

# Renal Cell Carcinoma (Kidney Cancer)

*"I tell my friends that if it wasn't for Dr. Merkle, I would be pushing up daisies by now, no doubt!"*

*"He (Oncologist) was, shall I say shocked that I was in fact still ALIVE, since my cancer is one of the most aggressive forms."*

## After just 6 months on the program-

- ✓ Patient was alive and improving every day
- ✓ No longer needed his inhaler
- ✓ Tumors had nearly stabilized
- ✓ Felt as good as he did at 30

## Initial Symptoms-

- ✓ Renal Cell Carcinoma
- ✓ 10cm Mass Removed From Scapular Bone
- ✓ Left Kidney Removed
- ✓ Cancer Spreading Into Right Adrenal Gland
- ✓ Given 6 Months To Live

*"We did not have a cure for his cancer, but our goal was to get his body healthier and clear out or reduce the toxins in the hope that his own immune system when strengthened could stabilize or reduce the cancer."*

*-Dr. Van D. Merkle*

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### \*\*\*PATIENT UPDATE!!!\*\*\*

**04-09-08** -The patient started taking an experimental chemotherapy drug for renal cell carcinoma called Nexavar which had such good preliminary results that it was 'fast tracked' by the FDA for distribution. Glowing reports said the drug carried excellent cancer fighting abilities with only minimal side effects of fatigue. After several rounds over a 10 month period he decided to quit because his tumors scans revealed new tumor growth (2 cm in right kidney and hilum). He was told that other people taking Nexavar were also experiencing similar problems with tumor enlargement. The drug also caused him to suffer from severe

fatigue (to the point that he couldn't even take a very short walk), a weak voice, extreme photosensitivity, severe skin rash, unbearable heat sensitivity to sunlight and deep ulcers of the skin. With all of these symptoms and the tumor growing, he decided to stop the Nexavar and to go back to what had worked from the beginning... our natural/nutritional program. His oncologist wanted him to increase the dose of Nexavar and to stay on it indefinitely without going off of like was originally planned so the patient dismissed his oncologist.

We immediately did some testing to determine his current health status. The blood test had some of the worst results I had seen however the main cancer activity markers (CRP, ESR and LDH) were not the problem. Yes the ESR and CRP were a bit high, but the main concern was the extremely elevated cholesterol levels. This was likely the body's protective reaction against the experimental drug and dyes used in the CAT scans. Because he took an experimental fast tracked drug, it may take quite a while for his body to readjust itself.

### Blood Test Results 03-21-08:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
	03/21/2008			03/28/2007			
Creatine Kinase		31.00	lo	35.00	☹	64.00 - 133.00	24.00 - 173.00
LDH		136.00	Opt	108.00	☺	120.00 - 160.00	100.00 - 250.00
SGOT (AST) (AST)		22.00	Opt	23.00		15.00 - 26.00	6.00 - 40.00
SGPT (ALT) (ALT)		16.00	Opt	19.00		15.00 - 26.00	6.00 - 55.00
GGT		16.00	lo	15.00	☺	22.00 - 39.00	6.00 - 65.00
Serum Iron		85.00	lo	104.00	☹	85.00 - 120.00	40.00 - 155.00
Ferritin		173.00	Opt	116.00		30.00 - 218.00	22.00 - 322.00
Total Cholesterol		281.00	HI	216.00	☹	140.00 - 170.00	100.00 - 199.00
Triglyceride		364.00	HI	249.00	☹	80.00 - 115.00	10.00 - 149.00
HDL Cholesterol		38.00	LO	36.00	☺	50.00 - 55.00	40.00 - 59.00
VLDL Cholesterol		73.00	HI	50.00	☹	5.00 - 20.00	4.00 - 40.00
LDL Cholesterol		170.00	HI	130.00	☹	50.00 - 75.00	6.00 - 99.00
Total Cholesterol / HDL Ratio		7.40	HI	6.00	☹	0.00 - 4.00	0.00 - 5.00
ESR-Erythrocyte Sed Rate, Westerg		8.00	hi	12.00	☺	0.00 - 6.00	0.00 - 20.00
CRP C-Reactive Protein		6.20	HI	6.20	☹	0.00 - 1.50	0.00 - 4.90

Blue = clinically very high or clinically very low

Red = clinically high or clinically low

Yellow = a little high or a little low; this can be considered a warning sign that the value is not optimal.

A hair test revealed lower levels of toxic elements and high levels of many essential elements. More than likely the experimental drugs also created a malabsorption problem where essential elements were being eliminated from the body instead of being used. Without these elements, toxins like Lead and Mercury are not easily expelled which would explain the decrease in toxin emission. One exception is the increased Cadmium which is especially hard on the kidneys. It is very important that we clear this toxin out of his body.

**Hair Test 04-09-08:**

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
<b>Toxic Elements</b>							
Aluminum	04/09/2008	1.60	Opt	12.00	☺	0- 2.20	2.21- 7.00
Antimony		0.03	Opt	0.12	☺	0- 0.03	0.04- 0.07
Arsenic		0.03	Opt	0.03		0- 0.05	0.06- 0.08
Beryllium		0.01	Opt	0.01		0- 0.01	0.02- 0.02
Bismuth		0.47	Opt	0.02		0- 1.00	1.01- 2.00
Cadmium		0.28	HI	0.20	☹	0- 0.05	0.06- 0.15
Lead		0.34	Opt	0.58		0- 0.99	1.00- 2.00
Silver		0.07	hi	0.50	☺	0- 0.06	0.07- 0.12
Tin		0.18	hi	0.49	☺	0- 0.15	0.16- 0.30
<b>Essential Elements</b>							
Calcium		1030.00	HI	931.00	☹	400.00- 417.00	200.00- 750.00
Magnesium		110.00	HI	120.00	☺	43.00- 48.00	25.00- 75.00
Sodium		180.00	HI	130.00	☹	37.00- 45.00	12.00- 90.00
Potassium		47.00	HI	120.00	☺	21.00- 22.00	9.00- 40.00

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**05-13-09** – We see some slight improvements with the Triglycerides dropping 50 points and the VLDL coming down to 63 but he still has some work to do. The good news is his other symptoms from the experimental drug have subsided with the exception of photosensitivity. He sleeps great and is up to walking 3 miles per week.

**Blood Test Results 03-21-08:**

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
Creatine Kinase	04/29/2009	27.00	lo	31.00	☹	64.00 - 133.00	24.00 - 173.00
LDH		142.00	Opt	136.00		120.00 - 160.00	100.00 - 250.00
SGOT (AST) (AST)		26.00	Opt	22.00		15.00 - 26.00	6.00 - 40.00
SGPT (ALT) (ALT)		22.00	Opt	16.00		15.00 - 26.00	6.00 - 40.00
GGT		18.00	lo	16.00	☺	22.00 - 39.00	6.00 - 65.00
Serum Iron		69.00	lo	85.00	☹	85.00 - 120.00	40.00 - 155.00
Ferritin		171.00	Opt	173.00		30.00 - 218.00	22.00 - 322.00
Total Cholesterol		271.00	HI	281.00	☺	140.00 - 170.00	100.00 - 199.00
Triglyceride		316.00	HI	364.00	☺	80.00 - 115.00	10.00 - 149.00
HDL Cholesterol		37.00	lo	38.00	☹	39.00 - 120.00	36.00 - 140.00
VLDL Cholesterol		63.00	HI	73.00	☺	5.00 - 20.00	4.00 - 40.00
LDL Cholesterol		171.00	HI	170.00	☹	50.00 - 75.00	6.00 - 99.00
Total Cholesterol / HDL Ratio		7.30	HI	7.40	☺	0.00 - 4.00	0.00 - 5.00
CRP C-Reactive Protein		5.40	HI	6.20	☺	0.00 - 1.50	0.00 - 4.90
ESR-Erythrocyte Sed Rate, Westerg		13.00	hi	8.00	☹	0.00 - 6.00	0.00 - 20.00

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More toxins are coming out like Lead and Aluminum (which is a good thing) and we see better utilization of essential elements like Calcium and Magnesium. Most importantly, the Cadmium

dropped to 0.17 putting far less stress on the kidneys.

**Hair Test Results 05-13-09:**

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
<b>Toxic Elements</b>							
Aluminum	05/13/2009	2.60	hi	1.60	⊖	0- 2.20	2.21- 7.00
Antimony		0.05	Opt	0.03		0- 0.11	0.12- 0.15
Arsenic		0.03	Opt	0.03		0- 0.05	0.06- 0.08
Barium		1.20	hi	1.10	⊖	0- 0.75	0.76- 1.50
Beryllium		0.01	Opt	0.01		0- 0.01	0.02- 0.02
Bismuth		0.28	Opt	0.47		0- 1.00	1.01- 2.00
Cadmium		0.17	HI	0.28	⊕	0- 0.04	0.05- 0.06
Lead		1.30	HI	0.34	⊖	0- 0.50	0.51- 0.80
Silver		0.03	Opt	0.07	⊕	0- 0.06	0.07- 0.08
Tin		0.10	Opt	0.18		0- 0.29	0.30- 0.30
<b>Essential Elements</b>							
Calcium		874.00	HI	1,030.00	⊕	400.00- 417.00	200.00- 750.00
Magnesium		83.00	HI	110.00	⊕	43.00- 48.00	25.00- 75.00
Sodium		440.00	HI	180.00	⊖	106.00- 154.00	60.00- 200.00
Potassium		58.00	hi	47.00	⊖	32.00- 57.00	9.00- 80.00

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5 ½ years ago, this patient was given just six-months to live. He has proven to us all that our bodies are equipped with great healing powers. Continue reading below to discover his amazing journey to better health!

**Patient Profile:**

**06-29-05** –The 56-year old patient was diagnosed with Renal Cell Carcinoma (RCC) in January of 2004 and doctor’s removed his left Kidney less than a month later. On July 21st, 2004 a CT scan revealed a 20mm mass on the adrenal nodule above the patient’s right Kidney indicating metastasis. A recheck of the mass on October 10th showed no change, but by January of 2005 the mass had increased to 23mm and by April it had grown to 28mm.

In June the patient underwent another surgery and had a large 10 cm metastasis RCC surgically removed from his scapular bone and surrounding soft tissue. At the time of his initial visit with me, the 5’9” patient weighed 230 lbs and had medically been given about six months to live, being diagnosed with one of the most aggressive forms of cancer.

**Patient’s tests results:**

**07-01-05** – The most significant findings on his tests were a very high ESR, CRP and LDH. These indicate that the cancer is growing quickly

and causing a lot of destruction and damage to the cells in his body. Other results of interest were high total Cholesterol and Triglycerides.

**Initial Blood Test Results:**

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
Creatine Kinase	07/01/2005	42.00	lo			64.00 - 133.00	24.00 - 173.00
LDH		419.00	HI			120.10 - 160.00	100.00 - 250.00
SGOT (AST)		18.00	lo			18.10 - 26.00	6.00 - 40.00
SGPT (ALT)		14.00	lo			18.10 - 26.10	6.00 - 40.00
GGT		25.00	Opt			22.00 - 39.00	6.00 - 55.00
Serum Iron		52.00	lo			85.10 - 120.00	35.00 - 155.00
Ferritin		175.00	Opt			30.10 - 218.30	10.00 - 291.00
Total Cholesterol		234.00	HI			140.10 - 170.00	100.00 - 199.00
Triglyceride		236.00	HI			80.10 - 115.00	10.00 - 149.00
HDL Cholesterol		37.00	LO			50.00 - 55.00	40.00 - 59.00
VLDL Cholesterol		47.00	HI			5.10 - 20.10	4.10 - 40.10
LDL Cholesterol		150.00	HI			50.10 - 75.10	6.00 - 99.10
Total Cholesterol / HDL Ratio		6.30	HI			0.00 - 4.00	0.00 - 5.00
ESR-Erythrocyte Sed Rate, Westerg		49.00	HI			0.00 - 8.00	0.00 - 30.00
CRP C-Reactive Protein		16.40	HI			0.00 - 1.50	0.00 - 4.90

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A tissue mineral analysis revealed high levels of Cadmium and Aluminum in the hair. Cadmium is very toxic to the kidneys. Other values of interest were high levels of the toxins Lead, Tin and Silver which in excess can bind processes in the body, slowing the healing process.

**Results of Initial Hair Test:**

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
<b>Toxic Elements</b>							
Aluminum	06/29/2005	12.00	HI			0- 0.50	0.51- 8.00
Antimony		0.12	HI			0- 0.03	0.04- 0.07
Arsenic		0.03	hi			0- 0.00	0.01- 0.08
Beryllium		0.01	hi			0- 0.01	0.02- 0.02
Bismuth		0.02	Opt			0- 0.03	0.04- 0.06
Cadmium		0.20	HI			0- 0.00	0.01- 0.15
Lead		0.58	hi			0- 0.01	0.02- 2.00
Silver		0.50	HI			0- 0.06	0.07- 0.12
Tin		0.49	HI			0- 0.15	0.16- 0.30
<b>Essential Elements</b>							
Calcium		931.00	HI			362.00- 417.00	200.00- 750.00
Magnesium		120.00	HI			43.00- 48.00	25.00- 75.00
Sodium		130.00	HI			37.00- 45.00	12.00- 90.00
Potassium		120.00	HI			19.00- 22.00	9.00- 40.00

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The DMSA urinary challenge revealed elevated levels of Lead and Mercury which are also toxic to the kidneys, placing additional strain on the already struggling organs.

**Results of Initial Chelation Challenge:**

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
Agent		DMSA		Pre-Chall			
Dose		3250mg					
Interval		6		6			
<b>Toxic Elements</b>							
Lead (UA)		13.00	HI	0.20	⊖	0- 4.00	4.01- 5.00
Mercury (UA)		5.00	HI	0.90	⊖	0- 2.00	2.01- 3.00
Nickel (UA)		0.00	Opt	5.90	⊕	0- 5.00	5.01- 10.00

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**Doctor analysis:**

**07-15-05** – Anytime a doctor comes back with the grim news, “You have six months to live”, it’s time for a second opinion. I do not have a cure for RCC or any other form of cancer, but I have seen dramatic results by getting a patient’s body healthy enough that it can fight off these cancer cells and prevent relapses. Because this patient’s particular form of cancer was so aggressive and due to the risk of additional metastasis, we immediately started him on a supplement and nutritional program based on the deficiencies/imbbalances seen in his blood work and carefully monitored his process using CAT scans provided by his doctor and our own blood tests. This gave us a guideline as to how the RCC was advancing.

**Patient Assessment:**

**08-09-05** – The patient came in for a consultation and said he felt pretty good. He is sleeping well and a CAT scan last week showed that over the past three months, the adrenal tumor had only increased 3mm. Both the MD and patient were very pleased with this result. I also noticed that the patient’s tongue is much better and the large fissure is gone.

**09-26-05** – After 12 weeks under our care, blood tests showed that the patient’s CRP dropped from 16.40 down to 7.20; the ESR went from 49.0 to 9.00 and the LDH plunged from 419 to 120. There is no specific tumor marker for RCC but these tests indicate that the invasive and damaging nature of RCC is greatly reduced; meaning that his body is responding properly and most importantly... he is still improving!

**Blood Test 9-26-05:**

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
	09/26/2005			07/01/2005			
Creatine Kinase		34.00	lo	42.00	⊖	64.00 - 133.00	24.00 - 173.00
LDH		120.00	lo	419.00	⊕	120.10 - 160.00	100.00 - 250.00
SGOT (AST)		22.00	Opt	18.00	⊕	18.10 - 26.00	6.00 - 40.00
SGPT (ALT)		25.00	Opt	14.00	⊕	18.10 - 26.10	6.00 - 40.00
GGT		16.00	lo	25.00	⊖	22.00 - 39.00	6.00 - 55.00
Serum Iron		52.00	lo	52.00	⊖	85.10 - 120.00	35.00 - 155.00
Ferritin		46.00	Opt	175.00		30.10 - 218.30	10.00 - 291.00
Total Cholesterol		212.00	HI	234.00	⊕	140.10 - 170.00	100.00 - 199.00
Triglyceride		343.00	HI	236.00	⊖	80.10 - 115.00	10.00 - 149.00
HDL Cholesterol		36.00	LO	37.00	⊖	50.00 - 55.00	40.00 - 59.00
VLDL Cholesterol		69.00	HI	47.00	⊖	5.10 - 20.10	4.10 - 40.10
LDL Cholesterol		107.00	HI	150.00	⊕	50.10 - 75.10	6.00 - 99.10
Total Cholesterol / HDL Ratio		5.90	HI	6.30	⊕	0.00 - 4.00	0.00 - 5.00
ESR-Erythrocyte Sed Rate, Westerg		9.00	hi	49.00	⊕	0.00 - 8.00	0.00 - 30.00
CRP C-Reactive Protein		7.20	HI	16.40	⊕	0.00 - 1.50	0.00 - 4.90

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**01-11-06** – Now 6 months on the nutritional program, the patient’s CRP is down to 4.70, the ESR dropped to 7.00 and the LDH is holding steady at 120. All of these results are within the clinical range or are “normal”, indicating the patient’s cancer is most likely stable.

**07-26-06** – The tumor has shown minimal growth over the past year increasing approximately 6mm compared to 11mm the year before. This shows that his body is now able to fight off some of the cancer, inhibiting the cells from spreading. The patient has lost 35 lbs, says he feels better now than he did when he was in his 30’s and has not used or needed his inhaler since starting the nutritional program. I suggested that if the cancer remains stable for the next few months, it may be a good idea to have the cancer mass on his right adrenal gland removed.

**01-24-07** – The patient feels great and says he has no pain at all. He continues to feel better than he did in his 20’s and 30’s. His MD now is recommending removal of the right adrenal gland because the cancer is not only “stable” but has also shrunk 10 mm. The tumor in the left shoulder which was removed in June of 2005 has not returned and both the patient’s oncologist and MD were surprised that the cancer has not gotten worse.

**In His Own Words:**

Dr. Merkle,

On February 10th of this year I had what I hope to be my final operation, the removal of my right adrenal gland. Although the tumor had shrunk a full centimeter, the cancer consumed about

80% of the gland. However, when I had my pre-op consultation with my urologist whom I had not seen since my left kidney was removed in February '04 he was, shall I say shocked that I was in fact still alive since my cancer is one of the most aggressive forms. He was further amazed that since my initial nephrectomy in 2004 I had no additional metastasis other than my shoulder in '05. He must have asked me five times, "You have no additional metastasis disease?" Then he asked several times, "What have you been doing?" I told him about your guidance. Again, amazement! From February of 2004 to present I have had four operations due to Renal Cell Carcinoma and yet I'm in as he put it, "astoundingly good health". I am now cortisone dependent. I take a very low dose everyday. I will be making an appointment soon to reevaluate my supplements. I tell my friends that if not for you I would be pushing up daisy by now, no doubt! Thank you and will be seeing you soon.

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## **Dr. Merkle's Final Thoughts:**

### **How much is conventional Tx?**

- As of 2002, \$1.9 billion is spent in the U.S. each year on Tx of kidney cancer.
- 32,000 people are diagnosed each year with RCC.
- That's \$59,375 spent per person per year in medical Tx of RCC, and statistics show medical treatment costs continue to rise each year.
- With what outcome?

### **Do the math...**

- At our office: All services and supplements from 6-29-05 thru 1-24-06 (6-7 months) - \$5,687.37
- These costs will actually decrease as the patient gets healthier.
- **Included:**
  - Initial consult, all reports of findings and interpretation and analysis fees
  - 3 Merkle Panel Blood Tests (52+ tests per analysis)
  - 1 re-test of sed rate, CRP and CBC
  - 1 Doctor's Data Hair Analysis
  - 3 DMSA challenge Urine Tests
  - 1 Metabolic Urinalysis
  - Supplementation supplies for 7 months - \$3,991.74

Sure, all of the treatment at our office was out of pocket. Insurance companies don't seem to want to change their ways and medical providers, hospitals, drug companies, etc. would probably lose a lot of money if their cancer patients used natural therapy to treat these types of diseases. Will all RCC and cancer patients see these types of astounding results? A lot of it is

up to the patients themselves, but if they stick to the program results will start to show up in the blood testing within a few weeks.

This patient is alive and well because he took control. If he had not sought out help on his own and blindly followed the recommendations of the oncologist...he would probably have lived up to their expectations and died within six months.

-Dr. Van D. Merkle

This case report showcases a real patient's results using the Science Based Nutrition™ system of analysis, which takes into account hundreds of numeric data and their roles, combinations and inter-relationships as related to disease diagnosis. This patient is/was under the care of Dr. Van D. Merkle, creator and founder of Science Based Nutrition™, Inc. and is meant to serve as an example of results achieved using the Science Based Nutrition™ report. Contact your local health professional and ask him/her to provide you with the Science Based Nutrition™ report. Results will vary based on patient ability/willingness to follow the recommended nutritional protocols, among many other factors. Any suggested nutritional advice or dietary advice is not intended as a primary treatment and/or therapy for any disease or particular bodily symptom. Nutritional counseling, vitamin recommendations, nutritional advice, and the adjunctive schedule of nutrition is provided solely to upgrade the quality of foods in the patient's diet in order to supply good nutrition supporting the physiological and biomechanical process of the human body.