



PATIENT & CAREGIVER EDUCATION

Di Bella Multitherapy

This information describes the common uses of Di Bella Multitherapy, how it works, and its possible side effects.

Tell your healthcare providers about any dietary supplements you're taking, such as herbs, vitamins, minerals, and natural or home remedies. This will help them manage your care and keep you safe.

What is it?

Di Bella Multitherapy, based on an unconfirmed theory, has been proven ineffective as a cancer treatment.

Di Bella Multitherapy (DBM) was developed by the Italian physician Luigi Di Bella in the 1990s. This treatment was very popular in Italy, despite the fact that clinical trials have not shown that it works. It is based on the unconfirmed theory that cancers, especially lymphomas and leukemias, are stimulated to grow by the hormones prolactin and growth hormone. By giving low-dose chemotherapy along

with treatments that would lower prolactin and growth hormone levels, Di Bella reasoned that his therapy could help stimulate the body's self-healing without the toxicity of conventional chemotherapy. He has not provided sufficient evidence, however, to back up these claims. The Di Bella Multitherapy includes:

- Somatostatin, an inhibitor of growth hormone
- [Melatonin](#), a hormone that controls the sleep-wake cycle and is also an antioxidant. Laboratory and animal studies of melatonin suggest possible anticancer activity, but no studies in humans have shown such an effect. See melatonin monograph for additional information.
- Bromocriptine, which inhibits the secretion of prolactin from the pituitary gland.
- A solution of retinoic acid, [vitamin A](#), [beta carotene](#), and [vitamin E](#). These retinoids are antioxidants. See monographs for additional information.

Di Bella's theory about cancer has not been confirmed, and the clinical trials that have been performed with this therapy do not provide any support for it.

What are the potential uses and benefits?

- **To treat Alzheimer's disease**
No scientific evidence supports this use.
- **To treat cancer**
Clinical trials do not support this use.
- **To treat Lou Gehrig's disease**
There is no evidence to support this claim.
- **To treat multiple sclerosis**
No scientific evidence supports this use.
- **To treat retinitis pigmentosa**
This use is not backed by research.

What are the side effects?

- Increased pain at tumor site in advanced cancer patients
- Increased sleepiness
- Diarrhea
- Nausea
- Vomiting
- Loss of appetite
- Low blood sugar
- Swelling of the ankles and feet
- Low red blood count

- Low platelet count

What else do I need to know?

Do Not Take if:

- You are taking opioid medication such as percocet, codeine, oxycodone, morphine, or methadone: Somatostatin can lessen or eliminate their effects.
- You are taking drugs that increase prolactin concentration such as amitriptyline, butyrophenones, imipramine, methyldopa, phenothiazines, and reserpine: Bromocriptine may interact with these drugs because it is a prolactin inhibitor.
- You are taking nifedipine: Melatonin, when taken at the same time, can cause high blood pressure and increased heart rate.
- You are taking fluvoxamine: This medication can increase blood levels of melatonin, resulting in sedation.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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