

Hormone Replacement Therapy in Light of the Cancer Profile

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The HCG hormone is a product of trophoblast and pituitary secretions. It has been widely used as a tumor marker in germinal tumors. However, this report delineates HCG in more than 70% of pre-, post menopausal women and some elderly men without any clinical indications. The Cancer Profile is composed of 3 different determinations for it. Clinical laboratory studies described the efficacy of hormone replacement therapy for such individuals of either gender. In addition, the GPI (glucosephosphate isomerase, e.g. PHI), CEA, DHEA-S, GGTP, and TSH are also constituents of the CA Profile (Cancer Profile). The HCG hormone is the *autocrine proliferating factor*, i.e. cells (trophoblast/cancer cells) producing it will obligatorily reproduce. It initiates *de novo* DNA, RNA, protein synthesis. The GPI is the human *autocrine motility factor*. This enzyme is a *neurokine*. It is responsible for metastatic cell migration. Both, GPI and HCG are active in an anaerobic environment. Actually, preliminary laboratory results indicate the presence of HCG in stem cells growth media. It is proposed that stem cells also may require the "pregnancy hormone" for their reproduction. Therapeutic suggestion can be made for the use of enhanced oxygen delivering methods for inhibiting these two tumor markers. The immediate clinical significance lies in the early detection of at least these two cancer markers. Some of such methods are applied by practitioners of integrative oncology in the form of hyperbaric oxygen, ozone therapy, and high doses of intravenous vitamin C infusions. Therefore, this investigator is suggesting the utilization of the Cancer Profile in its entirety to be performed as a method for pre-visual testing of at least the above mentioned segment of population, if not every adult. Up to date approximately 40,000 patients, cancer and negative, were tested by the CA Profile and statistics were obtained.