which is damage in the cytoplasm or extra-nuclear part of the cell. Normal cells are designed and controlled perfection using genetic information. Cancer is caused by irreparable damage to the system which interprets our genetic “blueprint”. It is pointless to destroy genes when their instructions are ignored by a defective system.

Some cytotoxic drugs may make normal cells more conductive to electricity so that there is little electrical difference between cancer cells and normal cells and then UHF no longer only acts on cancer cells.

2. Collections of fluid in the chest cavities, heart cavity or abdominal cavity must be drained and the cavities dry if satisfactory results are to be obtained in the underlying cancer. As examples - cancer of the lung and breast can cause outpourings of fluid in the left or right pleural space (cavity surrounding the lung) and more rarely in the pericardial (heart) space. UHF radiation will not penetrate collections of fluid. They may become hot enough to increase the damage in the cavities.

Fluid in the peritoneal cavity is called ascites. This is a common accompaniment of ovarian cancer and partial blockage to the lymphatics draining the abdominal cavity and occasionally due to obstruction in the liver from secondary cancer in that organ. Ascites may also get worse after UHF treatment and may prevent the underlying cancer receiving any effective UHF dosage. Ascites, pleural and/or pericardial collections of fluid are best treated by aspiration and installation of appropriate substances so that the surfaces of the space are inflamed and stick together thus obliterating the space. The effusion must have been controlled completely by such measures before radiowave therapy is possible .

If patients arrive with collections of fluid and this minor operation has to be performed before or during treatment they will be referred for drainage by another doctor. Patients without private hospital insurance cover with this complication will be referred to a public hospital, if so requested.

3. Smoking is absolutely contraindicated to the treatment. Treatment must not be commenced until at least several weeks after smoking has ceased. The carbon monoxide in cigarette smoke may inactivate the oxygenating effect of the glucose blocking agent.

Further Information

Treatment is given only as out-patient attendance. Stretcher patients do not fit within the machine and wheel chair bound patients can only be treated if they are fairly mobile. Should any problem arise and a public hospital admission is essential, not only is Dr Holt unable to supervise you in such an institution but UHF therapy cannot be given whilst an in-patient in one.

All hospitals in WA require every interstate patient admitted to have a certificate from their local pathologist stating that they are free from MRSA (Methicillin Resistant Staphylococcus Aureus infection). To minimise cross infection in our own rooms the results of the MRSA test must be known to us before arriving for a course of therapy.

The treatment centre is in West Perth, an inner suburb with free bus travel to the city. Short term rental flats are available within a one to five kilometre radius. Your travel agent can arrange an hotel to start and then you can find your exact needs at leisure.

Costs

A three week course of treatment is a total of \$6550 with a Medicare rebate (at 85% of the scheduled fee) of \$2206.50 (as at 1 November 2003). The difference of \$4343.50 must be paid during the first week of treatment.

Under the new Safety Net Medicare will now meet 80% of the out-of-pocket costs for medical services. Medicare may therefore give you a further rebate after the account for treatment has been processed by them.

Always make a claim from your State against your travel costs to WA (Patients' Assisted Travel Scheme/Patient Transport Assistance Scheme). These forms are available from your local hospital.

Please note that we do not have the facilities to accept eftpos or credit card transactions. Payment can be made via cash or cheque.

If you do not have a referral from your GP or a specialist Medicare will not pay their portion of your account. Please ensure you bring one with you.

J A G Holt

M.B., Ch.B., F.R.C.S., F.R.C.R., F.R.A.C.R., D.M.R.T., D.R.C.O.G.

NZ536659

Compositions comprising organic disulfides, cysteine sulfoxides, sulfones, sulfoximines or other sulfur containing substances and their use in therapy in combination with radiation

Also published as: EP1532976 // EP1532976 // AU2004231179

Abstract -- The disclosure provides therapies for treating a range of conditions, including cancer, enhancing T-cell count, or reducing the concentration of pathogenic particles (e.g. virus or prion particles) - most especially those selected from human immunodeficiency virus (HIV), bovine spongiform encephalopathy (BSE) agent, scrapie agent, hepatitis agent, disseminated ("multiple") sclerosis agent, Creutzfeld Jacob disease (CJD) agent, variant CJD agent, systemic lupus erythematosus (SLE) agent, ankylosing spondylitis agent and amyotrophic sclerosis agent furthermore amyloid conditions, Alzheimer's disease, and non-malignant diseases - applicable in vivo to a patient in need of such treatment, the therapies comprising administering to the patient an effective amount of defined active agents, and, while the agents are present, administering to the patient an effective dose of electromagnetic radiation of frequency in the range of about 400-450 MHz, wherein the active agent comprises organic disulfides (such as a penicillamine disulfide), cysteine sulfoxides, sulfones, sulfoximines or other sulfur containing substances as defined in the specification.

EP0705603

Use of non-toxic cysteine sulfoxide derivatives in the treatment of cancer or for enhancing the T-cell count

Also published as: EP0705603 (B1) // AU702780B

Abstract -- There is described a therapeutic method, applicable in vivo to a patient or in vitro to a transfusable body fluid or a transplantable body part, which comprises administering to the patient, body fluid or body part an effective amount of a non-toxic cysteine sulfoxide of the general formula <CHEM> or a non-toxic salt thereof, in which R is a C1-4 alkyl or a C2-4 alkenyl group, and while said non-toxic cysteine sulfoxide is present administering to the patient, body fluid or body part an effective dose of microwave electromagnetic radiation of frequency in the range of about 400-450 MHz. The method is effective to treat cancers present in the patient, body fluid or body part, and in vivo to enhance T-cell count in an immunodeficient individual.

AU2209092
CANCER THERAPY AND COMPOSITIONS FOR USE THEREIN

Also published as: EP0531031 (A1) // JP7179336 (A) // EP0531031 (B1) // AU643156B (B2)

Abstract -- A method of cancer therapy comprises administering to a patient a non-toxic agent selected from organic disulfides (e.g. cystine or penicillamine disulfide), oxidising agents (e.g. cumene hydroperoxide or t-butyl hydroperoxide) and organic sulfoximines (e.g. methionine sulfoximine), and while the agent (or more than one of the agents) is/are present at a cancer site of the patient administering to the cancer site an effective dose of microwave electromagnetic radiation of frequency in the range of about 400-450 MHz, preferably in the range of about 432-436 MHz.

<http://www.nhmrc.gov.au/news/media/rel05/holt.htm>

29 September 2005

Reference: ABB118/05

Review of Microwave Cancer Therapy

The Commonwealth Government has today released a review by the National Health and Medical Research Council (NHMRC) of the microwave therapy practiced by Dr John Holt in Western Australia.

The Review Committee on Microwave Cancer Therapy undertook a comprehensive assessment of the methods used by Dr Holt, including examination of Dr Holt's past and present patient records. The committee also examined all published scientific evidence on microwave cancer therapy.

The review committee found no scientific evidence to support the use of microwaves in treating cancer, either alone or when combined with other therapies.

The final report on the therapeutic effectiveness and safety of microwave cancer therapy concluded that:

- * There is no high-quality published scientific evidence which shows superior benefit in terms of therapeutic effectiveness for the treatment of cancer with:
 - o microwave (or UHF) cancer therapy when combined with radiotherapy (used by Dr Holt before 1991); or
 - o microwave cancer therapy when used in combination with glucose blocking agents (used by Dr Holt since 1991)
- * Microwave cancer therapy in combination with radiotherapy was inferior compared to standard conventional radiotherapy with respect to disease control and survival for patients with breast cancer, lung cancer, lymphoma or prostate cancer.
- * There was no significant difference in survival between conventional radiotherapy and microwave therapy used in combination with radiotherapy for patients with head and neck, colorectal or bladder cancer.
- * Microwave therapy in combination with glucose blocking agents was inferior to

radiotherapy in terms of symptom control and disease control in patients with bladder or any invasive cancer.

- * There is insufficient information to make a reliable assessment of the safety of UHF in combination with radiotherapy, or in combination with glucose blocking agents for the treatment of patients with cancer.

- * Conventional radiotherapy had better symptom control rates in bladder cancer patients, than UHF in combination with radiotherapy or in combination with glucose blocking agents.

- * UHF in combination with glucose blocking agents appeared to have a lower rate of toxicity than UHF in combination with radiotherapy, or conventional radiotherapy.

It is important that every effort is made to ensure cancer patients continue to have access to proven effective cancer therapies.

It is important that patients have access to accurate information about benefits and risks of treatment for cancer and other diseases so they can make fully informed decisions.

The committee was made up of eight scientists, specialists and clinicians and a consumer representative, who worked on this review for almost a year.

Copies of the NHMRC report are available at:

<http://www.nhmrc.gov.au/advice/consumers/microwave.htm>

A hard copy can also be obtained by calling John Rogers at the NHMRC on (02) 6289 9199.

Media contact: Kate Miranda, Office of Tony Abbott, 0417 425 227

Kay McNiece, NHMRC, 0412 132 585

http://www.cancercouncil.com.au/enews/cancer/monthlynews_may05.htm

Review of Dr Holt's Microwave Cancer Therapy

You may have been following the story of Perth based surgeon Dr John Holt, which has caused a great deal of comment and controversy in the media. The Cancer Council WA funded a trial of a previous version of Dr Holt's therapy in the 1980s (then called the Tronado treatment), and found it was no better than existing treatments such as conventional radiotherapy.

As an evidence-based organisation, The Cancer Council NSW is interested in developments in cancer treatment that are supported by rigorously conducted clinical trials. Following the initial report on A Current Affair, The Cancer Council said it would welcome an evidence-based review of Dr Holt's revised treatment. The Federal Government, under the auspices of the National Health and Medical Research Council (NHMRC), subsequently announced a review.

Visit the NHMRC website to read more about the review

www.nhmrc.gov.au/advice/microw.htm

We are keen to hear the results. However, along with cancer specialists, treatment centres and organisations across Australia, we strongly recommend that cancer patients do not stop or postpone their prescribed treatment in the meantime. Thanks to advances in cancer treatment

over the years, around 60% of cancer patients are now cured and many proven and promising therapies are available. However, what may be an effective treatment for one kind of cancer may not be appropriate for another, so please ask your doctor before making any decision.

For more information about cancer treatment and support, call the Cancer Council Helpline 13 11 20.

http://www.rife.de/john_holt_and_the_media.html

John Holt and the Media

John Holt was virtually unknown until Australia's Channel 9 "A Current Affair" (ACA) program, hosted by Ray Martin, took up the story on 9th August 2004.

In a series of programs up to 29th September 2005, they interviewed a number of his patients with remarkable cases and portrayed Dr. Holt as a doctor who had developed a treatment that thousands of patients claimed to have worked for them, yet the medical establishment was ignoring and even ridiculing this treatment.

After the first such program, the establishment replied in newspaper articles criticising the Tronado machine, used by Holt, and that there was no scientific evidence to back his claims!

The next program from ACA pointed out that John Holt had not used the Tronado machine for 15 years, the establishment had not even bothered to find out what he was doing in the past 15 years, despite repeated requests from him for scientific studies to be carried out.

As all his requests for such studies had been rejected, how could there be any scientific proof of the effectiveness of his therapy!

Meanwhile, literally thousands of his patients were lobbying on behalf of John Holt with remarkable stories of how his methods had helped them.

Due to the public uproar caused by the series of TV programs, the Australian health minister was forced to launch a public enquiry looking into Dr. Holt's therapy. Dr. Holt himself retired at the end of June 2005.

On the 29th Sept 2005, the study was released and the report basically claimed the therapy was not any better than conventional therapies.

Two of Australia's TV News channels aired their 8-minute segments concerning the results of that enquiry into Dr Holt's cancer therapy. TV Channel 9's presenter (pro-Dr Holt) Ray Martin had Australia's federal Minister for Health as a guest in his Newsroom studio to announce the long-awaited findings of the 12-months long official investigation of Dr Holt's radiowave therapy and its results. Presenter Ray Martin again took a pro-Dr Holt stand.

The other TV channel (Channel 7) News report went one step further, reporting that the medical council is now calling for an official move to shut down the Dr Holt cancer clinic in Perth in order to "protect the public and cancer sufferers".

This is a contest between the allopathic medical cancer industry and supporters of Dr Holt's effective and proven radio-wave cancer therapy. The Australian National Health and Medical

Research Council did not find in favour of Dr Holt. As would be expected in light of their medical and financial politics.

Reaction to the Official Review by Dr. John Holt

In an interview with Dr. Holt, I asked him about how the government committee had assessed his therapy.

John Holt: They have never assessed it. Nobody has ever seen a patient I have treated. The three enquires just setup a committee to look at the results, so say, but they never bothered with that, they never asked me for the results, they never asked me for the figures.

Question: So they just invented a report?

John Holt: Yes ... as my wife just pointed out, most of the patients I treat are those that failed with every other method and I can still get those results.

The Essentials of Cancer -- Cause and Cure: Methods

By

John A. G. Holt,
MB, ChB, FRCS, FRCR, DMRT, DobstRCOG

Described & Illustrated with Simple Explanations

Download: http://www.rife.de/files/essentials_of_cancer.pdf
(172 pp, 21 MB)

The Enigma of Cancer

Shortened version of the Essentials of Cancer as originally released in the Newsletter of the Cancer Support Association of Western Australia (Vol 17, No. 1-4, Feb.-May 2002)

Download: http://www.rife.de/files/enigma_of_cancer.pdf
(22 pp, 11.5 MB)

<http://www.canceractive.com/page.php?n=843>

Fighting Cancer with Radio Waves

Originally published in Issue 2 2005

John Holt has retired. Whilst we are told that his work has now been taken over by Hugh Tinsley in Ireland, we are currently checking whether Hugh Tinsley is following John Holt's protocol or whether he has changed it in any way.

There is no-one else continuing with Holt's work, to our knowledge, here or abroad.

We will update this information as soon as we have any further clarification.

Radio Waves

In November 2004, the Minister for Health and Ageing in Australia, Tony Abbott asked the National Health and Medical Research Council to review the effectiveness of radio waves as a cancer therapy. In particular he asked them to look at the work of Dr John Holt, the former head of Western Australia's main Cancer Institute.

The report was due on December 21st. Unfortunately the council appointed could not prepare the report on time as it had received over 250 submissions from both patients and doctors claiming the treatment was a success.

Quite correctly it wants to review all the claims in detail.

Dr John Holt

Dr John Holt was born in Bristol some 80 years ago. He is a GP, Gynaecologist, Obstetrician, Radiologist, Surgeon, and more. He was in charge of Western Australia's Cancer Institute for more than a decade, until the late 70's.

Dr Holt is now 80 and still runs his cancer clinic which is fully booked five months in advance. However he plans to retire in June 2005 and, as yet, has no-one to succeed him in Australia, although a former colleague hopes to set up a treatment centre in Ireland.

On 17th May 2004 Dr John Holt visited the Dublin Institute of Technology - Kevin Street, to meet with Dr Hugh Tinsley (GP) and Mr Victor Thorne of the School of Electronic and Communications Engineering.

Victor Thorne has been associated with the late Professor Douglas Thorne in the use of radio waves as a means of producing hypothermia in cancer therapy. This work was carried out in Dublin's St Laurence's Hospital - now Beaumont Hospital. Hopefully John Holt's work will not end when he retires.

The Treatment?

"Holt does not claim it works every time, but it is non-invasive, inexpensive and the theory behind it is sound"

In simple terms, Dr Holt gives the patient an injection of glucoseblocking agent (glucose is the favourite food of cancer cells). He then directs radio waves of a specific frequency into the infected area. Usually, the tumour cells liquefy.

Holt does not claim it works every time, but it is non-invasive, inexpensive and the theory behind it is sound.

The Science?

Cancer cells feed on glucose, and without the involvement of any oxygen, produce lactic acid. This is broken down in the liver to form glucose, which recycles and feeds the cancer cell. The cancer has thus taken over the parent, host organism.

When glucose is present with oxygen in a normal cell, it stimulates normal cell division. Not

so with a cancer cell which thrives without oxygen.

If the glucose can be cut off from the cancer cell, the only remaining glucose will be that inside the cancer cell.

In 1973 Holt discovered that Ultra High Frequency Radio waves (at 434 MHz) were used throughout Europe to stimulate repair, wound healing and fracture healing. They also stimulate normal cell division in the presence of oxygen.

Holt thus reasoned that by using sound waves of this frequency on the infected area, the normal cells would merely divide while the cancer cells would die if they could be starved of glucose.

Therapy method

"The treatment period is three weeks, five days per week"

An intravenous injection of glucose blocking agents is given quickly through a vein or intravenous line. The blocking agents used are cystine and oxidised glutathione plus other similar amino acids in their fully oxidised state. The cancer cell is 'fooled' into absorbing them rather than oxygen. The UHF radiation encourages their uptake, the glucose is used up or 'burnt' by the blocking agent's oxygen and the cancer cell dies.

The treatment period is three weeks, five days per week and the infusion of blocking agent takes 15 minutes followed immediately by 20-25 minutes of UHF therapy using a radio wave machine directed at the infected area or to the whole body.

Side effects and complications

UHF causes resonance in cancer cells and this produces heat. The cancer cells re-radiate this heat (fluorescence) and even normal cells can heat up. This can cause a little discomfort.

The only other side effect is that people with thalassaemia, a rare blood disorder, cannot have the therapy as it makes them anaemic.

In 1 to 2 per cent of patients some brain glucose starvation is possible. This can be avoided by eating red meat beforehand for the methionine content.

"No supplementation of vitamins A, C, E and selenium or other antioxidants is allowed as these render the treatment ineffective"

No supplementation of vitamins A, C, E and selenium or other antioxidants is allowed as these render the treatment ineffective.

Smoking is also contra-indicated and the treatment cannot commence for several weeks after smoking has ceased.

Finally, a major contra-indication is chemotherapy. Either current or past. Dr Holt is quite adamant about this. Indeed he questions the logic, at the cellular level, of many chemotherapy 'poisons', as he calls them.

Details

Full haematology and monitoring takes place and treatment is given only as an out-patient. A three week course costs about Â£2,500, plus flights, hotels etc.

Contact Dr John Holt Clinic on + 61 8 9322 3544 or www.drholtsupport.com - although as we said above it looks like he is planning to retire, and his therapy may retire with him.

<http://www.wanttoknow.info/050729cancercure>

Video: <http://aca.ninemsn.com.au/stories/1744.asp>

The Doctor Many Believe Can Cure Cancer

9 August 2004

Reporter: **Ray Martin**

Watch video: dial-up | broadband [Don't miss the amazing short video clip available at above link]

Over a period of 30 years, highly qualified Perth-based surgeon Dr John Holt has had some startling successes with a radio-wave therapy treatment for cancer patients.

However, this radical treatment has polarised the medical community in Australia. His supporters say he's been vilified, while his detractors point out there is no scientific basis for his claims.

Elvina Johnson had a lot of living to do when she was told she had an aggressive form of bone cancer. At 18, doctors discovered she had a "galaxy of tumours". She lost her leg and underwent intensive chemo treatment to try and stop it spreading. Her cancer was so severe that she relapsed soon after.

"It was through both of my lungs and by that stage it was pretty terminal," she told Ray Martin.

Elvina was desperate. Quite by chance she heard about a cancer specialist with a highly controversial procedure.

"By taking the chance and finding this man, I am here six years later and probably feeling better than ever, so I have had a rebirth," she said.

Dr Holt's controversial treatment works, in layperson's terms, by giving the patient an injection of a glucose-blocking agent. He then shines "radio waves" into the body at a specific frequency. Dr Holt doesn't guarantee it will cure every cancer, but it's not expensive and there's no quackery about it.

Born in Bristol 80 years ago and a member of the Royal Colleges, Dr Holt has 26 medical letters after his name. For more than a decade he was in charge of Western Australia's main cancer institute, until the late '70s, when he was blacklisted by his medical colleagues and politicians.

"The doctors took up such an action initially, they said the treatment was fake and useless," said former WA Premier John Tonkin. But Tonkin added, "There is no doubt whatsoever in my mind that this is the most advanced form of cancer treatment in the world today."

The polarisation of the medical and scientific community in Perth over Dr Holt's treatment has been evident since the mid-'70s.

"It is an unproven form of cancer treatment and it's not part of the armoury of orthodox ways of treating cancer in Australia," said Clive Deverill, the former boss of WA's Cancer Council. "Equally, there are legions of patients who have been down that track who can't say anything about their position because they're dead."

While the medical community continues to argue the merits of Dr Holt's unorthodox measures, the families of his successes feel they owe everything to this gentle man.

After two brain tumours and a tumour on her spine, Sophia Rosa was sent by pre-eminent brain surgeon Dr Charlie Teo for the radical treatment. Two years later, the only sign Sophia had cancer are the side-effects from the massive doses of chemotherapy given in Sydney.

"Sometimes I think maybe Sophia's reason for getting sick was so people would know about Doctor Holt," said Louisa Raso, Sophia's mum.

<http://video.google.com/videoplay?docid=-3336255008266740863&hl=en>
<http://www.youtube.com/watch?v=0bM9vwgkm4E>

Cancer Radio Wave Therapy (Part 1 of 2)

In 2005 an Australian Doctor, Dr. John Holt received five months of coverage from Australian television supporting his work healing terminal cancer patients the main stream medical industry had turned away.

Using a glucose (sugar) blocking agent to starve the cancer tumors, Dr. Holt then would use his special made UHF radio wave equipment to break down tumors.

13, August 2007 Hon. John Anderson tabled in the House of Representatives a signed petition with 1,735 signatures supporting Dr. Holt's work.

<http://www.theage.com.au/news/National/Microwave-cancer-treatment-warning/2005/09/29/1127804599377.html>

Microwave Cancer Treatment Warning

September 29, 2005

Health Minister Tony Abbott has warned cancer patients against the use of microwave therapy, after a review found it could be less effective than conventional therapies.

The \$250,000 review by a special committee of the National Health and Medical Research Council found the microwave treatment touted by Perth doctor John Holt as a cancer cure was not superior to conventional therapy.

The committee found there was no proof to support the use of microwaves in fighting cancer, either alone or when combined with radiotherapy.

Releasing the findings of the year-long review in Melbourne, Mr Abbott said he was disappointed the treatment was not the magical cure that many had hoped it would be.

"I have to say I am a little disappointed at this result," Mr Abbott said.

"But the fact is, we have to be objective.

"Now, I have to say that the conclusions of the study were that there is no evidence that Dr Holt's treatment is superior to conventional, orthodox cancer treatment.

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"And there is considerable evidence that in at least some areas, Dr Holt's treatment is inferior to conventional, orthodox cancer treatment ... and my very strong recommendation to people suffering cancer would be, use orthodox treatment, don't use this treatment."

But he stopped short of saying Dr Holt, who has since retired, had placed patients' lives in danger.

"I think it would be fairer to say that their cancer has not been improved by Dr Holt's treatment in ways that couldn't more readily have been achieved by more conventional treatment," Mr Abbott said.

Australian Medical Association president Mukesh Haikerwal went further, saying the findings showed the treatment could in fact be "more dangerous" than conventional methods.

"It's very important when there are novel treatments out there people do not lose sight of the fact that conventional therapies are actually there to help them, can make them better and shouldn't be discarded for something that's not true and not trusted," Dr Haikerwal said.

The committee examined Dr Holt's patient records along with scientific evidence on the therapy, which has gained wide publicity amid positive accounts from cancer sufferers.

The review found microwave cancer therapy in combination with radiotherapy was inferior - compared to conventional radiotherapy alone - in the treatment of breast cancer, lung cancer, lymphoma or prostate cancer.

It also found radiotherapy resulted in improved symptom control rates in bladder cancer patients, than when used in combination with microwave treatment.

The committee recommended a review of the eligibility for Medicare funding of Dr Holt's treatment and also called for the Therapeutic Goods Administration to examine the safety of the microwave machines he used.

Mr Abbott rejected suggestions Dr Holt had been irresponsible, describing him as a very dedicated doctor.

A spokesperson for Dr Holt declined to comment on the review's findings.

http://en.wikipedia.org/wiki/Tronado_Machine

Tronado Machine

The Tronado Machine was a device which employed ultra high frequency or microwave radiation as a treatment for cancer. A man named Tronado designed the machine in the 1970s.

The treatment was improved and a new type of machine built by Dr John Holt who was formerly Head of Oncology at Sir Charles Gairdner Hospital, Perth, Western Australia. He later established an independent clinic in West Perth. After John Holt's retirement the clinic moved to Claremont where a research institute was established alongside the clinic. A further treating facility was established by Dr Hugh Tinsley in Dublin Ireland. This clinic and the treatment were assessed by the Irish government and the clinic received government grants to assist with the ongoing costs of establishment.

Lack of Scientific Validation

Tests conducted on behalf of the National Health and Medical Research Council of Australia have concluded that UHF Radiowave therapy produces no therapeutic benefit when used in conjunction with conventional cancer treatment. The report Review of the Use of Microwave Therapy for the Treatment of Patients with Cancer conducted a review of the literature as well as an audit of Dr. Holt's patient records between 1973 and 2003. Regarding the literature review, the report stated "There is currently no published scientific evidence that shows benefit of UHF cancer therapy alone or when combined with 'glucose-blocking agents' (GBA) as treatment for patients with cancer." Regarding the audit of Dr. Holt's clinical data, the report says, in part, "Despite the small patient treatment groups, some trends were evident in this audit. Firstly, the complete remission rates were not high in any group. The study did not confirm Dr Holt's previous reports of a 100% response rate for bladder tumours (Holt, 1988). The initial response rate (complete response and partial response) was 50% for RT alone, 34% for RT + UHF and 17% for UHF + GBA. Following salvage surgery, the overall response rate (complete response and partial response) was higher for patients treated with RT alone (44%) compared to RT+UHF (25%) or UHF + GBA (11%)."

Political motivation is suspected in this finding and in a subsequent government report into the Microwave treatment practiced by Dr Holt.

<http://www.news-medical.net/?id=4046>

<http://www.amawa.com.au>

Medical Procedure News
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Concern over Media Coverage Surrounding the Tronado Microwave Treatment of Cancer

The Australian Medical Association (WA) today expressed concern over media coverage surrounding the Tronado microwave treatment of cancer.

"We want to send a very strong message to our patients that there is no evidence to show the treatment works and they must continue conventional treatment," AMA (WA) President Dr Paul Skeritt said today.

"Reports so far have failed to present a complete picture of the treatment and its history."

"The machine has been around for more than 30 years and has been subject to many evaluations and reviews around the world over that time."

"There has been no evidence that the treatment is effective in curing cancer," Dr Skerritt said.

"The treatment does not on its own attract a Medicare rebate for the patient unless it is used in conjunction with conventional treatment."

"Regretfully there is no published evidence that the treatment works."

"However, we strongly support the open-minded offer of the Royal Australian and New Zealand College of Radiologists to conduct an independent audit so that we can be better informed as to the efficacy of the Tronado treatment."

"It should be noted that there will always be a number of patients who will recover from illness without explanation and we believe it is irresponsible to present any treatment as a cure."

"It is the doctors and patients of Perth who will have to deal with unrealistic expectations that have been created long after the publicity has gone and the media has moved on to another miracle cure," Dr Skerritt said.

An email survey of Perth doctors by the AMA (WA) failed to produce any evidence the treatment works.

One Doctor responding to the survey said: "I am fully aware of the unrealistic expectations of patients re the Tronado Microwave Cancer Treatment. As a Radiation Oncologist working in Perth I am faced with these patients virtually every day, as are my colleagues.

"My major concern is that as an oncologist, we are striving to practice evidence-based medicine and that sensationalising treatments such as the tronado is counter to all of our efforts. "It is difficult for patients to understand the complexity of medical evidence and research which ultimately guide us in patient treatment and decision-making.
