

PERSPECTIVES

Dr Gonzalez as a Practice Colleague: A Memoir

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Linda L. Isaacs, MD, graduated with a undergraduate degree in biochemistry, with high distinction, from the University of Kentucky. She went on to receive her medical degree from Vanderbilt University School of Medicine in 1985. She completed a residency in internal medicine at the Department of Veteran's Affairs Medical Center at New York University Medical School, and she is board certified in internal medicine. Since 1985, Dr Isaacs had researched with Nicholas Gonzalez, MD, until his untimely passing in 2015. She currently practices internal medicine in New York, New York. Please visit her website at <http://DrLindaI.com/>. (*Altern Ther Health Med*. 2016;22(4):14-15.)

As I was finishing my internal medicine training in 1991, the other residents in my year were discussing their future plans for fellowships in various subspecialties. But there was no doubt in my mind about my next step: I was going to work with Nick Gonzalez in his nutritional practice.

I had met Nick when I was a medical student and he was an intern at Vanderbilt University Medical Center. At that time, he was engaged in studying the work of William Donald Kelley, a brilliant and controversial dentist who had developed an alternative treatment protocol for cancer. Nick had told me about some of the cases he had discovered in Dr Kelley's files: a patient with widespread prostate cancer who had been admitted to the hospital for pain control, who after beginning the Kelley program had completely recovered; a patient with uterine cancer metastatic to the lungs whose disease had completely regressed after starting the treatment plan Dr Kelley had given her; and many more. As a medical student, I had been impressed, but by the time I had completed my internal medicine residency, I had a more solid understanding of how unusual these patient histories were, because I had seen the relentless downhill course of similar patients in my training.

By this time, Nick had been in practice in New York City for several years, working to recreate Dr Kelley's methods and collecting case histories of his own. I joined him in his

small shared office space on Park Avenue; there was no space for me to see my own patients, but there was plenty to do. Every night, I would listen to him return telephone calls from patients, learning the management skills he had developed to help patients deal with the implementation of their nutritional protocols. And during the day, I reviewed the charts of successful patients, studying Nick's treatment plans, and working to collect any documentation the patients or their physicians had not previously provided.

The year 1993 was eventful for us. Nick was contacted in the spring, by the then associate director of the Cancer Therapy Evaluation Program at the National Cancer Institute (NCI), inviting him to present cases. With my assistance, Nick compiled 25 cases into a short monograph. This presentation included some very striking stories, such as a woman with breast cancer metastatic to the liver and brain, with documented resolution of disease on the therapy; and a man with renal cancer who had a metastatic lesion the size of an egg protruding from his skull, whose tumor regressed after he began his protocol.

In July, 1993 Nick traveled to Bethesda, Maryland, with a heavy bundle of supporting documents and films, to speak to a group of NCI scientists. After the session, the associate director suggested a pilot study with pancreatic cancer, though no funding for such a study was volunteered. Shortly thereafter, funding was provided through Dr Pierre Guesry at Nestlé, and the study began in September, 1993. At the same time, we were able to move into new office space that gave me room to see patients myself. Nick and I would work together there for the next 22 years.

The pilot study ended in 1998, and the results were published in the June 1999 issue of *Nutrition and Cancer*.¹ Of 11 patients followed in the trial, 8 of 11 suffered stage IV disease. Nine of 11 (81%) lived 1 year, 5 of 11 lived 2 years (45%), 4 of 11 lived 3 years (36%), and 2 lived longer than 4 years. In comparison, in a trial of the drug gemcitabine, of 126 patients with pancreatic cancer, not a single patient lived longer than 19 months.²

In 1998, the NCI, in conjunction with the National Center for Complementary and Alternative Medicine, approved funding for a large-scale, controlled trial evaluating our approach against chemotherapy, again in patients

diagnosed with pancreatic cancer. Unfortunately, despite our initial enthusiasm for the project, it was ineptly managed by the academicians involved, who published an article about it without our consent in 2009.³ Nick's book, *What Went Wrong: The Truth about the Clinical Trial of the Enzyme Treatment of Cancer*,⁴ details the problems with the trial quite thoroughly, and it spells out why we did not think the published paper's results were valid.

This was a bitter disappointment for both of us, but we had seen too many miraculous results in our office to choose to give up. Nick's favorite word to describe himself was *relentless*, and he would live up to this in the following years. In the January/February 2007 issue of *Alternative Therapies in Health and Medicine*,⁵ we published a series of 31 case histories of successfully treated patients. Nick also finally published his monograph about Dr Kelley's work⁶ and a book on the science backing the use of pancreatic proteolytic enzymes for cancer.⁷ At the time of his death, he was working on a lengthy book of patient cases.

In the days after his death, as I struggled in the midst of my own grief to care for those who already had appointments booked and plane reservations made, his patients expressed so much gratitude for his devoted care that had transformed their lives. Their stories help give me the determination to do what I can to keep Nick's memory alive and to continue the work so that perhaps a future generation of researchers can pick up where we left off.

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