Lipoic Acid Mineral Complex (LAMC) – PolyMVA

Safety and Uses

Dr. Paul Anderson

General Information:

LAMC (known in North America as "PolyMVA) is considered by the FDA to be a nutritional supplement. In veterinary medicine it is used as a drug, and many years ago a human drug existed which was similar to the modern formula.

It has more peer reviewed published research than alpha lipoic acid (ALA) which it contains and is sometimes confused as ALA. In the peer reviewed research there are good data that show it rebuilds mitochondrial numbers and density, improves neuro-inflammatory markers and function, offers radiation protection as well as recovery from injury after radiation and has some potential anti-cancer cell activity.

It is a "Re-Dox molecule" mostly meaning its structure allows quick entry to the cell and then into the mitochondria where most of its activity occurs.

I studied its molecular formation for ten years prior to using it due to the unique nature of it chemically. I also work closely with Dr. Antonawich at Stony Brook University on safety, uses and current research. I have found it to do the following in clinical use, decrease multiple sclerosis symptoms and disease markers, in concert with other agents decrease markers in hematologic cancers, improve energy in mitochondrial injury and a number of others. Additionally I am using it in two studies (one in cancer and one in multiple sclerosis).

As to safety and the "palladium" issue:

1. It, due to use in human scientific trials, has FDA approval based on animal and human trials for safety and dosing / pharmacology profiles, something almost no supplement has.
2. The palladium (Pd) is NOT in a free form. The Pd is used to bind the residues of the two original ALA molecules and forms a non-reducing bond. It is 'stuck' in the molecule the same way iron is stuck in hemoglobin (and so never becomes free unless a person has pathologic hemolysis). So the pd is used as a molecular anchor and does not react with cells in the way free Pd would (again exactly like iron in hemoglobin).
3. I have personally used it in thousands of administrations, and worked with neurologists, oncologists and other providers on its use in University based human and animal trials. We have seen no toxicity and see the benefits as much higher than potential risks. Additionally in some cases (MS, mitochondrial injury, some cancers and other cases) it adds synergy I have not seen from any other supplement.

[Disclosure: I have no financial connection to this product.]

The Clinical use of LAMC (Poly-MVA)

In Non-Oncology Cases

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In the past seven years in various clinical settings I have used and ordered for use LAMC in patients with cancer as well as those with non-cancer chronic illness. The use of LAMC in cancer is discussed in the white paper "11 DCA and LAMC - Poly MVA Anderson Protocol" available from the website listed above or from AMARC Enterprises as well as the writing of James Forsythe, MD. This brief use guide will discuss the non-cancer uses of LAMC I have seen be efficacious in clinical practice.

Given the mechanism of action of LAMC discussed above I have seen the use of oral and intravenous LAMC benefit most cases of fatiguing illnesses (FMS, CFS, Post infectious syndrome etc.), neuro-inflammatory disorders (such as MS, Parkinson's etc.) and others.

At this time our clinic is involved in a clinical trial (active comparator) using LAMC (IV then oral) in patients with Multiple Sclerosis.

One **administration caution** in this patient population (as opposed to most oncology patients) is that they will need a lower initial dose as well as (often) a slower ramping up to maximum dose. This is similar to how many fatigued patients may be in need of thyroid but have a difficult time tolerating it initially. Below I will outline the typical dose and administration strategy we use.

Dosing:

IV: LAMC (Poly-MVA) at 5 to 40 mL IV or PO (Adult dose) - (PO in divided doses or IV in one dose)

**** START WITH A 5 mL TEST DOSE AND RAMP UP AS TOLERATED**

- IV dose is mixed in 100 – 250 mL Normal Saline or D5W and administered over 20 to 60 minutes.
- No other additives are mixed in the LAMC IV
- For dosing in children use Clark's rule: Appendix A

ORAL: LAMC dose 5 mL (1 teaspoon) one to four times daily, five days per week.
This can be done as a standalone treatment or on the off days from IV LAMC

GENERAL ADMINISTRATION IDEAS:

- Generally one will see faster progress with an IV loading dose strategy followed by oral dosing.
- LAMC can be given in series with other IV's but NOT mixed in the IV bag with other IV products.
- Our typical series is (1) an IV Vitamin – Mineral bag, (2) Glutathione and then (3) IV LAMC
- We typically treat for 8 weeks and then reassess.

Appendix A:

Clark's Rule is a medical term referring to a procedure used to calculate the amount of medicine to give to a child aged 2-17. The procedure is to take the child's weight in pounds, divide by 150lbs, and multiply the fractional result by the adult dose to find the equivalent child dosage.

Pediatric dose = [child's weight (lb) / 150 (lb)] x Adult dose

For example: If an adult dose of medication calls for 30mg and the child weighs 30lbs. Divide the weight by 150 (30/150) to get 1/5. Multiply 1/5 times 30mg to get 6mg. (Or convert the fraction to a decimal and multiply – 0.20 in this case).

Common IV example:

Adult goal dose is 40 mL Poly-MVA - Child weighs 25 pounds = [25 lb / 150 lb] x 40 mL = 1/6 x 40 mL [convert to a decimal] =

DOSE: 0.167 x 40 mL = 6.7 (7) mL dose (*I have used LAMC in children as young as four years of age).