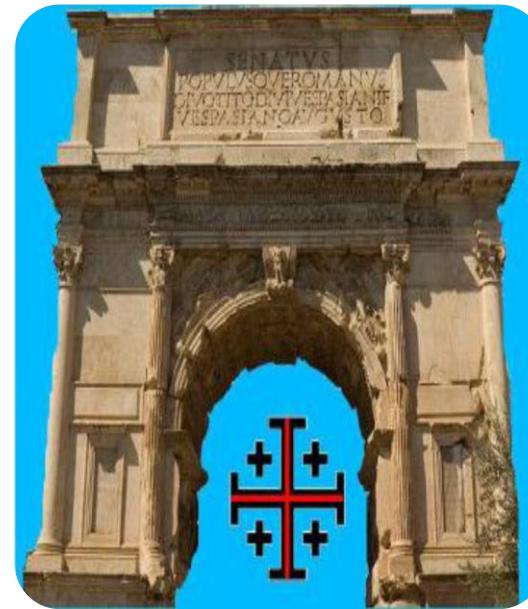


# Metodo Di Bella

## Biological multitherapy of tumors

### Scientific Evidence



Documentation in biomedical databases of the antitumor efficacy of the individual active ingredients of MDB and their simultaneous and synergistic use in cancer prevention and therapy

[Article types](#)[Clinical Trial](#)[Review](#)[Customize ...](#)[Text availability](#)**Format:** Summary ▼ **Sort by:** Most Recent ▼ **Per page:** 20 ▼[Send to](#) ▼

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# Documentation on Pub Med and ResearchGate.net of their synergistic use in various tumors related to over a thousand cases favorably treated with MDB updated to 25/09/19

- 1)[Perspectives in pineal functions](#), Di Bella L, Rossi MT, Scalera G –Prog. Brain Res. 1979;52:475-8.
- 2)[The Synergism of Somatostatin, Melatonin, Vitamins Prolactin and Estrogen Inhibitors Increased Survival, Objective Response and Performance Status In 297 Cases of Breast Cancer](#), Dr. Giuseppe Di Bella Translational Biomedicine
- 3)[Melatonin with adenosine solubilized in water and stabilized with glycine for oncological treatment - technical preparation, effectivity and clinical findings](#).Di Bella G, Gualano L, Di Bella L.Neuro Endocrinol Lett. 2017 Dec;38(7):465-474.
- 4)[Complete objective response, stable for 5 years, with the Di Bella Method, of multiple-metastatic carcinoma of the breast](#).Di Bella G, Colori B, Toscano R.Neuro Endocrinol Lett. 2017 Dec;38(6):401-407.
- 5)[Congenital fibrosarcoma in complete remission with Somatostatin, Bromocriptine, Retinoids, Vitamin D3, Vitamin E, Vitamin C, Melatonin, Calcium, Chondroitin sulfate associated with low doses of Cyclophosphamide in a 14-year Follow up](#).Di Bella G, Toscano R, Ricchi A, Colori B.Neuro Endocrinol Lett. 2015;36(8):725-33.
- 6)[Solution of retinoids in vitamin E in the Di Bella Method biological multitherapy](#). Di Bella L, Di Bella G.Neuro Endocrinol Lett. 2015 Dec;36(7):661-76.
- 7)[Recurrent Glioblastoma Multiforme \(grade IV - WHO 2007\): a case of complete objective response - concomitant administration of Somatostatin / Octreotide, Retinoids, Vit E, Vit D3, Vit C, Melatonin, D2 R agonists \(Di Bella Method\)](#).Di Bella G, Leci J, Ricchi A, Toscano R.Neuro Endocrinol Lett. 2015;36(2):127-32.

**8)Evaluation of the safety and efficacy of the first-line treatment with somatostatin combined with melatonin, retinoids, vitamin D3, and low doses of cyclophosphamide in 20 cases of breast cancer: a preliminary report.** Di Bella G, Mascia F, Ricchi A, Colori B. Neuro Endocrinol Lett. 2013;34(7):660-8.

**9)The Di Bella Method (DBM) in the treatment of prostate cancer: a preliminary retrospective study of 16 patients and a review of the literature.**

Di Bella G, Mascia F, Colori B. Neuro Endocrinol Lett. 2013;34(6):523-8. Review.

**10)The Di Bella Method (DBM) improved survival, objective response and performance status in a retrospective observational clinical study on 55 cases of lymphomas.** Di Bella G, Colori B, Mascia F. Neuro Endocrinol Lett. 2012;33(8):773-81.

**11)Melatonin anticancer effects: review.** Di Bella G, Mascia F, Gualano L, Di Bella L. Int J Mol Sci. 2013 Jan 24;14(2):2410-30. doi: 10.3390/ijms14022410.

**12)The Di Bella Method (DBM) improved survival, objective response and performance status in a retrospective observational clinical study on 23 tumours of the head and neck.** Di Bella G, Colori B. Neuro Endocrinol Lett. 2012;33(3):249-56.

**13)Laudatio for centenary of the birth of Luigi Di Bella, MD, PhD.** Di Bella G, Di Bella A, Gualano L. Neuro Endocrinol Lett. 2012;33(3):247-8.

**14)The Di Bella Method (DBM) improved survival, objective response and performance status in a retrospective observational clinical study on 122 cases of breast cancer.** Di Bella G. Neuro Endocrinol Lett. 2011;32(6):751-62.

**15)The Di Bella Method (DBM).** Di Bella G. Neuro Endocrinol Lett. 2010;31 Suppl 1:1-42. Review.

- 16) [Complete objective response of neuroblastoma to biological treatment.](#) Di Bella G, Colori B. Neuro Endocrinol Lett. 2009;30(4):437-49.
- 17) [Complete objective response of oesophageal squamocellular carcinoma to biological treatment.](#) Di Bella G, Madarena M. Neuro Endocrinol Lett. 2009;30(3):312-21.
- 18) [Complete objective response to biological therapy of plurifocal breast carcinoma.](#) Di Bella G. Neuro Endocrinol Lett. 2008 Dec;29(6):857-66.
- 19) [Somatostatin, retinoids, melatonin, vitamin D, bromocriptine, and cyclophosphamide in chemotherapy-pretreated patients with advanced lung adenocarcinoma and low performance status.](#) Norsa A, Martino V. Cancer Biother Radiopharm. 2007 Feb;22(1):50-5.
- 20) [Somatostatin, retinoids, melatonin, vitamin D, bromocriptine, and cyclophosphamide in advanced non-small-cell lung cancer patients with low performance status.](#) Norsa A, Martino V. Cancer Biother Radiopharm. 2006 Feb;21(1):68-73.
- 21) [Cyclophosphamide plus somatostatin, bromocriptin, retinoids, melatonin and ACTH in the treatment of low-grade non-Hodgkin's lymphomas at advanced stage: results of a phase II trial.](#) Todisco M, Casaccia P, Rossi N., Cancer Biother Radiopharm. 2001 Apr;16(2):171-7.
- 22) [Chronic lymphocytic leukemia: long-lasting remission with combination of cyclophosphamide, somatostatin, bromocriptine, retinoids, melatonin, and ACTH.](#) Todisco M. Cancer Biother Radiopharm. 2009 Jun;24(3):353-5.

23) [Key aspects of melatonin physiology: thirty years of research.](#) Di Bella L, Gualano L. Neuro Endocrinol Lett. 2006 Aug;27(4):425-32. Review.

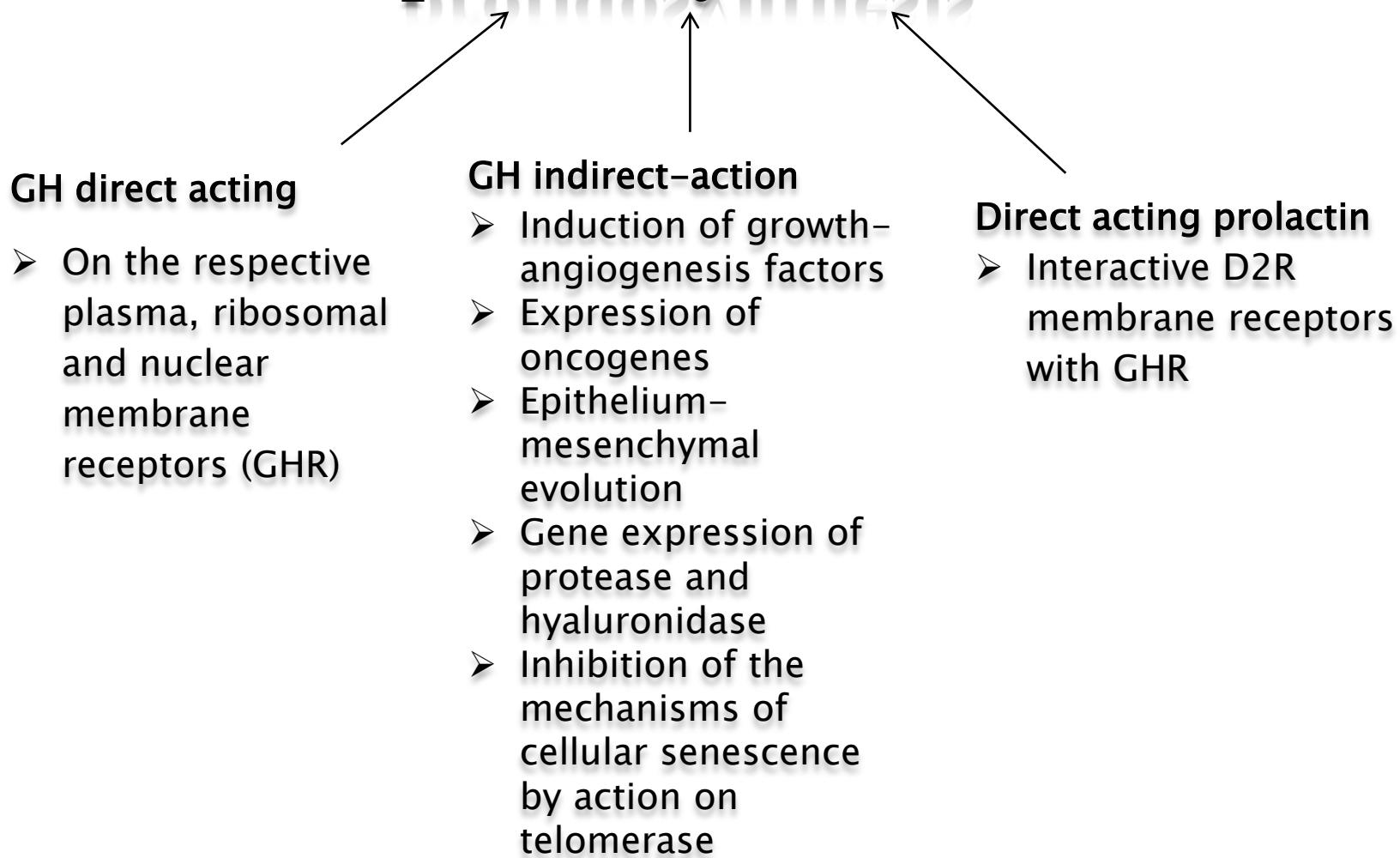
24) [Melatonin effects on megakaryocyte membrane patch-clamp outward K<sup>+</sup> current.](#) Di Bella L, Bruschi C, Gualano L. Med Sci Monit. 2002 Dec;8(12):BR527-31.

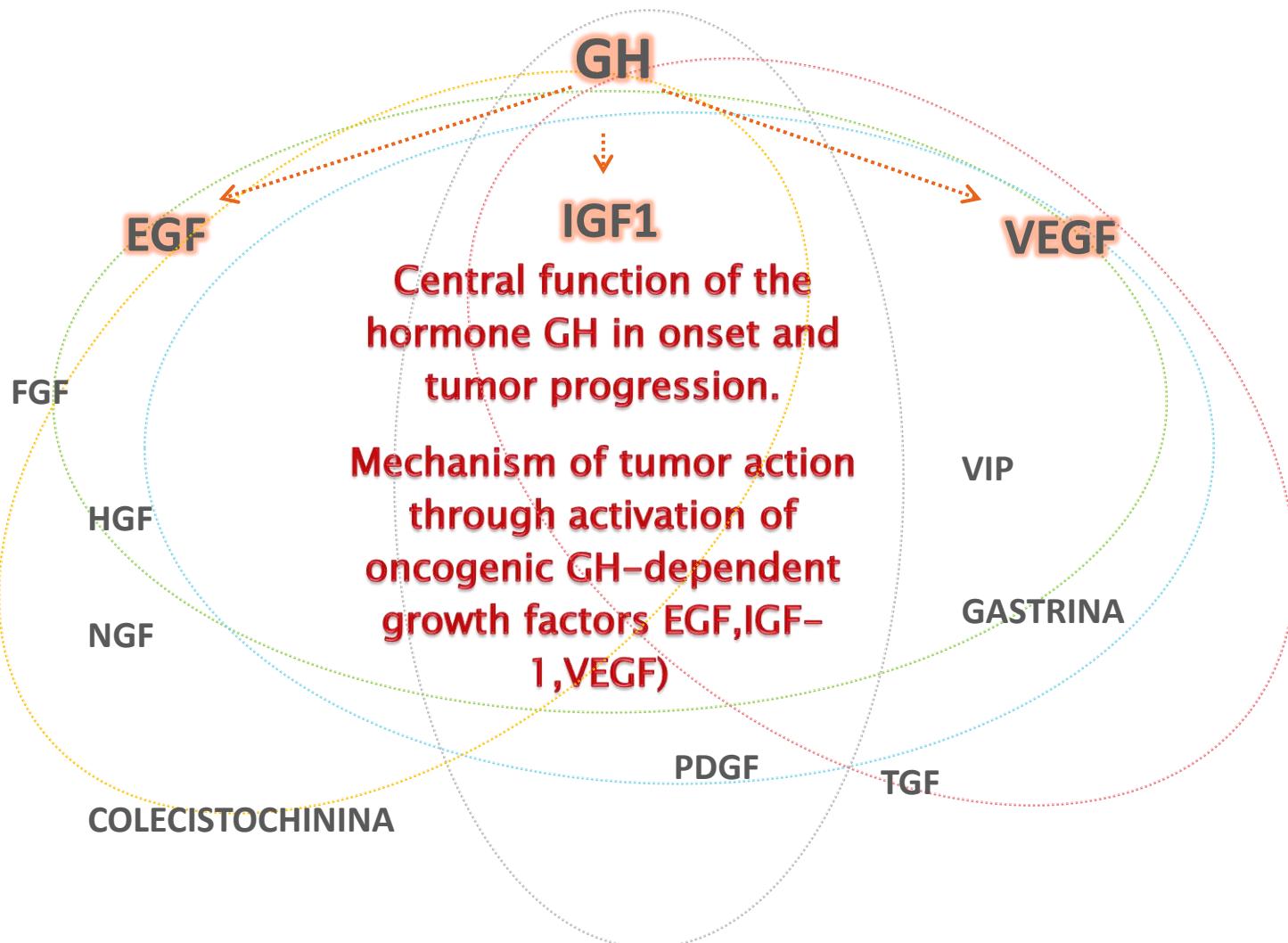
25) Di Bella G, Colori B, Scanferlato R. [The over-expression of GH/GHR in tumour tissues with respect to healthy ones confirms its oncogenic role and the consequent oncosuppressor role of its physiological inhibitor, somatostatin: a review of the literature.](#) Neuro Endocrinol Lett. 2018 Sep;39(3):179-188. PubMed PMID: 30431745.

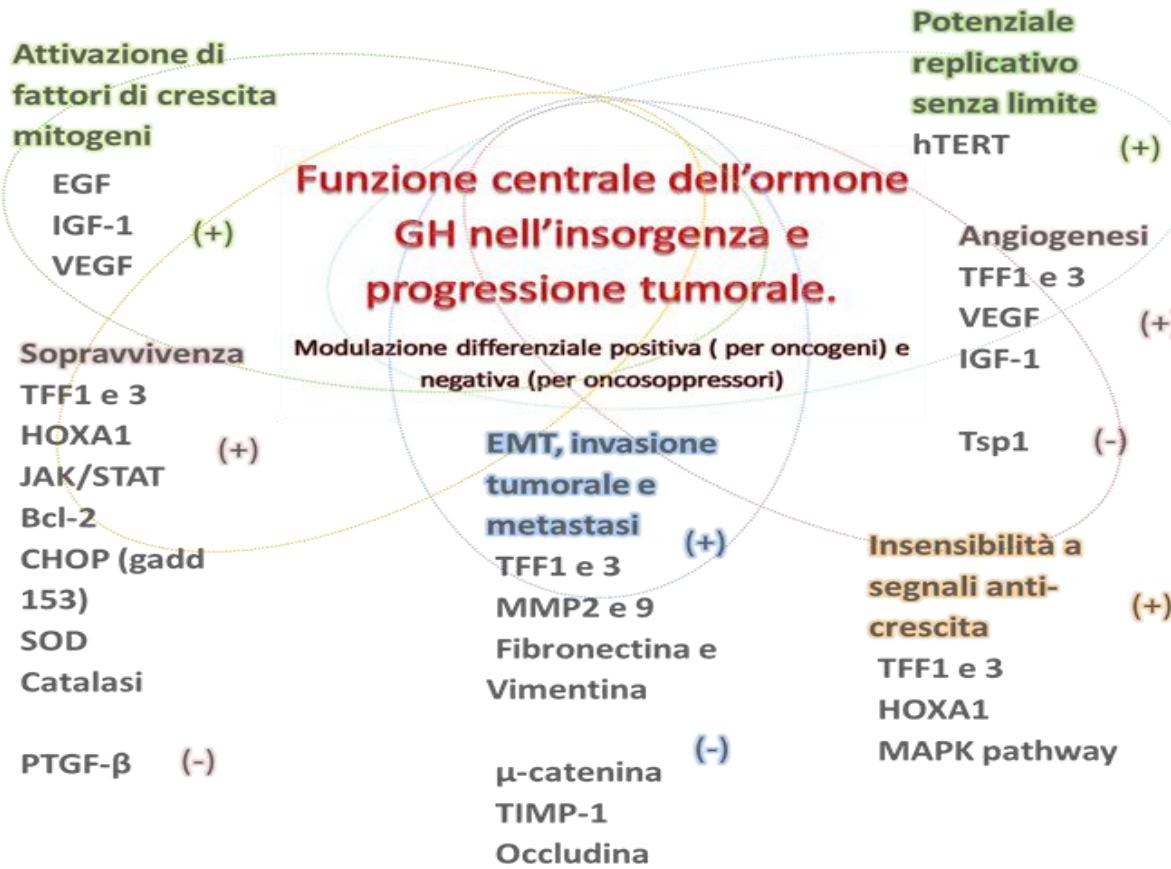
26) Di Bella GD, Scanferlato R, Colori B (2018) [Over-Expression of GH/GHR in Breast Cancer and Oncosuppressor Role of Somatostatin as a Physiological Inhibitor.](#) Transl Biomed. Vol.9 No.3:151

27) [The Entrapment of Somatostatin in a Lipid Formulation: Retarded Release and Free Radical Reactivity.](#) Larocca AV, Toniolo G, Tortorella S, Krokidis MG, Menounou G, Di Bella G, Chatgilialoglu C, Ferreri C. Molecules. 2019 Aug 25;24(17).

# Cellular multiplication protidosynthesis



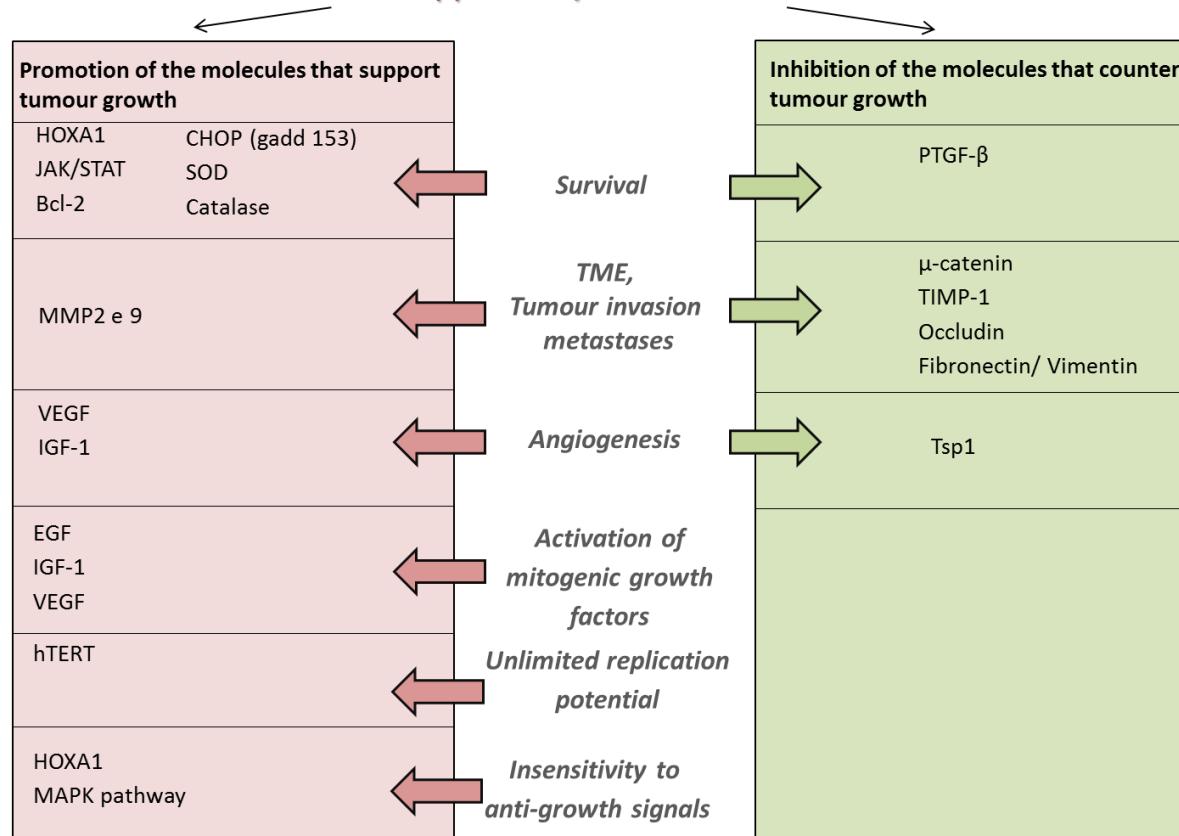




**ONCOGENI:** TFF1 e 3: Trefoil factor; HOXA1: Homeobox 1; MAPK : protein chinasi attivate da mitogeno; MMP2 e 9: metalloproteasi 2 e 9; Fibronectina e Vimentina; JAK/STAT: proteine Janus chinasi e le proteine trasduttrici del segnale ed attivatore della trascrizione ; Bcl-2: proteina pro-apoptotica; CHOP (gadd 153): C/EBP proteina omologa ; SOD: superossido dismutasi ; Catalasi; VEGF: fattore di crescita vascolare endoteliale ; IGF-1: fattore di crescita insulina simile; EGF: fattore di crescita dell'epidermide; h-TERT: telomerasi

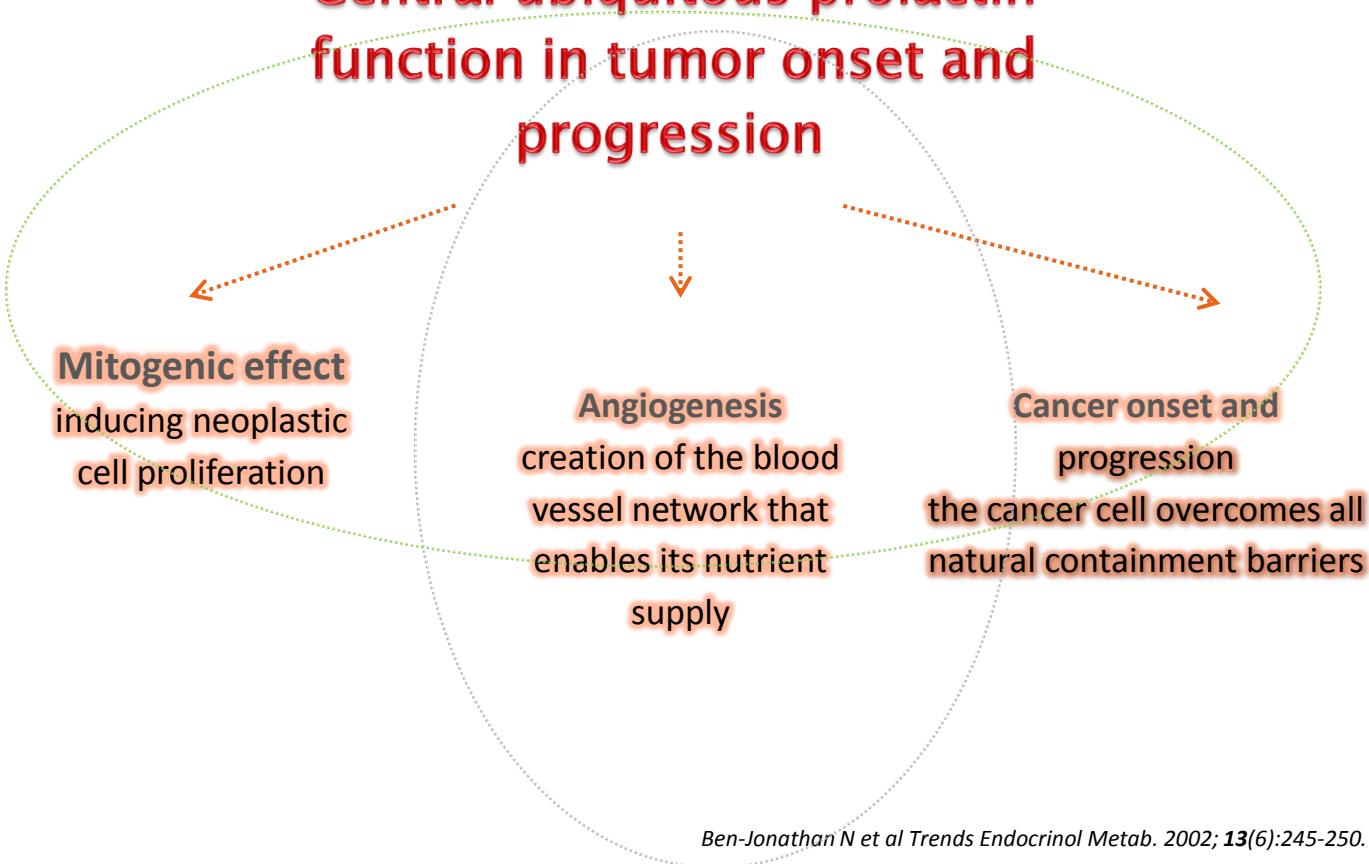
**ONCOSOPPRESSORI:**  $\mu$ -catenina; TIMP-1: inibitore tissutale metalloproteasi; Occludina; PTGF- $\beta$ : fattore di crescita placentare trasformante ; Tsp-1: trombospondina

**GH and oncogenic effect with positive (for oncogenes) and negative (for oncosuppressors) differential modulation**



PRL

## Central ubiquitous prolactin function in tumor onset and progression

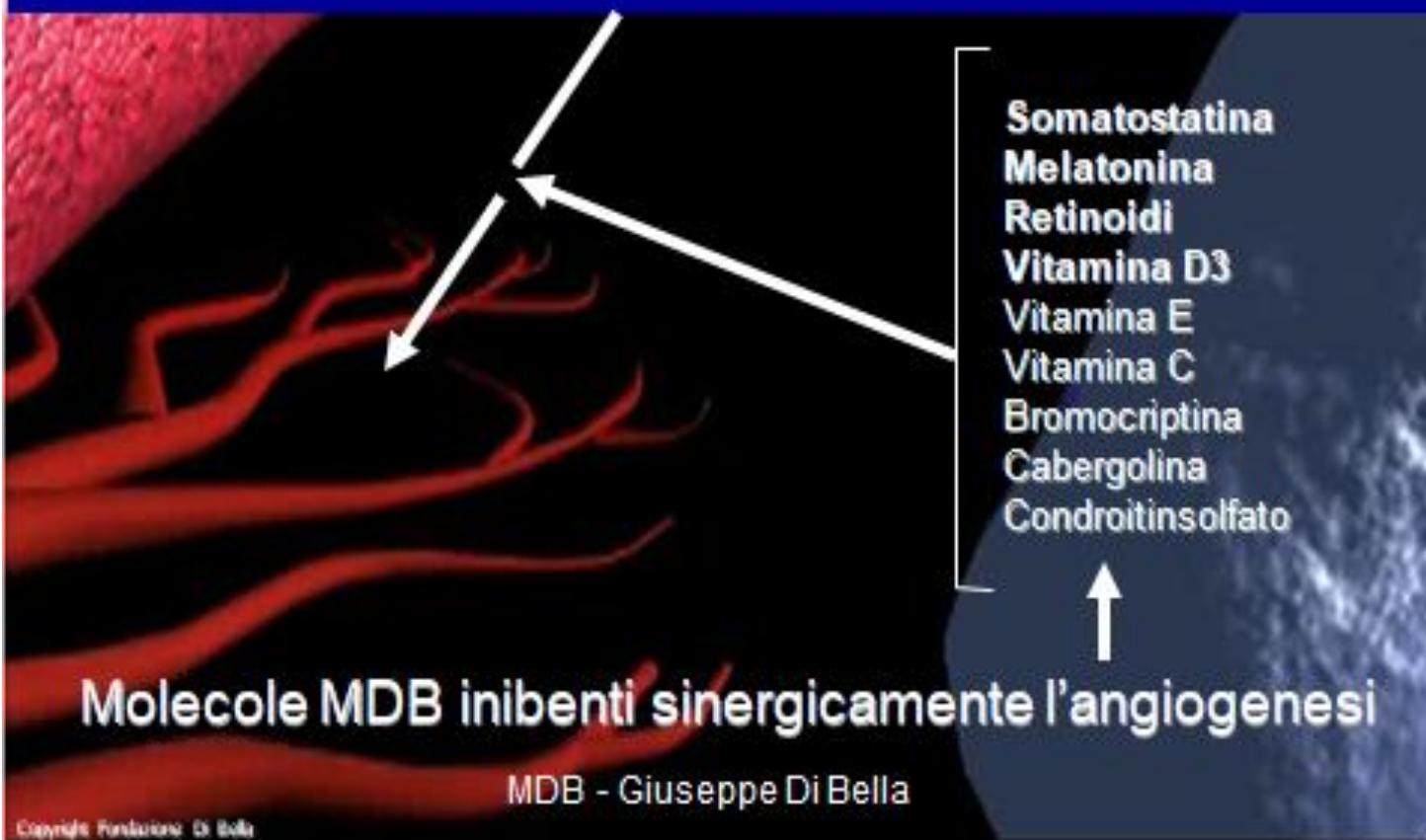


**Fattori di crescita che attivano l'angiogenesi:**

FGF IGF1 HGF PDGF VEGF TGF

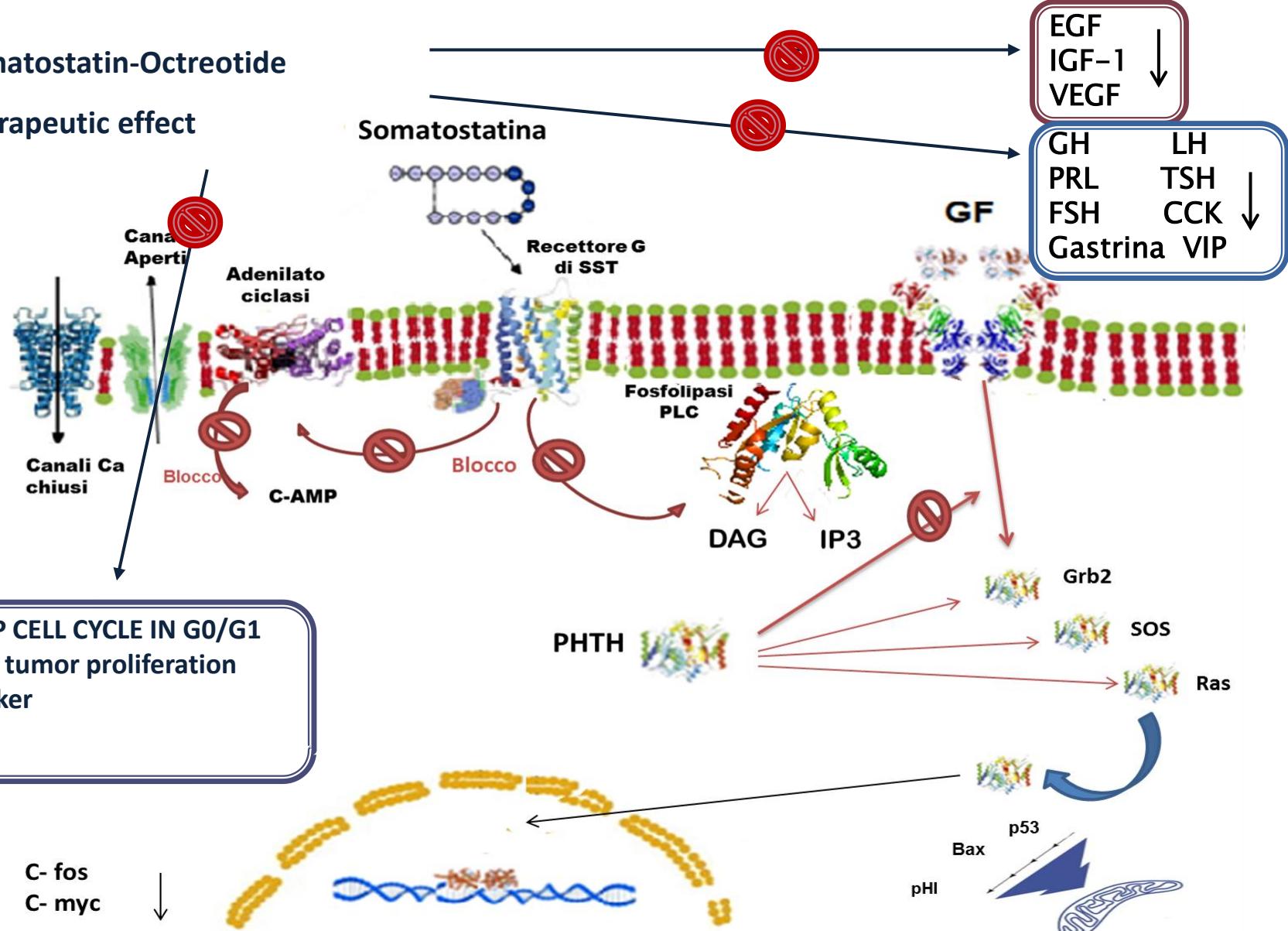
**Molecole promotrici che interagiscono con i fattori di crescita  
nell'attivazione dell'angiogenesi:**

VIP e-Nos CM PGE2 Interl. 8 Anossia- Acidosi



## Somatostatin-Octreotide

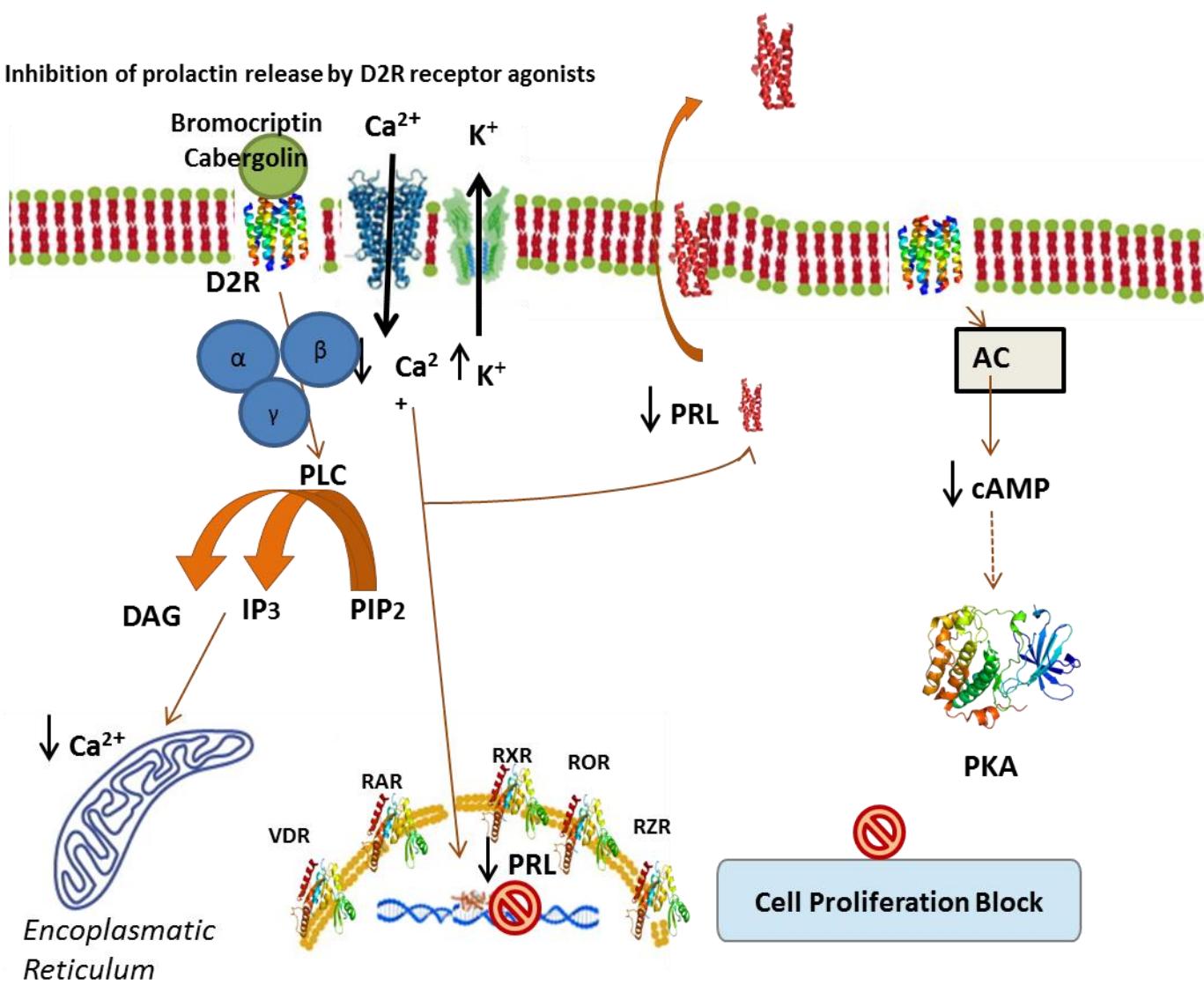
### Therapeutic effect



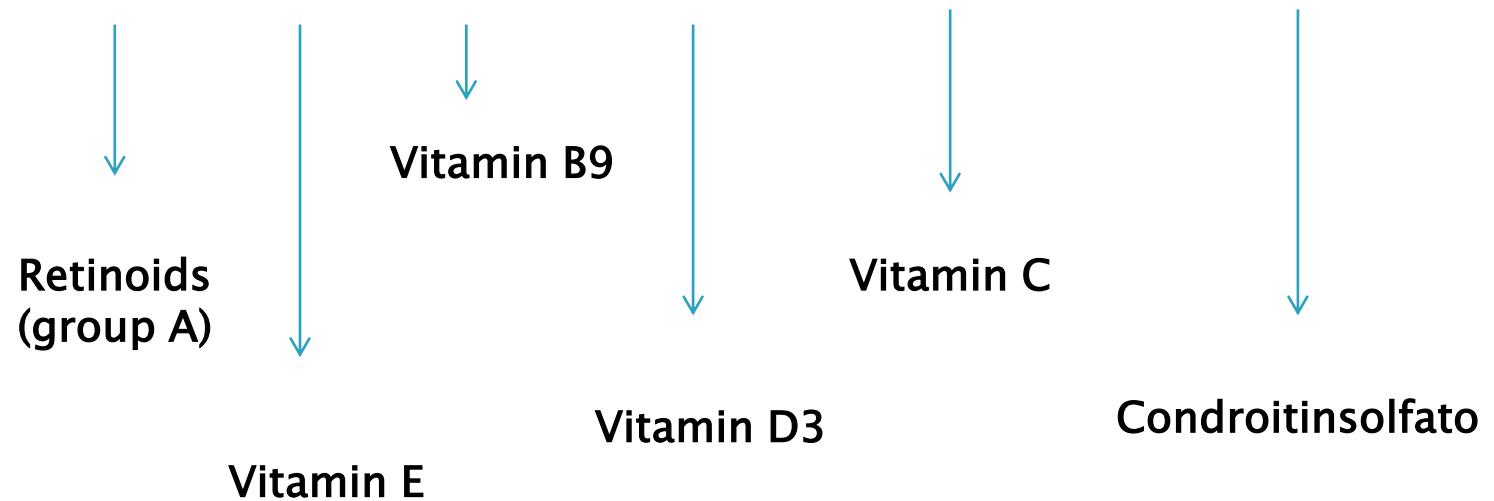
Copyright Fondazione Di Bella

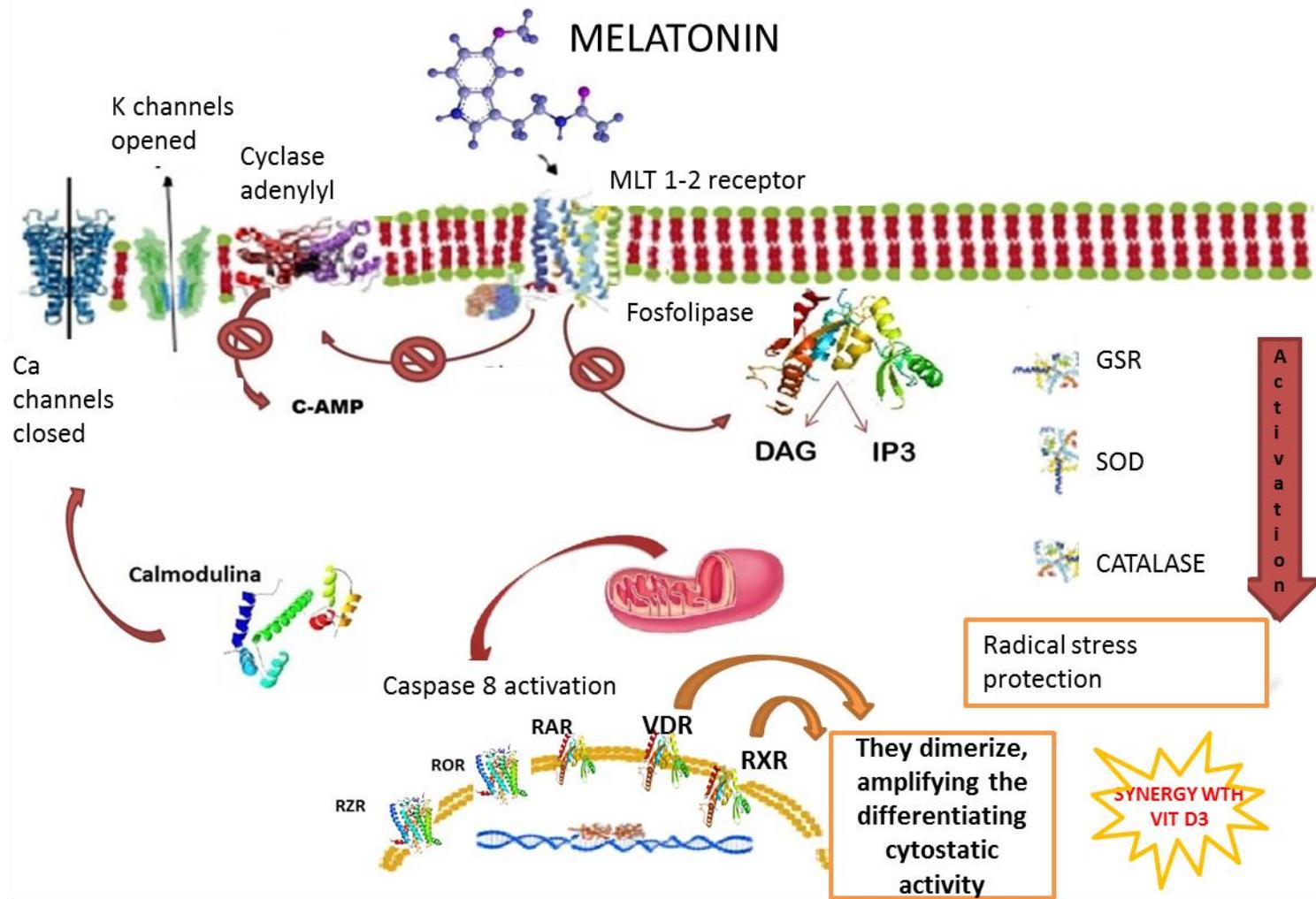
# PROLACTIN INHIBITORS

Inhibition of prolactin release by D2R receptor agonists

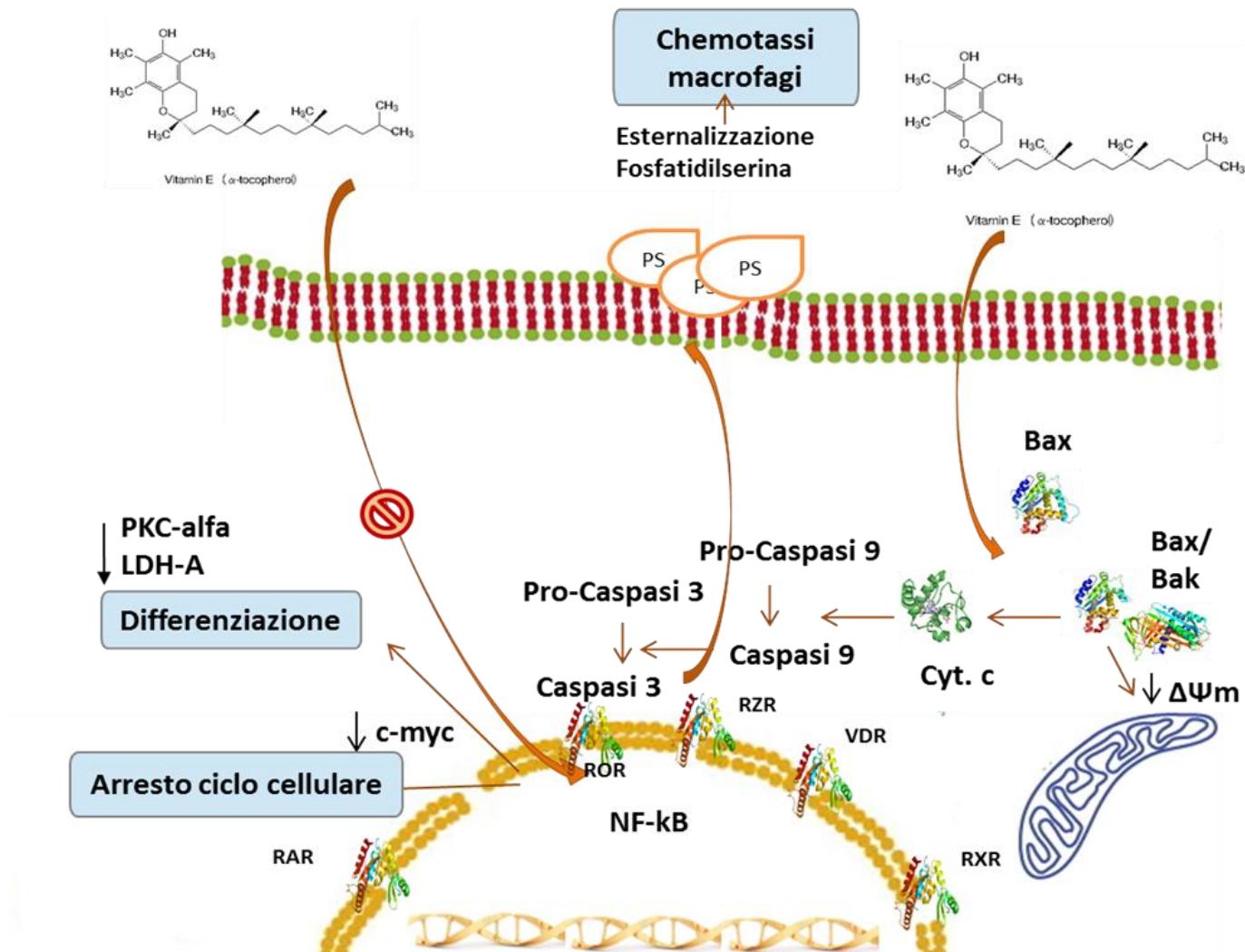


# Differentiating components of prevention that inhibit mutations

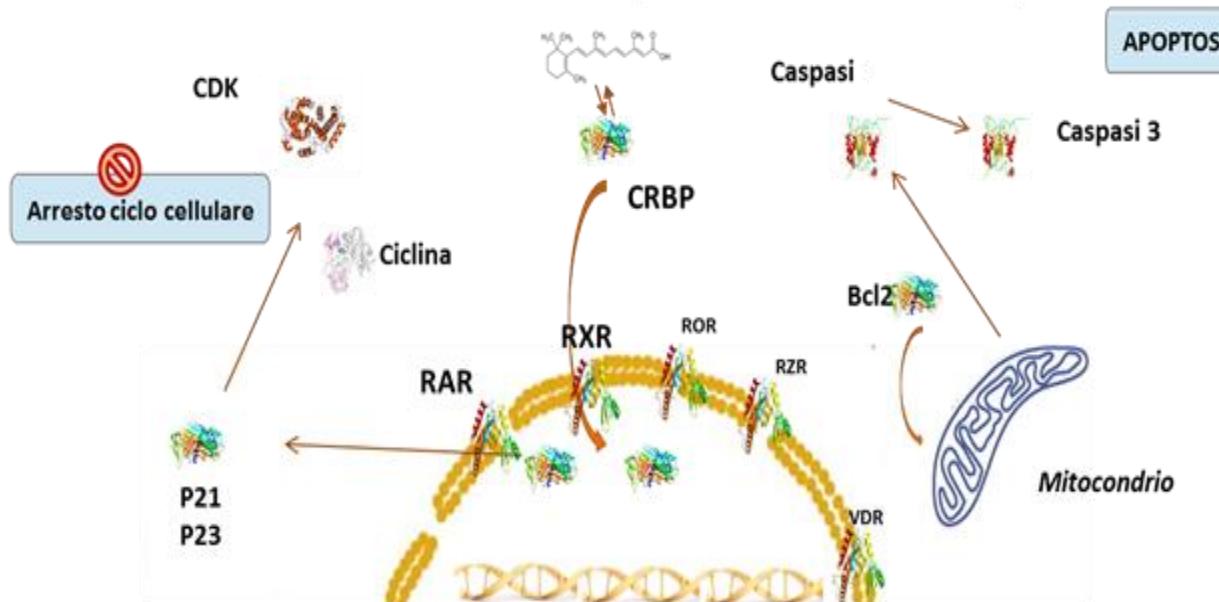
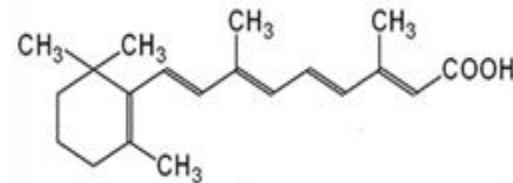


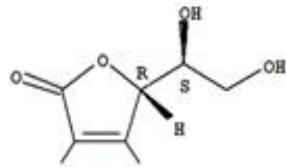


# Vitamina E

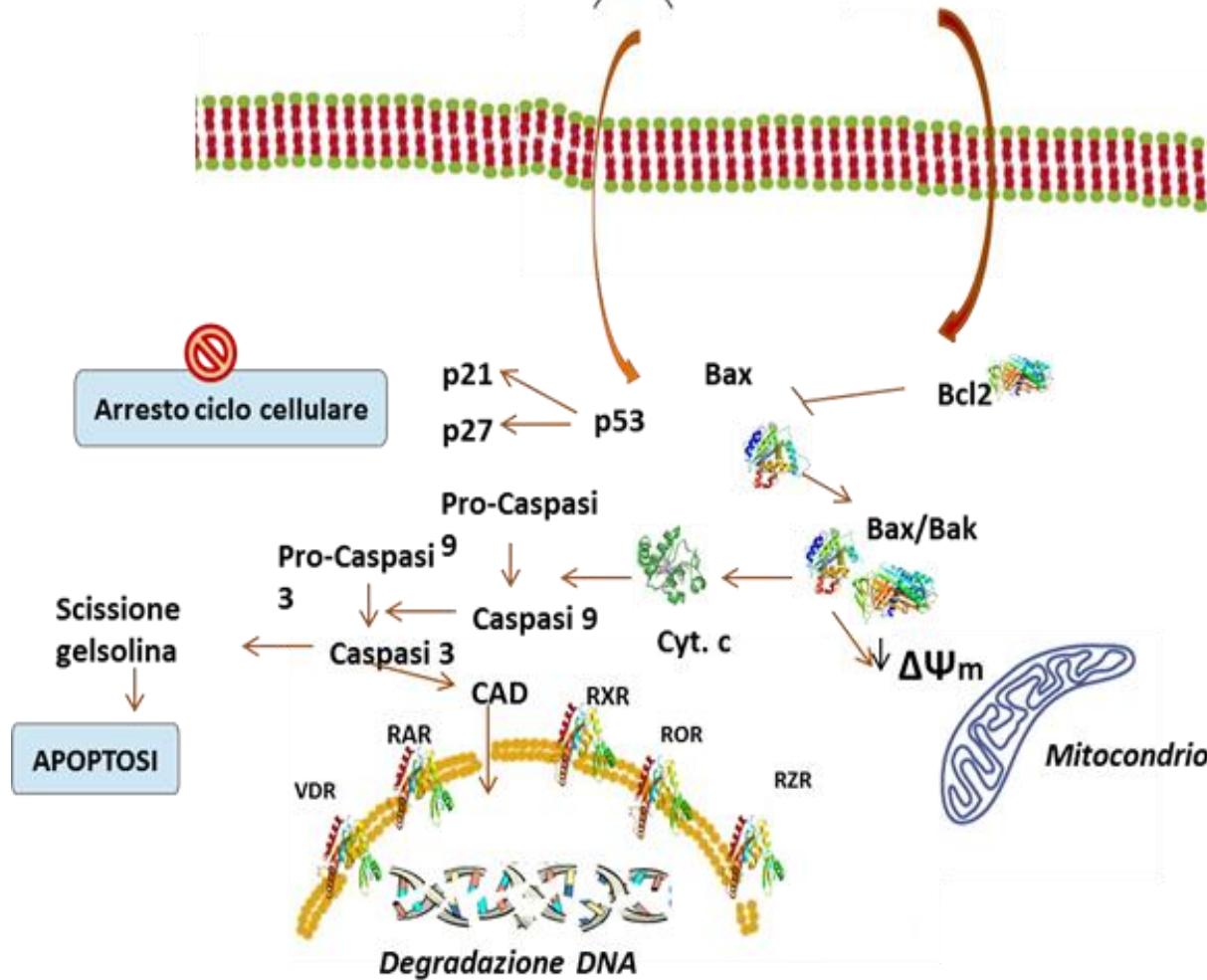


## Acido *trans* retinoico (ATRA)

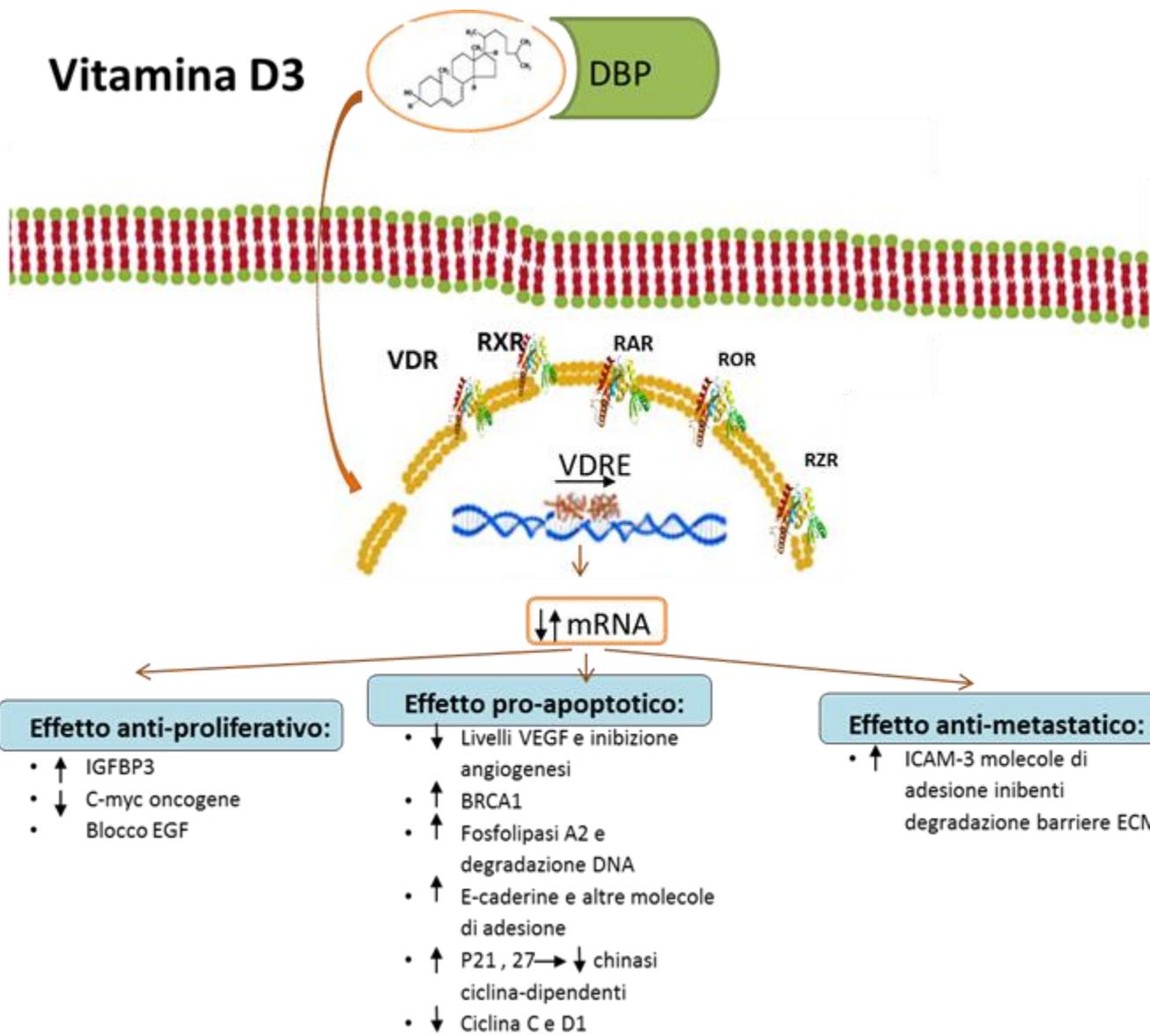




## Ac. Ascorbico



# Vitamina D3



The mechanism of tumor cell mutations explains the temporary effects of oncology, its inability to eradicate solid tumors that become chemo-radio-immunoresistant by mutation and the need for oncological surgery.

## DEVELOPMENT OF LETTERATURE ON MUTATIONS

- ▶ Radman M., Basic Life Sci-SOS, 1975: *Escherichia coli* possesses an inducible DNA repair system (“SOS repair”) which is also responsible for induced mutagenesis. Some characteristics of the SOS repair are (1) it is induced or activated following damage to DNA, (2) it requires *de novo* protein synthesis
- ▶ Israel L., Theor Biol., 1996: Tumour progression: random mutations or an integrated survival response to cellular stress conserved from unicellular organisms?
- ▶ Lambert G. et al., Nat Rev Cancer, 2011: An analogy between the evolution of drug resistance in bacterial communities and malignant tissues.
- ▶ Russo M. et al., Science, Nov 2019: Adaptive mutability of colorectal cancers in response to targeted therapies