

## About the Kelley / Gonzales Protocol

William D. Kelley, DDS was a dentist who claimed to have healed himself of pancreatic cancer with his own therapy in 1964. The Kelley Anti-Cancer Program combines therapeutic nutrition, supplements, and vigorous detoxification of the body. His healing program was based on metabolic typing with the goal of providing a patient-specific dietary program, detoxification (using coffee enemas—a recognized detoxification therapy—and other therapies), neurological stimulation through chiropractic adjustment, and supplements of vitamins, minerals, and enzymes.

Dr. Kelley believed the root cause of cancer is the body's inability to digest and utilize (essentially, metabolize) protein. He stated: "The person gets cancer because he's not properly metabolizing the protein in his diet. Then, to make matters worse, the tumor has such a high metabolism that it uses up much of the food which is eaten.

"If a person's disordered protein metabolism is not corrected it will give rise to more tumors in the future, even if the first one is successfully removed. This, by the way, is the unfortunate reason why so many seemingly successful cancer operations end up in recurrences a year or two later. The tumor was removed, but the cause—improper protein metabolism—remained."

Dr. Kelley linked faulty metabolism to a deficiency of pancreatic enzymes which he regarded as a fundamental cause of cancer. He believed that certain pancreatic enzymes, especially those that are proteolytic (protein-digesting) enzymes, are the body's first line of defense against malignancy. This theory stands in marked contrast to the view that the immune system, with its natural killer cells, is the body's main line of defense against cancer. (See Proteolytic Enzymes.)

The pancreas releases enzymes directly into the small intestine to aid digestion. But Kelley maintained that the pancreas also secretes enzymes into the bloodstream, where they circulate, reaching all body tissues, and killing cancer cells by digesting them.

Studies in the clinical literature lend support to this theory, first proposed by Dr. John Beard, a Scottish embryologist working at the turn of the century.

Imbalance of mineral metabolism is another condition that allows malignancy to occur, according to Dr. Kelley. He identified mineral imbalance as a root cause of the breakdown of the immune system.

Additionally, he said, cancer cells produce immune-blocking factors and seem to generate an electromagnetic force field that inhibits the proper response of the immune system.

To demonstrate his theories, Kelley divided people into what he called ten metabolic types, with slow-oxidizing vegetarians at one extreme and fast-oxidizing carnivores at the other. Each person is different, he asserted, not only in nutritional needs but also in the way their bodies use food.

Kelley then recommended a different nutritional program for each of the ten different metabolic types. An individualized diet was tailored to match the metabolic character of each patient, taking into account his or her physiology, neurological and physical makeup, basic metabolic rate, and personality. Some common threads ran through the diets, however. The consumption of raw, organic fruits, and vegetables was emphasized, while protein intake was reduced considerably to preserve the enzymes needed to digest fruits and vegetables.

In addition to a diet, Kelley's patients also took as many as 150 supplement pills per day, including pancreatic enzymes, vitamins and minerals, and concentrates of raw beef or organs and glands, believed by Kelley to contain tissue-specific growth factors, hormones, natural stimulants, and protective molecules. A direct anti-tumor effect has been observed repeatedly in patients on various metabolic therapies, who receive enzymes either orally or by injection. According to Kelley, as the enzymes "digest" the tumor, large amounts of cellular debris are released into the bloodstream and surrounding tissues.

These breakdown products from cancer cells are foreign to the normal body and can be very toxic, he maintained. Even though the liver and kidney can filter these substances out of the bloodstream, the wastes from tumor destruction form so quickly during enzyme therapy that the body's normal detoxification processes may become overloaded. To assist their bodies in detoxification, Kelley's patients periodically discontinued their enzymes and other supplements for several days.

This rest period, Kelley believed, allows the liver and kidneys to catch up with the body's load of tumor byproducts.

As a second aid in detoxification, Kelley advised all his patients to take at least one coffee enema daily.

His reasoning was that coffee enemas clean out the liver and gallbladder and help the body get rid of the toxins produced during tumor breakdown. During a coffee enema, claimed Kelley, the caffeine that is rapidly absorbed in the large intestine flows quickly into the liver. He believed that in high enough concentrations, caffeine causes the liver and gallbladder to contract vigorously, releasing large amounts of stored wastes into the intestinal tract and greatly aiding elimination. Kelley also believed that enemas are important in stimulating the immune system, since most waste products eliminated by detoxification are enzyme inhibitors. Frequent enemas prevent the suppression of protein-digesting enzymes.

These enzymes can break down the cancer cells' fibrin (protein) coats, making the cancer cells more vulnerable to the immune system. See Coffee Enemas.

The Merck Medical Manual, commonly thought to be the "bible of physicians", included coffee enemas as an accepted means of detoxification and constipation relief up through 1977. Despite that, coffee enemas, common also to the Gerson Therapy, became the focal point of opponents who considered Kelley's program unscientific.

The original Kelley program also included purges to cleanse the liver, gallbladder, intestines, kidneys, and lungs. Like many other metabolic therapists, Kelley believed that the functioning of these organs is severely impaired in the cancer patient. Colonic irrigations, liver and gallbladder flushes, and controlled sweating accomplished the cleansing tasks. Kelley also often recommended some form of manipulative therapy, such as chiropractic adjustment or osteopathic manipulation, to stimulate sluggish nerves.

A frequently overlooked part of the Kelley system is its spiritual component. Kelley called his approach metabolic ecology, taking into account the cancer patient's total environment, including physical, mental, emotional, and spiritual aspects. He urged his patients to "accept the fact that you are afflicted with a symptom (malignant cancer) and that recovery is possible. Establish a faith in a power greater than yourself and know that with His help you can regain health and harmony."

Patients were encouraged to conduct a searching self-analysis and to eliminate negative behavioral patterns and emotions.

The Kelley approach boasts extensive documentation with 10,000 medically-verified diagnoses. In one study, all his cases of pancreatic cancer were investigated. With conventional treatment, there were virtually no survivors after 5 years. He had 22 cases on record. Of these, 10 never started the treatment and survived for 67 days. 7 followed it partially and survived an average of 233 days, while the 5 who followed the Kelley treatment all completely recovered.

Interest in Kelley's therapy has increased dramatically in recent years largely due to the work of Nicholas Gonzalez, M.D., a New York City physician who treats cancer patients in advanced or terminal stages using a modified version of the Kelley program. A graduate of Cornell University Medical School, Dr. Gonzalez undertook a five-year case study of cancer patients of Kelley's who did well on the program.

The late Harold Ladas, Ph.D., a biologist and former professor at Hunter College, wrote: "Gonzalez has given us convincing evidence that diet and nutrition produce long-term remission in cancer patients almost all of whom were beyond conventional help.

"Because the cases [in Gonzalez's study] represent a wide variety of cancers, the implication is that the paradigm has wide applicability to cancer treatment. ...What should happen is that ACS [American Cancer Society] or NCI [National Cancer Institute] should immediately follow up with a half million dollar study to evaluate the rest of Kelley's cancer patients. But don't hold your breath," added Ladas, who concluded, "The evidence is in, and it is stunning. Kelley is vindicated."

In 1987, Dr. Gonzalez set up a private practice in New York City, where he began treating patients with a modified version of Dr. Kelley's program.

A pilot study of Dr. Gonzales treatment in patients with advanced pancreatic cancer was published in 1999. Of the 11 patients included in the study, 9 survived at least 1 year, 5 survived for 2 years, and 4 lived for 3 years. Two of the patients remained alive 4 years later. In contrast, the median survival for patients with inoperable pancreatic cancer who undergo chemotherapy is 5 ½ months. A further clinical study involving patients diagnosed with pancreatic cancer is expected.

Like Kelley, whom the American Cancer Society denounced as a quack, Gonzalez has also been castigated for "departing from accepted practice." Dr. Gonzales program and its theory are described at <http://dr-gonzalez.com/> . **SOURCE: Alternative Cancer Research Institute**

#### **Further Reading & References**

- One Answer to Cancer by William D. Kelley, <http://www.drkelley.com/>
- Dr. William D. Kelly's Nutritional-Metabolic Therapy, <http://educate-yourself.org/cancer/kellysmetabolictherapy.shtml>
- Dr. Gonzalez: Individualized Nutritional Protocols, <http://dr-gonzalez.com/>
- The Alternative Cancer Therapy Book by Richard Walters (1993)