



## PRESS KIT

### **Contact:**

Loolwa Khazzoom  
Public Relations Manager  
Press@DrNickLeRoy.com  
916-546-8238

### **Bio:**

The author of *Painting a Target on HPV*, Dr. Nick LeRoy is a cutting-edge women's health specialist in Chicago, IL. He has been featured in top media including ABC, NBC, and Fox; he has served as faculty at leading integrative medicine institutes in the Midwest, including the National University of Health Sciences, the Midwest Center for Oriental Medicine, and the Wellness and Massage Training Institute; and he has presented at diverse venues including Gilda's Club, Rush Presbyterian Hospital, and Cook County Court House. Dr. LeRoy's integrative medicine training included gynecology, internal medicine, acupuncture, chiropractic, and nutrition, and over the past 20 years, Dr. LeRoy has brought this wealth of knowledge to his work in natural cervical cancer prevention and natural breast cancer prevention. He has treated hundreds of cases of HPV and cervical dysplasia, with a 99% success rate for curing cervical dysplasia and a 91% success rate for curing HPV.

### **Medical Training:**

Nick LeRoy, DC, MS, AcT received post-doctoral training in gynecology and internal medicine and is an NCQA-credentialed primary care physician (PCP) for Blue Cross of IL. He received his bachelors of science degree in biology, from the University of Milwaukee; his doctor of chiropractic degree (sum cum laude) from the National University of Health Sciences (NUHS) – where he studied gynecology, blood chemistry, neurology, cardiology, and pathology, as well as anatomy and physiology; his acupuncture degree from the Midwest Center for the Study of Oriental Medicine – where he studied Traditional Chinese Medicine and acupuncture; and his masters of science degree (cum laude) from NUHS – where he studied nutrition, supplements, and pharmaceuticals. Shortly after, he received private breast thermography training from the chair of the physiology department at NUHS.

### **About the Book:**

Conventional medicine claims there is no treatment for HPV and that loop electrosurgical excision procedure (LEEP) and conization surgery are the only treatments for cervical dysplasia. In *Painting a Target on HPV*, women's health specialist Dr. Nick LeRoy reveals decades of evidence to the contrary, effectively challenging the OBGYN standard of care. Following a comprehensive evaluation of the current standard of care for treating HPV and cervical dysplasia, this book offers a detailed, scientific exploration of the natural treatments for cervical dysplasia, both topical and oral, which have proven effective.

Over the past 20 years, Dr. LeRoy has utilized both treatments simultaneously and, as a result, has eliminated mild to severe cervical dysplasia and HPV, in hundreds of women, with a 99% success rate for eliminating cervical dysplasia and a 91% success rate for eliminating HPV. Dr. LeRoy has documented hundreds of cases, some of which are featured in *Painting a Target on HPV* and the rest of which Dr. LeRoy is currently preparing for submission to peer-reviewed journals, as the first case series of its kind.

### **Areas of Expertise:**

- Women's Health
- HPV and Cervical Dysplasia
- Breast Thermography
- Cervical Cancer Prevention
- Breast Cancer Prevention

### **Sample Interview Topics:**

- **The "Wait and See" Approach to HPV Endangers Women's Lives**

All cervical cancer begins with HPV, which easily can be eliminated through evidence-based, natural treatments including dietary and lifestyle changes, supplements, and escharotic (herbal) topical treatment. These therapies successfully have been used for decades by naturopaths and other holistically-minded doctors across the country. Nonetheless, in the OBGYN standard of care, doctors tell women with HPV to "wait and see" if the virus develops into moderate to severe cervical dysplasia, before taking any action to prevent cervical cancer.

The resulting uncertainty causes mild to severe anxiety in many women. In addition, if HPV does become moderate or severe cervical dysplasia, conventional doctors advise women to undergo invasive surgery that can deform the cervix, diminish sexual pleasure, decrease fertility, increase the risk of miscarriage, and itself cause the recurrence of HPV and/or cervical dysplasia – leading to a lifetime of unnecessary suffering. Furthermore, in cases where the "wait and see" approach has gone on for too long, cervical dysplasia can lead to cervical cancer and may cause death. All told, the OBGYN standard of care endangers and undermines the quality of women's lives.

- **Natural Treatment for HPV Is Based on Sound Science**

HPV transforms a normal cell into a cancerous one, by outsmarting and altogether avoiding the immune system, through a few strategies: It won't circulate in the blood stream, where the immune system can access the virus; it won't cause major damage to infected cells, so as to avoid inflammation and therefore detection; and it will only release viral gene products when a cell is mature, so that all suspicious activity is buried deep in the layers of that cell. Through these mechanisms, HPV is able to infect and take control of cells – at which time it damages tumor-suppression genes that prevent cancer; it increases oxidative stress that lead to cancer-friendly free radicals; and it grows blood vessels that feed this entire process of malignant transformation.

Natural HPV treatment inhibits malignant transformation by boosting the immune system through a nutrient-dense diet and supplements, as well as by eliminating or reducing the factors that cooperate with HPV to cause cervical cancer – such as smoking, which exacerbates oxidative stress. In addition, natural treatment includes an herbal solution – escharotic treatment – which selectively kills unhealthy, HPV-infected cells without affecting normal cells. In other words, natural HPV treatment takes a holistic approach, addressing *all* of the factors involved in the development and progression of HPV and cervical dysplasia, ultimately not only preventing cervical cancer but also preventing the recurrence of infection.

- **The Mechanism of Escharotic Treatment**

There are several ways that escharotic solution effectively targets and destroys HPV-infected and dysplastic cells. One way is by forming a scab, known as an “eschar,” on these cells. The scab creates localized inflammation, which in turn fires up the immune response. Within hours of cervical cell destruction and inflammation, blood-borne white blood cells, known as monocytes, migrate to the site of destruction and transform into tissue macrophages. These macrophages, known as dendritic cells, gobble up dead cells on the cervix, in the endocervical canal and on the vaginal walls. What is brilliant is that when dendritic cells encounter foreign viruses, they move the viruses to their surface and then “present” this invader to other immune system cells, such as T helper cells. T helper cells are considered the commanders-in-chief of cell-mediated immunity, critical for a robust immune response.

HPV inhibits cell-mediated immunity in its attempt to ‘hide’ from the immune system. Therefore, in a strategic move against the virus, T helper cells are called to action by HPV-presenting dendritic cells. In effect, the dendritic cells marshal the troops to go after any and all HPV-infected cells in the region, causing a localized immune frenzy at the site of HPV infection. Therefore, escharotic treatment does not consist of tissue destruction at the hands of a caustic solution, but rather, the selective targeting of abnormal cells by the immune system. The escharotic treatment is “painting a target” on HPV and cervical dysplasia. Thus, the mechanism-of-action in this example is at least two-fold: abnormal cell destruction by sodium-potassium pump inhibition and by the facilitation of a highly selective immune system targeting of the virus.

- **HPV Vaccines Are Questionable at Best**

By “fast-tracking” the Gardasil® and Cervarix® HPV vaccines for approval, the FDA not only violated its own requirements but also made potentially erroneous assumptions, based on insufficient data – namely, only three years’ worth. In this data, any diminished cervical dysplasia was attributed to the vaccine and touted as the effective prevention of cervical cancer. Cervical dysplasia often will clear without any intervention, however, and cervical cancer takes many years to develop – making the assumption of vaccine efficacy invalid.

Not only is the vaccine efficacy questionable, but so is the safety, given the disproportionate number of adverse events associated with the vaccines. From 2006 to 2013, the Vaccine Adverse Event Reporting System (VAERS) reported over 26,000 adverse events for HPV vaccines, 92 deaths, 866 cases of permanent disability and over 9,000 injuries requiring emergency hospitalization. Still, in the U.S., vaccine manufacturers cannot be sued for vaccine injuries – resulting in a lack of transparency that benefits manufacturers while putting the public at risk.

- **What to Do when Your Pap Smear and Biopsy Conflict**

Sometimes pap smear and biopsy results conflict, with one indicating the presence of cervical dysplasia and the other giving a clean bill of health. These conflicting results are especially confusing when the pap smear detects an abnormality, but the biopsy indicates that all is well. In conventional medicine, no treatment is offered if the pap smear is abnormal, unless the pap results continue coming back abnormal for a few years in a row.

At that point, conventional doctors typically recommend a LEEP, assuming the abnormality must be coming from the cervical canal. HPV and cervical dysplasia, however, can be lodged elsewhere in the cervix – meaning that doctors may perform invasive surgery, potentially deforming it and otherwise causing a chain reaction of problems, without resolving the issue. Escharotic solution, meanwhile, can be applied throughout the entire area of the cervix, identifying and treating the exact location of the HPV or cervical dysplasia. For this reason, a woman should receive escharotic treatment, as soon as either a pap smear or a biopsy indicate an abnormality, regardless of whether the two results are in agreement.

- **Mammograms vs. Thermograms**

Conventional tools for breast cancer prevention include breast exams and mammograms. While mammograms are relatively effective in breast cancer detection, they are unable to identify the presence of cancer in dense breasts, and therefore are fairly useless to young women. In addition, scientific research has indicated that the ionizing radiation of mammograms contributes to cancer. Lastly, while mammograms can be effective in detecting breast cancer once it has formed, they are unable to identify breast tissue “terrain” that is *likely to* develop cancer, without yet having done so.

Given these limitations and risks, many women are seeking alternatives to mammograms. Breast thermography– which is FDA-approved for breast cancer screening – is the most compelling alternative to mammograms, as validated by hundreds of scientific studies published in peer-reviewed medical journals. Extensive clinical trials have shown that breast thermography improves long-term survival by as much as 61%.

- **How Breast Thermography Works**

As cancer cells develop and form into a tumor, they open existing blood vessels and create new ones, ever-hungry for nutrients. All this activity leads to a temperature increase on the surface of the breast – extra “heat” that is detectable through infrared thermography. For this reason, breast thermography is able to identify not only the presence of a tumor, but also the activity *leading up to* the development of that tumor. This information gives women extra time to adopt natural cancer prevention strategies that may result in avoiding breast cancer altogether, or in the early stages of a small tumor, may prevent breast cancer from spreading.

Unlike mammograms, breast thermograms are equally effective with all breast densities and on breasts that have been surgically altered. In addition, breast thermograms are useful not only for breast cancer screening, but also for monitoring any suspicious findings from other tests – ultrasounds, mammograms, physical exams, and so on. That’s because breast thermograms are like infrared fingerprints of the breast. The only time a breast thermogram image will change is when the blood flow changes, which in turn may indicate an abnormality.

### Sample Interview Questions:

- What is HPV?
- How does one contract HPV?
- What are your thoughts about the HPV vaccine?
- Other than the HPV vaccine, is there a way to prevent contracting HPV?
- What is the relationship between HPV, cervical dysplasia, and cervical cancer?
- Once someone has HPV, what are the most effective ways to prevent cervical dysplasia and cervical cancer?
- What are conventional treatments for HPV and cervical dysplasia, and how effective are they?
- Why are you critical of the conventional treatments for HPV and cervical dysplasia?
- What are some of the proven hazards of LEEP and conization surgery?
- What are natural treatments for HPV and cervical dysplasia, and how effective are they?
- What is escharotic therapy, and how does it work?
- If natural therapies for HPV and cervical dysplasia are so effective, why aren't they part of the OBGYN standard of care?
- What are some horror stories your patients have shared with you, about attempting to treat HPV or cervical dysplasia through conventional medicine?
- In the case of women whose conventional medical treatment has been disastrous, perhaps even resulting in a deformed cervix, how effective has escharotic treatment been in resolving HPV or cervical dysplasia?
- Why do you say that hysterectomies are the result of a wait-and-see approach?
- What are some lifestyle modifications that help prevent breast cancer?
- What are the pros and cons of mammograms?
- What is breast thermography?
- Who should get a breast thermography?
- Why isn't breast thermography offered in conventional medicine?
- What do you refer to as "the politics of mammograms"?
- Why do you say that mammograms are phasing out?

## Sample Articles:

### **Article #1: Prevent Cervical Cancer: Natural Treatments for Cervical Dysplasia**

If a woman is found to have an abnormal pap smear and is then faced with what to do, conventional doctors will usually recommend a cervical biopsy, followed by a “watch-and-wait” strategy for mild abnormalities or a surgical procedure for moderate to severe abnormalities. However, making an educated decision regarding a patient’s options requires an understanding of abnormal paps and what causes them.

Pap smear abnormalities are described in terms of the degree of cervical dysplasia, or severity of precancerous changes. Cervical dysplasia represents a precancerous condition of the uterine cervix that under some circumstances may become cancerous. Cervical cancer, like all cancer, doesn’t happen overnight. It occurs as a continuum of change that begins with subtle abnormalities and becomes increasingly abnormal over time, until the cells begin to spread. At this point, it is called cancer. The purpose of a pap smear is to determine if cervical dysplasia is present and to what severity—the goal is to intervene before it becomes cervical cancer. Cervical dysplasia, as well as cervical cancer, is caused by the human papilloma virus (HPV).

There are more than 40 types of HPV, but fortunately, only a handful is known to cause cancer. These are designated as high-risk, and the presence of high-risk HPV can be determined by an additional test. With high-risk HPV, it is more likely that a doctor will recommend surgery. However, there are some facts regarding HPV that allow for an alternative, natural therapy treatment. In order for HPV to infect the cells of the cervix requires two things: folic acid deficiency and estrogen.

Folic acid is known to protect normal DNA from infection with the DNA from HPV. Folic acid not only can prevent mild cervical dysplasia from becoming more severe, but also can prevent HPV infection to begin with. So, folic acid is useful to treat current cervical abnormalities, as well as to prevent infection with the virus responsible for cervical dysplasia and cervical cancer.

The second requirement for cervical dysplasia is estrogen. Eliminating estrogen is not an option for women, but the manner in which estrogen is broken down by the liver will affect the likelihood of getting cervical dysplasia. Metabolism is a basic process in the body that breaks down some substances and creates, or synthesizes, others. Metabolites are substances that are created as the result of a metabolic process. Estrogen detoxification involves the production two estrogen metabolites: 2-hydroxyestrone (which is good) and 16-hydroxyestrone (which is bad). The ratio of these two metabolites can be measured, and women with more of the bad estrogen are more likely to develop moderate to severe cervical dysplasia.

Certain extracts, such as Indole-3-carbinol (I3C), from cruciferous vegetables like broccoli and cauliflower, can cause the body to produce more of the healthy estrogen metabolite and eliminate cervical dysplasia. A high-fiber, plant-based diet also decreases estrogen overall and increases production of healthy estrogen. As an added benefit, dark leafy greens are also naturally high in folic acid.

In summary, folic acid, I3C and a plant-based diet are reasonable and proven means to prevent abnormal pap smears, as well as to treat existing cervical dysplasia. For women with moderate to severe cervical dysplasia, escharotic treatment may be necessary; however, adopting a healthy diet and using these nutrients may prevent another abnormal pap in the future.

### **Article #2: Conventional and Alternative Treatments for HPV and Cervical Dysplasia**

My journey into the treatment of cervical dysplasia and HPV (human papilloma virus) began in 1995 when asked by a patient if I could help her with mild cervical dysplasia. At the time, I had been in practice for less than a year but had been diligently researching the area of women's health. Why women's health? Simply out of necessity and the drive to help my patients; at that time, the vast majority was women and, in the mid-nineties, there were few physicians who were providing alternative women's health care.

Just months prior to this patient's request for treatment, I had come across literature describing a novel, natural-medicine-based approach for the management of abnormal pap smears. Consisting of two parts, the "indirect" portion utilized dietary and nutritional prescriptions, and the "direct" part consisted of the application of an escharotic treatment to the cervix, killing abnormal cells. Naturally I was intrigued with this non-surgical alternative.

Armed only with this information—because I didn't learn this treatment in school, nor did I know anyone performing it—I used this therapy successfully and the patient had a normal pap within several months. At the time, I was publishing a monthly newsletter, so I wrote about my success and the escharotic treatment; subsequently, Holistic Chicago magazine reprinted my article and the rest is, well...history.

It's now about twenty years later and I have successfully treated hundreds of women with cervical dysplasia and HPV. During this time, I have witnessed the suffering of too many women who feel that they have been failed by a medical system reliant on surgical intervention alone. Conventional "wisdom" maintains that there is nothing a person can do to prevent cervical dysplasia or expedite its elimination. I am here to say that this is quite the contrary.

In the nineties, prior to the liquid-based pap test that is now routine, testing for high-risk HPV was not performed, fewer biopsies were conducted, and many gynecologists were treating all cervical dysplasia—mild, moderate and severe—with the loop electrosurgical excision procedure (LEEP) or conization surgery. Since then, our understanding of the condition has changed, resulting in a more conservative approach of "watch and wait," but do nothing, for mild cervical dysplasia – as endorsed by the American Congress of Obstetricians and Gynecologists (ACOG).

In this regard, we have arrived at a more sensible position that performs less LEEP and conization surgery and thus, is a good thing; however, the “watch and wait” recommendations often amount to nothing more than to sit on your hands until the condition worsens, necessitating invasive LEEP or conization surgery. Additionally, and ironically, this “watch and wait” approach also undermines the success of the future surgical intervention, as those with persistent cervical dysplasia are often more statistically likely to have recurrence after invasive intervention.

This approach is based upon the fact that many women, especially those under the age of thirty, will clear the virus and abnormal cells within a couple of years without any treatment at all. Although on the surface this conservative approach seems wise, it is in fact egregious, as tens of thousands of women each year will not clear the virus, and the cervical dysplasia will worsen. When this occurs, a woman’s doctor will now insist on surgery, claiming that to do otherwise is reckless, that cancer is going to develop, and that a hysterectomy will be required to prevent death. Well this is quite the change in attitude from that of “don’t worry about it, it should go away by itself”!

My position is to treat HPV for what it is: an infection with a virus that is known to cause cancer. As such, treatment to eliminate the virus should begin immediately, not with LEEP or conization surgery that does little or nothing to eliminate the virus, but rather to employ dietary changes and supplements to improve immune system function, as well as to treat directly HPV-infected and dysplastic cells. Furthermore, this treatment should be initiated as soon as HPV and cervical dysplasia are identified.

This is in direct contradiction to ACOG guidelines that recommend against treatment for mild cervical dysplasia, maintaining the defeatist attitude that everyone gets HPV, that there is no treatment for HPV, and to not worry about it because it should go away by itself. This is fine, until you are the one in which it doesn’t go away and you find yourself ten years and two invasive procedures later, still struggling with recurrent cervical dysplasia.

Conventional treatment ignores the dozens of studies demonstrating that diet and nutrition have a substantial impact on the condition. After twenty years, I have yet to meet with a new patient whose gynecologist recommended something as safe and effective as folic acid, despite the fact that we have known that folic acid deficiency contributes to cervical cancer since the 1960s.

At some point while reading this post, you are likely to ask yourself “Why didn’t my doctor explain any of this to me?” The answer is straightforward and simple. Conventional treatment and the practice guidelines that dictate treatment recommend no treatment for mild cervical dysplasia and surgical intervention for moderate and severe cervical dysplasia. That’s it. In the mind of your doctor, a detailed discussion of HPV and cervical dysplasia is pointless, a waste of his/her time, and isn’t going to change how they treat it.

Educating yourself about conventional and alternative treatments for HPV and cervical dysplasia will allow you to make decisions based in fact rather than fear. At the end of the day, my goal is to help you to make an informed decision regarding whether you will treat or not treat, and if you do treat, to be confident and comfortable with that decision.