CANCER may be the number one killer disease of Americans. Nearly 300,000 men and 300,000 women die each year of it, and the numbers seem to increase steadily. Unfortunately, our healing arts specialists are lacking effective tools and weapons to successfully combat the cancer monster. It seems that established traditional methods of changing the “flavors” of medications, radiation therapy, presently available immune therapies, and surgery are lacking the desired curative results. Five years survival post diagnosis is not what one must aim for. Complementary nontoxic medicine, however, has been more successful. Dr. Schandl has been encouraging patients, saying, “whatever else your therapy may be, always consider a nontoxic metabolic approach.” Established traditional diagnostic methods, more often than not, are too late to detect a developing cancer early enough to considerably contribute to extending life. Palpation, X-ray, CT, MRI, PAP smear, mammogram, biopsies, and conventional markers may only reveal the presence of cancer when it is already in place. Consider the fact that it may take 10 – 12 years for a cancer to signal its visible presence. Naturally, the key to prevention and successful therapy is detection prior to the traditional, established methods. The Cancer Profile© does just that.

After some 30 years of development, with the addition of the ultra sensitive Quantitative Urine HCG test, it may be the best available method for forecasting and monitoring malignancies. The Longevity Profile© may reveal biochemical, endocrinological, metabolic circumstances that may be leading to, or have led to cancer and other diseases. Naturally, one of the most important keys to prevention and successful treatment is early detection.

A Letter from Dr. Schandl

Thank you for inquiring about the Cancer Profile© and/or the Longevity Profile©. I can assure you that these series of clinical laboratory tests are very useful for early detection of biochemical changes that may lead to cancer, heart disease, and a number of other metabolic diseases. These tests are very productive in monitoring an individual’s progress while receiving therapies, metabolic, conventional or the judicious combination of both.

I have personally designed these profiles and many years of experience have shown success as high as 97 percent. This means that if there are 100 established cases with active cancer, 97 will yield positive results. However, do not forget that the absolute final diagnosis is a biopsy, i.e. tissue pathology. A positive result of any one of my tests is a warning sign and may warrant a complete change of lifestyle risk factors through evaluation and metabolic therapy. It is much easier to prevent cancer, heart disease, and other degenerative disorders than having to cure them. Thinking along these lines, you can easily recognize the life saving importance of both the Cancer Profile© and Longevity Profile©.

Sincerely yours in health,

Dr. E. K. Schandl
B.A. M.S., Ph.D., FACB, SC (ACSP), CC (NRCC), LNC, CLD
(Clinical Laboratory Director (FL, NY, CA, etc.)

Offering our very exclusive:

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Our Mission

The expression “forewarned is forearmed” is perhaps nowhere more critical than in regular biochemical examinations for cancer. While much has been accomplished in treating cancer, including the use of alternative and natural therapies, experts are unanimous that the earlier cancer is detected, the better chance any treatment has of being effective.

Dr. E. K. Schandl, of American Metabolic Laboratories and Metabolic Research, Inc., has developed a battery of specific blood tests, collectively known as the Cancer Profile©. This profile can detect the development of malignancies sometimes more than 10 years prior to diagnosis. Dr. Schandl has tested thousands of patients with his profile, with an accuracy of 87 - 97 percent. Early detection, combined with modification of behavioral risk factors, can add years of precious human life as seen in many cases.

In addition to early detection, the Cancer Profile© can be used to monitor the effectiveness of traditional or metabolic cancer therapies. Re-testing can demonstrate whether or not treatment regimens are working and it provides insight on how they can be altered.

A more comprehensive biochemical work up, composed by Dr. Schandl, is the Longevity Profile©. This is the most innovative and complete series of tests. Naturally, it does include the Cancer Profile©. It provides an intimate insight into a patient’s biochemical “status quo”. One may call it, a “biochemical full body scan” without radiation exposure. As a physician once said, “It’s like biochemical fortune telling. It can predict what disorders a patient may develop 10 years down the road”.

Simply put, we advocate cancer prevention through cutting-edge biochemical testing methods followed by individualized therapies that include nontoxic, metabolic lifestyle changes. Our ultimate objective is to reduce our nation’s risk of developing cancer and other degenerative disorders, and to minimize the financial burden they incur upon the United States. Beyond that, Dr. Schandl maintains that by choosing his tests, one is choosing life!

The Cancer Profile©

Dr. Schandl developed the Cancer Profile© for the early detection of cancer and for monitoring the success of ongoing cancer therapies. The profile is not site or organ specific, however, it will detect metabolic changes leading to, or indicating cancer. The eight tests that compose the profile are the following:

HCG: (human chorionic gonadotropin) It is the autocrine proliferating factor (APF). This hormone is known as the pregnancy and “malignancy hormone” as stated by Dr. Schandl. The following testing methods are being used:

IMM: detects all HCG molecular species except the alpha subunit. URINE Quantitative Test: AML may be the only laboratory in the USA and elsewhere performing this confirmatory test by chemiluminescence assay method. It alone is not sufficient for disease diagnosis or prognosis. IRMA: is the most sensitive HCG test that detects the intact hormone. Two HCG tests must be positive for a diagnostic aid.

HCG suppresses immunity and promotes cancer.

PHI: (phosphohexose isomerase) It is the autocrine motility factor (AMF) This enzyme regulates anaerobic metabolism. PHI can be elevated in a developing or existing cancer in addition to heart attack, hepatitis, AIDS, severe hypothyroidism and traumatic muscle injury. Thus, if the aforementioned conditions are ruled out, then cancer may be the cause of the elevation. It is a neurokinin type of cytokine, which stimulates cancer cell motility, spread, and growth. It is also an apoptosis (natural cell death) inhibitor and as such, it is a micrometastases cancer promoter.

CEA: (carcinoembryonic antigen) is an excellent broad spectrum cancer diagnostic and monitoring test.

GGTP: (gamma-glutamyltranspeptidase), a very special enzyme for monitoring the liver & bile systems, lungs, heart, and kidneys.

TSH: (thyroid-stimulating hormone), detects high or low thyroid activity. Many cancer patients, and those who are developing or being treated for cancer, are hypothyroid. The result is low oxygen metabolism.

DHEA-S: (dehydroepiandrosterone sulfate), the adrenal “anti-stress, pro-immunity, longevity hormone” as stated by Dr. Schandl. Most cancer patients and those at risk for developing cancer have low DHEA-S blood levels. This condition contributes to immune suppression.

TELOMERASE: (in development) is the cancer immortality factor (IF).

The Longevity Profile©

The Longevity Profile© developed by Dr. Schandl provides a more detailed insight into an individual’s health. It has the ability to foretell developing cancers, heart disease, osteoporosis, hormonal imbalance, organ health and function, and adrenal stress status years prior to a potential disease manifestation. It is composed of the Cancer Profile©, plus the following tests:

Estradiol: the chief female hormone (estrogen), also important for men as it can contribute to prostate cancer. It is a bio balance for testosterone

Progesterone: 2nd main female hormone, also important for men; it may be an estrogen antagonist

Testosterone: active male hormone, also important for women; aids in libido, helps against breast cancer, and increases self-assertiveness

IGF-1: insulin-like growth factor (Somatomedin-C), the youth, growth, and strength hormone

PTH: parathyroid hormone, measures active bone loss (osteoporosis) in both men and women

Homocysteine: heart attack and stroke risk factor

hs-CRP: coronary blood vessel injury risk factor

Lp(a): independent coronary risk factor

LDL-D: direct, not calculated “bad” cholesterol

Cortisol a.m. & p.m.: adrenal stress evaluation

Chem24/CBC: includes an evaluation of sugar, organ enzymes, electrolytes, minerals, and a lipid profile (cholesterols). CBC (complete blood count) assesses white cells, red cells, platelets etc