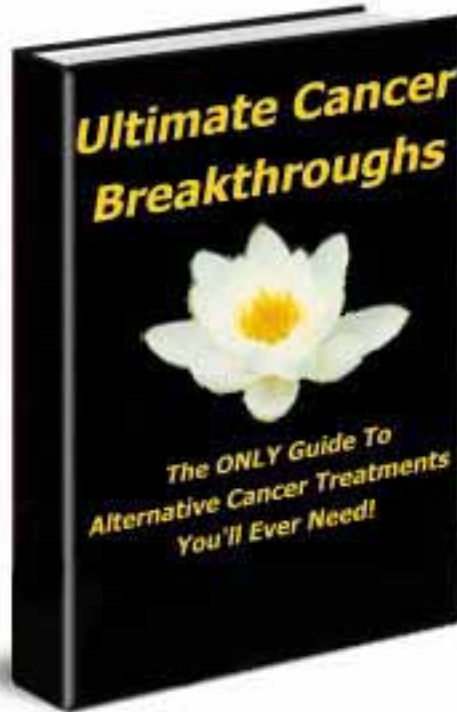


# Ultimate Cancer Breakthroughs™

The ONLY Guide To Alternative Cancer Treatments  
You'll Ever Need!



by Dr. Jim Roberts

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# Introduction

Congratulations! We appreciate your wise decision to invest in this book and try to learn about cancer and the possibilities to cure this disease.

Cancer patients face a world of frightening, difficult-to-understand information and an overwhelming array of confusing therapies and choices.

I think you'll agree that information is critical to survival.

To increase the odds of curing cancer, there is much to do and learn. Cancer can be a cruel teacher, but for many its lessons have led to a more satisfying life and to healing beyond their expectations.

However, with little time, and under so much stress, most cancer patients find it nearly impossible to acquire this critical information and rarely have a comprehensive resource they can rely on to get healthy again.

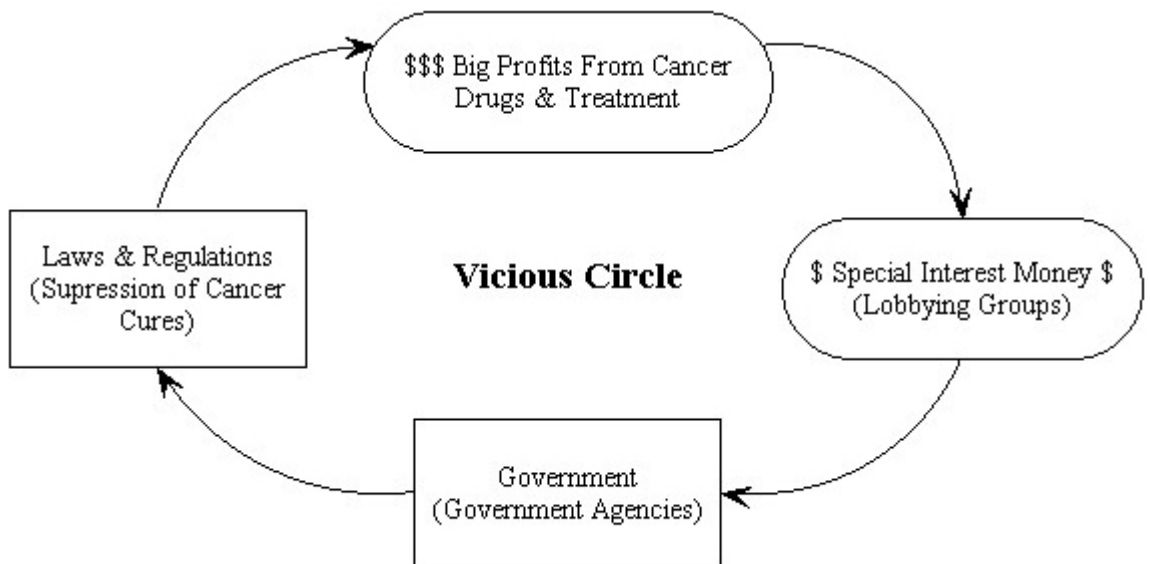
Before we get into the causes of cancer and how to reverse the process I want to answer the following question:

**If there exists a proven cure for cancer (or even several ones) why is it that they are not widely known and used to cure patients?**

As you probably already read on my website, cancer is a \$40 billion industry. Treating cancer is the second largest revenue producing business in the world!

If a safe, natural (= no patent) cancer cure was used, these huge profits would be reduced to zero.

That's why there is Mafia-like control of the cancer field by the drug industry, through their domination of virtually every single cancer research and treatment institution. Thousands of top cancer researchers around the world are on the payroll of a dozen drug companies, and these same drug company executives sit on the Boards of major cancer centers.



So don't be expecting your doctor to be bucking the system. He would take away his own funding, job, peer-status and all future studies.

So if you really want to do all you can to fight a cancer, you have to take charge yourself.

This book contains all the information you need to cure cancer. We are candid with the material we evaluated because we know you don't have time to waste. We are committed to presenting you the information in a simple and direct manner.

Sincerely,

**Dr. Jim Roberts**

# How To Cure Cancer

The general take on cancer is that it is a dread disease only a lucky few survive. Something that sort of just happens to you. And that there wasn't much to do about it if the cancer was too far advanced.

While a diagnosis of cancer is often viewed as a death sentence, cancer doesn't have to be a killer disease, not if you understand what causes it, and learn how to reverse the process. It does not develop for some unknown reason.

Cancer cells are always developing. They always have. Cancer has been around as long as mankind. There are just a lot more people that are developing it now.

Under normal circumstances components of the immune system seek out and destroy cancer cells.

Cancer tumors begin when more cancerous cells are being created than a weak, overworked immune system can take care of.

Permanent exposure to a polluted environment, electromagnetic radiation, thousands of chemicals and other toxins and in most cases an unhealthy lifestyle to begin with, results in greatly increased creation of cancerous cells.

You end up with a malfunctioning immune system that is not capable of eliminating the excessive numbers of cancerous cells. These circumstances allow the cancerous cells to multiply - and you have cancer.

ALL cancer is a result of an immune system that is not working properly. It doesn't matter whether it is prostate cancer, stomach cancer, brain cancer, breast cancer, lymphoma, melanoma, leukemia (cancer of the blood) or any other type of cancer.

Fortunately, ALL cancer responds to rebuilding the immune system by natural methods. The immune system CANNOT be rebuilt with drugs because ALL drugs have side effects that eventually suppress the immune system and damage the body even more.

Chemotherapy and radiation are used because cancer cells are weaker than normal cells and therefore may die first. However, the chemo and radiation damages the respiratory enzymes of normal cells and overloads them with toxins, so they are more likely to develop into cancer. The underlying cancer causing conditions are worsened, not improved.

Now that you understand why and how cancer develops, you need to learn how to change the internal environment in your body so that it becomes a place where health flourishes, not cancerous cells. This will enable you to beat cancer, no matter how far advanced.



# CHML Treatment: The Biological Cancer-Seeking Missile

**Provider:** Glory Pharmaceuticals  
Address: 4020 Washington Blvd, Suite 309  
Arlington, VA 22201  
**Tel:** (703) 204-2657  
**Fax:** (703) 204-2658

**Cost:** The full treatment lasts one-three months and costs approximately \$25,000

**Medical Supervision Required:** CHML can only be administered by trained personnel.

## What is CHML

CHML is another new breakthrough cancer therapy, which is non-toxic, benign, and very effective. Patented worldwide, it has been called a biological, "cancer seeking missile."

It is currently under evaluation in the United States for cancer therapy. Over 500 patients in the United States have received CHML treatments so far. Many of them were late stage patients. Usually, these patients have exhausted a broad range of conventional and/or alternative cancer treatments. Those with a history of significant conventional intervention are normally the most difficult to treat. However, even in these cases, CHML has been successful. Most importantly, CHML treatment has been accompanied by virtually none of the side effects commonly associated with cancer chemotherapy.

To eliminate every malignant cell, an anticancer drug must overcome many formidable obstacles presented by a tumor mass. The drug must travel through the tumor's intricate network of blood vessels and disperse through the vessel walls into the interstitium – an area inside the tumor that is rich in a tough connective tissue protein called collagen. From there, the drug must enter directly into cancer cells, which typically occupy less than 50% of the total volume of a tumor. Unfortunately, the cancer cell has an abundance of defence mechanisms to block the full penetration of chemotherapeutic agents.

What makes CHML different, is that its molecule is 33,000 times smaller than normal cells, enabling it's penetration into the tumor mass. But more

importantly, this facilitates its permeation directly into the cancer cell itself. Once it enters the cell, CHML is able to induce apoptosis or "programmed cancer cell death."

### **How does CHML work**

A number of important human diseases are caused by abnormal apoptosis control mechanisms, which can result in either a pathological increase in the number of cells (e.g. cancer) or a damaging loss of cells (e.g. degenerative diseases). Recent data has shown that cells have a discrete cell death pathway defined by a specific set of genes. These genes encode proteins that form the biochemical process that ultimately invokes cell death.

The key genes that control the cell death process are the cell death effectors of the CED-3/ICE ("caspase") family and the cell death inhibitors of the Bcl-2 family. The caspase gene family encodes a set of proteases responsible for carrying out the death process. In a living cell, these proteases are normally kept inactive by proteins encoded by the Bcl-2 family.

Small molecule drugs, like CHML, are able to specifically modulate the activity of the caspase family, the Bcl-2 family, or other key points in the apoptotic pathway, and exert control over the cell death process and have utility in diseases characterized by either excessive or insufficient levels of apoptosis.

The caspases are a family of proteases responsible for carrying out the cell death process. In a living cell, these proteases are kept inactive by proteins on the mitochondrial cell surface from the Bcl-2 family. When a cell is exposed to cell death signals such as ischemia, chemotherapy or radiation, Bcl-2 function is blocked and caspase activators initiate the cell death cascade.

### **How is CHML administered**

CHML may be administered by: IV drip, local injection, or by a sophisticated new technology which allows area-specific, concentrated drug delivery. Using DSA (Digital Subtraction Angiography), CHML is delivered directly to a site of major concern by Arterial Infusion.

DSA is a fast developing science, administered by trained Interventional Radiologists. Formerly used in the management of Cardiology related conditions, the technology is capable of delivering concentrated drugs to a highly specific site (e.g. tumor,) via the arterial network.

DSA is capable of delivering concurrent imaging of the intricate vasculature of the tumoral network. This is used to guide the delivery of CHML, as well as measure the immediate effects on the tumor's blood supply network.

In recent studies, CHML was able to effect significant disruptions to the tumoral vasculature network in a number of various malignancies. In virtually every case, marked destruction of the tumor's feeding system could be observed in less than 30 minutes.

# HAELAN-951: China's Secret Anti-Cancer Drink

## Nature's Strongest Protease Inhibitor

**Manufacturer:** Haelan Products, Inc.

**Address:** 18568 142nd Avenue N.E.,  
Building F Woodinville,  
Washington 98072  
**Toll-free:** 800-542-3526  
**Tel:** 425-482-2645  
**Fax:** 425-482-2647

**Cost:** Approximately \$50 per bottle.  
The number of bottles required in the therapy depend on the patient's condition.

**Medical Supervision Not Required:** Haelan-951 is a dietary supplement that requires no medical supervision.

### **What is Haelan-951**

Haelan-951 is a nutritional drink manufactured and exported from the People's Republic of China. It is unique in containing the largest amount of concentrated soya nutrition that has ever been extracted from soybeans.

The soybean in itself is a unique nutritional supplement because it contains the highest amount of protease inhibitors available in anything growing in the plant kingdom. Protease inhibitors fight cancer by interfering with the activity of cancer genes and the enzymes known as proteases that promote cancer.

### **How does Haelan-951 work**

Once Haelan-951 is ingested, it goes through the stomach into the intestines. Floating in it are indestructible molecules of protease inhibitors, which were created by nature as advantageous plant chemicals to guarantee the perpetuation of the particular soybean species. They also work beneficially for mankind by obliterating certain proteases in the body.

The genes that stimulate cancer growth reside in every normal cell, and if they undergo mutation, the cell will be incited to proliferate wildly with others into a malignant tumor. Scientists know of about one

hundred different types of oncogenes, some of which take part in the long, slow progression to cancer when the tissues undergo prolonged stress. Unending stress, for example, is recognized by science as a source of cellular mutation.

The protease inhibitors in soybeans slow down the late stages of cancer progression in a way similar to chemotherapy, but in a non-toxic fashion. Moreover, they function as antioxidants by counteracting the super-charged free radicals that ordinarily damage normal cells and bring about physical/structural stress by bombardment. The protease inhibitors block or reverse DNA damage within normal cells to stop them from mutating into malignancy.

Because the protease inhibitors slow down even very late stages of cancer progression, many people drinking the concentrate found their health restored and their lives saved. The beverage is legally available in the United States as a nutritional supplement.

### **Research data available on Haelan-951**

This extract of soybeans is packed with the substances that reverse the initial cancer-causing damage to cells. It was found by Ann Kennedy, Ph.D., at the Harvard School of Public Health, that in vitro experiments applying protease inhibitors to cells with carcinogen-induced DNA damage cause these cancerous cells to return to normal; they behave if their DNA was never assaulted. The genetic damage is healed, and after the cells have reverted, they remain normal.

Twenty studies and articles concerning the efficacy of the product are available at request from the distributor. From China volumes of reports can be obtained. One study involved 239 cancer patients, and claimed excellent results. Nutritional biochemist Ross Pelton, Ph.D., has recorded many "terminal" cancer cases that were reversed with H-951 treatment.

### **How is Haelan-951 to be used**

Haelan-951 is not just a nutritional supplement with a marginal effect on cancer. It is definitely a powerful therapeutic tool, to be always seriously considered when a choice is being made among medications for treatment strategy.

We interviewed a number of doctors and individuals who used this supplement. Many users of the concentrate experienced a complete reversal of their conditions, but the product should not be regarded as a magic bullet, or panacea. Haelan-951 is a primary, front-line anti-cancer agent that should always be combined with other elements of a comprehensive treatment protocol.

Haelan-951 is regarded as one of the world's most effective adjunctive element in a comprehensive cancer protocol. It doesn't cure cancer by itself, but combined with other anti-cancer agents, it has shown spectacular therapeutic capabilities.

# The Hoxsey Treatment: The Secret Herbal Treatment

## A Multifaceted Herbal Formulation

**Developer:** Harry Hoxsey

**Costs:** The current cost for the treatment is \$3,500US, with 30% due at the first appointment. This price includes follow-up visits and a lifetime supply of the herbal preparations. X-rays, lab tests and physical exams cost an additional \$400 to \$900 U.S. per visit.

**Medical Supervision Required:** Although the Hoxsey formulation can be recreated at home, it is recommended that one undergoes the treatment at the Bio-Medical Clinic at Tijuana, Mexico.

### What is the Hoxsey Treatment

The Hoxsey Treatment was started in 1840. This formula was passed down through the Hoxsey family and has been used internally and externally on humans for more than eighty years.

Harry M. Hoxsey, a controversial and colorful figure who said he obtained it from his grandfather, first used the formula in 1924. The elder Hoxsey was a farmer who observed one of his horses apparently cure itself of a cancerous sore on its leg by instinctively eating certain plants. Many plants that animals seek when they are ill contain Nitrilosides, which are anti-cancer agents.

### How the Hoxsey Treatment Works

Hoxsey herbal treatment includes a paste of antimony, zinc and bloodroot, arsenic, sulfur and talc as external treatments, and a liquid mixture of licorice, red clover, Burdock root, Poke root, Barberry root, Stillingia root, Cascara, Prickly Ash bark, Buckthorn bark, and potassium iodide for internal consumption. A mixture of procaine hydrochloride and vitamins, along with liver and cactus, is prescribed.

The internal formula claims to work by normalizing internal body fluids that are chemically imbalanced. It has been found that when taken together, many of the herbs used in the Hoxsey tonic and isolated components of these herbs have anti-tumor activity or cytotoxic effects in animal test systems.

### **How is the Hoxsey Treatment Administered**

It is administered in two forms. One is oral and the other is in the form of a salve that, if the tumor is on or close to the surface of the skin, is applied topically.

### **Research Data Available on the Hoxsey Treatment**

Studies have indicated that a paste made from these herbs had a reliable beneficial effect on the treatment of basal cell carcinoma of the skin. A recent *in vitro* study found that biochanin, a form of red clover (one of the ingredients of the formula) inhibited carcinogen activation in cell cultures.

### **Where is the Hoxsey Treatment Offered**

This treatment is offered at the Bio-Medical Center in Tijuana. Since 1963, this clinic has provided Hoxsey therapy. It was one of the first alternative cancer facilities in Mexico. It was formerly was run by the late Harry Hoxsey, later by his chief nurse Mildred Nelson, and after her death in 1999, by her sister. Based on patient records, an estimated 80% of patients who use the Hoxsey formula benefit substantially.

The clinic was closed for 6 weeks around March 2000 by Mexican medical authorities, but it was allowed to reopen. Local health department officials are monitoring them.

During treatment, patients are asked to avoid consumption of tomatoes, vinegar, pork, alcohol, salt, sugar, and white flour products.

### **Who is Harry Hoxsey**

Harry Hoxsey is a colorful character who was convicted three times in the 1920s for practicing medicine without a license. In 1930, he was permanently enjoined from violating the Iowa medical practice act. In the 1950s, the U.S. Food and Drug Administration forced him to stop seeing patients.

After being prosecuted for violating the medical practice laws of several states, Hoxsey set up a 'clinic' in Dallas, Texas. Hoxsey developed prostate cancer in 1967 and treated himself unsuccessfully with his tonic. He eventually underwent conventional surgery. He died in 1974.



# Immunocal: A True Bio-Technology Breakthrough

## Patented Bio-Technology Nutritional Supplement Against Cancer

**Developers:** Dr. Gustavo Bounous, Dr. Patricia Kongshavn and team, Montreal General Hospital, McGill University, Canada

**Manufacturer:** Immunotec Research Ltd., Montreal, Canada

**Ordering Information:** Global Remedies, Inc.

**24-hour Toll Free Number:** 1-800-600-7574

**Tel:** 319-895-6800

**Fax:** 319-895-6802

**E-mail:** [john\\_tap@worldnet.att.net](mailto:john_tap@worldnet.att.net)

**Cost:** Between \$120-\$180 per month. Approximately \$60 per month for maintenance/prevention.

**Medical Supervision Not Required:** IMMUNOCAL is a dietary supplement that requires no medical supervision.

### **What is IMMUNOCAL**

IMMUNOCAL is a 100% natural nutritional supplement, available without prescription. It is entirely safe, without any known negative side effects or toxicity. It is not a cure in itself, but another of the new generation of immunomodulators that are capable of controlling and reversing cancer when used in combination with other methods. It is not only safe, effective and affordable, it may also significantly increase your life span.

A research team at the Montreal General Hospital, a teaching hospital of McGill University, led by Dr. Gustavo Bounous and Dr. Patricia Kongshavn, have developed this patented natural dietary supplement after eighteen years of research. IMMUNOCAL is manufactured and distributed by Immunotec Research Ltd., located in Canada.

## **How does IMMUNOCAL work**

IMMUNOCAL is a milk serum protein isolate that contains unusually high amounts of Glutathione (GSH) precursors. Glutathione is a substance made up of three amino acids: Glutamate, Glycine, and most importantly Cysteine, which gives this molecule its biological activity. GSH is found in almost all human cells. It cannot be transported into cells but must be manufactured within the cells. The only way to do this is by supplying the appropriate building blocks (precursors) which are the active ingredients in IMMUNOCAL. Both laboratory and clinical trials have documented the crucial role of this protein concentrate in promoting high cellular Glutathione levels allowing for support of an efficient immune response.

GSH is the only major naturally occurring antioxidant in the cell. Other lesser antioxidants like vitamins C and E depend on GSH for their function. GSH is concentrated in the liver, where it functions as a key-detoxifying agent. Multiple toxins, pollutants and carcinogens are, and can be eliminated from our bodies via GSH enzymatic pathways.

Glutathione precursors are rare in edible proteins, particularly the amino acid Cysteine, which is crucial to the biological function of Glutathione. A rich source of these precursors are `whey` proteins (milk serum). These proteins are labile (heat sensitive), so IMMUNOCAL is prepared from cow's milk using a proprietary lenient method that retains its bioactivity. It requires 500 litres of raw cow's milk to prepare 1Kg of IMMUNOCAL.

## **The secret of IMMUNOCAL: HMS90- Humanized Milk Serum with 90% protein**

Interestingly, human milk is unique in consisting mostly of whey proteins (cow's milk is mostly casein) so that IMMUNOCAL is called HMS90 in Canada, to denote 'Humanized Milk Serum' containing 90 percent protein. It has less than 1% fat and lactose, making it suitable for even the most lactose intolerant individual.

## **Research Data Available on IMMUNOCAL**

In experimental research and clinical trials, IMMUNOCAL has demonstrated irrefutable results in the treatment of major diseases including AIDS, Cancer and Hepatitis, and against high-grade bacterial infections. Immunotec has been granted patents in Australia, USA and Canada.

IMMUNOCAL also provides a powerful agent which delays the aging process attributed to free radical damage. Controlled studies in laboratory animals fed with IMMUNOCAL demonstrated an increase in life span of 30%-60% attributed mainly to increased resistance to disease.

### **IMMUNOCAL in North America**

Clinical trials are being conducted in North America. The Center of Disease Control (CDC) in Atlanta has reported favourably on the use of IMMUNOCAL in the treatment of AIDS. Harvard Medical School in Boston is studying its application in prostate cancer.

### **IMMUNOCAL in Canada**

An AIDS trial is being funded by top Canadian government agencies. The Nova Scotia Cancer Center at Dalhousie University has published papers on IMMUNOCAL and metastatic cancer. Major universities in Montreal are also studying its application in prostate cancer. Other ongoing research studies include those at King Khalid Hospital on children with Leukemia, Breast Cancer in Halifax, Canada, and on AIDS in Royal Victoria Hospital, Montreal, Canada.

### **IMMUNOCAL in Europe**

Trials at the University of Munich in Germany are investigating the effects on major trauma and surgery patients.

### **IMMUNOCAL in the Rest of the World**

Clinical trials are being conducted in Japan. Japanese studies have shown its positive effects on viral hepatitis.

# Medical Ozone: The Fastest And Most Agressive Treatment

## Autohemotherapy For Neoplastic And Metastatic Cancer

**Cost:** Depends entirely on the doctor's fees.

**Medical Supervision Required:** Ozone is usually an intravenous autohemotherapy, or if necessary, as an injection straight into the tumor. The patient has to travel to the clinic of an Ozone practitioner, usually an M.D. or N.D.

### What is Medical Ozone

Medical Ozone is an important tool in an anti-cancer protocol. All reputable international private cancer clinics in the world use it.

Ozone is the triatomic allotrope of oxygen with a high electro voltaic potential. Medical Ozone (hereafter called Ozone) is a gaseous mixture of Ozone and pure oxygen where Ozone constitutes from 0.1 to 5.0% (1.0 to 100ugO<sub>3</sub>/mlO<sub>2</sub>) and oxygen forms the larger proportion (99.9 to 95%) of the mixture.

It is not to be confused with Ozone generated from air, which contaminates the mixture with oxides of nitrogen. A medical Ozone generator produces it by flowing pure oxygen through a high voltage field. The concentration of Ozone in the mixture is dependent on the voltage, gas flow rate and the space between the electrodes. Well-designed generators will consistently deliver very accurate Ozone concentrations down to 1-0 ugO<sub>3</sub>/mlO<sub>2</sub>.

### Historic Data on the Use of Ozone

The first practical use of Ozone in medicine was reported in 1891 when laboratory tests proved it to be an effective bactericidal agent in the disinfection of polluted drinking water.

One hundred years later it is now recognized as the most effective germicidal agent for this purpose because of its broad-spectrum effect including not only bacteria, but viruses and protozoa as well. Also, because of the fact that it leaves no residue, except for oxygen, and has no adverse effects or toxicity on man. The sterilization of drinking water is still the main use of Ozone in medicine.

Although its germicidal properties were recognized as possibly useful in the treatment of infectious disease, technical problems, e.g., generation, accurate dosage, monitoring, dispensing and application of a strong and potentially toxic gaseous oxidant prevented any significant practical use in treatment. But between 1930 and 1940 three pioneers developed new apparatus and techniques overcoming many of the technical problems, making it possible to use Ozone in the treatment of infectious disease: Dr. Fisch in dentistry, Dr. Payr in surgery and Dr. Aubourg in medicine. Their work provided a firm foundation for the scientific use of Ozone in the Treatment of Infectious Disease in Man.

In 1944 Dr. Pribluda, comparing the efficiency of Ozone and the new antibiotic drug *penicillin*, reported the advantages of Ozone. It worked well with many organisms unaffected by penicillin, produced marked effect in detoxification of septicemia, and marked analgesic effect on many patients with pain, especially rheumatoid arthritis.

With the advent of wide spectrum antibiotics, and the convenience of oral tablets, Ozone became displaced in most practices in the treatment of infectious disease.

### **How Medical Ozone is Used**

Initially medical Ozone was mainly used for local superficial infections such as ulcers, abscesses and fistulae, etc., where the Ozone concentration ranged from 2.0ugO<sub>3</sub>/mlO<sub>2</sub>, as a stimulant for healing for a local superficially infected abrasion, to 100.0ugO<sub>3</sub>/mlO<sub>2</sub> as a potent debriding agent for a deep seated necrotic decubitus ulcer. But Dr. Payr showed that with care and time Ozone gas could be injected directly subcutaneously, intramuscularly or with more time intravenously or intra-arterially without adverse effect. Later Dr. Aubourg showed that insufflating Ozone into the colon was a simple, safe and effective way for getting a large dose into the body for a widespread systemic effect.

Today, the main ways of administering Ozone for a systemic effect are by rectal colonic insufflation or by autohemotherapy, where venous blood is withdrawn into a vacutainer flask, injected with Ozone and then reinfused into the blood stream. Autohemotherapy has to be performed in a physician's office, but rectal insufflation can be done at home by an intelligent, responsible and appropriately trained adult. Dosages by these methods are concentration 10.050.0ugO<sub>3</sub>/mlO<sub>2</sub> for total doses of 20-40mg Ozone.

In case of an inoperable tumor, some doctors inject Ozone directly into the tumor. This method has saved many lives. If you suffer from a weakened condition and succumb to viral or bacterial infections, according to alternative experts the fastest and most aggressive treatment is Ozone.

For systemic infections and cancer the preferred procedure is major auto-hemotherapy, where a small amount of blood is led out from one arm, it is ozonated, then led back through the other arm. Ozone is also used intravenously.

### **How Medical Ozone Works**

The use of oxygen Ozone therapy is based primarily on three properties:

- 1) Direct disinfectant action, antiviral and antibacterial. At a systemic level this happens because of the transformation of peroxides.
- 2) Emoreologic action on red blood cells.
- 3) Stimulating action on the production of red blood cells responsible for the transfer of O<sub>2</sub> to the tissue.

The metabolic action of Ozone on the red blood cells include:

- a) Increased use of sugar
- b) Division of the fat acids
- c) Activation of enzymes that stops the peroxides and free radicals.

### **Research Data Available on Ozone**

Most research data on Ozone that is available relates to its use in the treatment of HIV. Research has proven that medical Ozone inactivates many pathogenic viruses including HIV in vitro. Pilot studies in man suggest positive benefits in the early stages of HIV infection (T-4 cells greater than 400). These include increased T4 and T8 cells, normalizing of T4:T8 ratio, and a general feeling of well-being and minimal evidence of infection. Improvement also occurs in AIDS patients (T4 cells less than 200) but less evidence of T4 cell resurgence.

These studies indicate that at least in vitro there is a good safety margin between the Ozone dose required to inactivate HIV and the earliest suggestion of suppression of lymphocytes. In fact, the lymphocytes are being stimulated at doses that completely inactivates HIV. More work needs to be done to clarify the most effective dosage and means of treating HIV infections with medical Ozone.

Ozone effectively inactivates enveloped and non-enveloped viruses when introduced into suspensions in water effluent and cell culture media. In man Ozone was first reported effective in 1983 in the treatment of Herpes Simplex and Zoster virus, and Hepatitis B virus. The first report of the inactivation of HIV by Ozone was in 1988 at the IV International Conference of AIDS at Stockholm, Sweden.

Results of experiments to date indicate that Ozone has the ability to inactivate extracellular HIV in body fluids and inhibit growth of intracellular HIV at concentrations that are benign to cells.

These findings support the contention that the beneficial results reported on ARC/AIDS patients treated with Ozone may be due to its virucidal activity as has also been hypothesized in the successful treatment of patients with Hepatitis B virus. Ozone is also a broad spectrum bactericidal, protozoicidal and fungicidal, agent, and a stimulator of the immune system

### **Medical Ozone in the United States**

According to the FDA, Ozone is a toxic substance with *no known medical benefit to animals or humans*. The members of the AMA (American Medical Association), that is, all medical doctors in the USA, are forbidden to use medical Ozone in their practice.

Those who use it risk losing their licenses. Some of them even ended up in jail during the last two decades. Despite of these draconian rules, there are a handful of outspoken physician who are using this modality, and are very successful with it. As a result of this medical iron curtain policy, thousands of Americans who can afford it travel every year to Europe and other offshore clinics to be successfully treated there by this 'non-existent' modality.

## DIRECTORY OF PRACTITIONERS THAT USE MEDICAL OZONE

### **Dr. Stanley Beyrle M.D.**

**Location:** Wichita, Kansas

**Tel:** 316-942-2220

### **Dr. Frank Shallenberger M.D. H.M.D.**

**Location:** Nevada

**Tel:** 702-884-3990

**Fax:** 702-884-2202

### **Dr. James Hutton M.D. (Ozone, Ultraviolet Irradiation)**

**Location:** Sedona, Arizona

**Tel:** 5120-204-9748

In British Columbia, Canada, there are several dozens of naturopathic doctors who use Ozone in their medical practice.

### **Dr. Peter Bennett M.D.**

**Location:** British Columbia, Canada

**Tel:** 250-544-4331

**Fax:** 250-544-0076

### **Dr. David Wang, N.D.**

**Location:** British Columbia, Canada

**Tel:** 604-733-0266

**Fax:** 604-733-0264

### **Dr. G. Wasser M.D.**

**Location:** Duisburg, Germany

**Tel:** 011 49 2066 999 999

**Fax:** 011 49-2066 999 997



# Modified Citrus Pectin: A New Anti-Metastasis Substance

## The 100% Anti-Metastatic Jelly

**Developer:** Dr. Kenneth Pienta, Wayne State University Medical School

**Distributors: CJ Patton Center**

**Address:** 151 Mifflin Road

Miller's Burg PA 17061

**Tel:** 717-362-2067

**Fax:** 717-362-3757

**Natural Health Consultants**

**Address:** P.O. Box 1091

Vallejo, California 94590

**Toll-free:** 888 852-4993

**Information Hotline:** 707 554-1820

**Fax:** 707 647-3055

**Klabin Marketing**

**Address:** 2067 Broadway, Ste #700,

New York NY 10023

**Tel:** 800-933-9440 or 212-877-3632

**Cost:** Approximately \$90 per month

**Medical Supervision Required:** Modified Citrus Pectin is an oral medication that can be taken at home, with minimal guidance, as long as the whole protocol is supervised by a qualified doctor.

**What is Modified Citrus Pectin**

Modified Citrus Pectin (MCP) is a commercially available, water-soluble fibre with proven health benefits. It is the new anti-metastasis substance developed by Dr. Kenneth Pienta of Wayne State University Medical School, and is capable of preventing metastasis in prostate cancer. This compound is entirely benign. It is a non-toxic natural product without any harmful side effects. In both animal and human studies it has been shown to be very effective in preventing metastasis.

Pectin is a complex carbohydrate molecule found in most plants but especially citrus fruit. Pectin is used in making jellies and is an ingredient in some anti-diarrhoea medicines. The body does not absorb the long-chain molecule found in grocery store pectin. Dr. Pienta developed an acid process to break down the pectin into microscopic pieces that are small enough to be absorbed into the bloodstream directly. Thus, Modified Citrus Pectin is made from shorter molecular chains and is readily absorbed from the intestinal tract. Once having entered the bloodstream the 'Modified' Pectin attaches itself to tumor cells and prevents them from metastasis.

### **How does MCP work**

MCP is sticky, which is why pectin is used in making jellies. It turns out that cancer cells are particularly susceptible to having Modified Citrus Pectin attach to them because of the nature of their cell membranes. Once the Modified Citrus Pectin has attached itself to the cancer cells floating in the blood stream, the cancer cells become coated and unable to attach themselves to the lining of blood vessels or other potential metastatic sites. This process can only occur in the bloodstream, hence the importance of allowing the short-chained pectin to be absorbed by the body.

Studies in humans are now verifying the effectiveness of this substance. One researcher said that it appears to slow the PSA doubling time in prostate cancer patients. An independent clinic reported, "of nine individuals without metastasis at the beginning of the recorded period, six had not metastasis during the 18 month period, none had metastatic site development after 7 months consumption of modified citrus pectin."

### **What is the Recommended Cancer-fighting Dosage of MCP**

According to one distributing company, Natural Health Consultants, the dose is 15 grams per day. Stirring briskly, dissolve 2 level teaspoonfuls of powder in water, juice, or other liquid drink 3 times daily or as directed by a physician. The capsules at NHC are 500 mg and their recommended dose as a dietary supplement is 3 to 6 capsules per day, though this may be inadequate for its antimetastatic properties.

### **Research Data Available on MCP**

Unlike the much larger CP polysaccharide, galactose-rich MCP may be small enough to access and bind tightly with galectins on the cancer cell surface, saturating the galactose binding sites of the cancer cell lectins, and thereby inhibiting both aggregation of tumor cells and adhesion to normal cells.

Thus deprived of adhesion, the cancer cells fail to metastasize. Undeniably, important gaps still exist in the current understanding of MCP's clinical efficacy and its mode(s) of action. But MCP's apparent safety and proven anti-metastatic action, and the lack of proven therapies against metastasis, together may justify its inclusion into comprehensive orthomolecular

anticancer regimens.

In animal studies modified citrus pectin inhibited spontaneous pulmonary metastases. The ability of cells to metastasize appears to be related, in part, to the cohesiveness between cells. In other words, for a tumor to spread it may require a clump of cells rather than a single cell or a few cells together. Cellular interactions are mediated by a carbohydrate-binding protein at the cell surface called galectin-3.

In human studies there is a correlation between the level of galectin expression and tumor stage. This has been found in human colorectal, gastric and thyroid cancers. In agarose cell cultures, anti-galectin monoclonal antibodies inhibit the growth of tumor cells.

Although, there have not been enough controlled human studies with MCP for mainstream medicine to accept it as an anti-cancer treatment, Modified Citrus Pectin has no known side effects, and is therefore a relatively safe treatment modality. It is important to remember that MCP doesn't kill tumors, it doesn't shrink them, or prevent them from growing. However, what it does according to all the available reports, is equally important: it prevents cancer from spreading in the body.

# Pulse Modulate Microwave Hyperthermia: Targeted Cancer Cell Busters

**Treatment Provider:** Santa Monica Hospital, Mexico.

**Information Hotline:** 800-359-6547

It is possible to discuss a case by telephone with Dr. Donsbach, or one of his doctors.

**Cost:** Approximately \$16,000 for a three-week clinical treatment and follow-up home program. Many American health insurance companies are willing to reimburse partially or fully the cost.

**Medical Supervision Required:** Microwave Hyperthermia is available only at Dr. Donsbach's clinic in Mexico. The patient has to travel to the clinic for the duration of three weeks for this procedure.

## **What is Pulse Modulated Microwave Hyperthermia**

Pulse Modulated Microwave Hyperthermia, the Al-Don microwave method developed by Drs. Donsbach and Alsleben, in conjunction with Cheung Laboratories, kills or damages cancer cells, starves cancer cells and helps to poison cancer cells without damaging normal tissue. The only clinic in the world that offers this treatment is at Santa Monica, New Mexico.

With Pulse Modulated Microwave Hyperthermia, three dramatic therapeutic benefits are possible:

1. Exposure of tumor tissue to 915 megH. frequencies and wave forms;
2. Thermal heating of tumor tissue to cancer cell critical temperatures;
3. Micro-transmission of neural-healing encoded instructions to assist in tumor regression.

## **How Does Pulse Modulated Microwave Hyperthermia Work**

Controlled Pulse Modulated Microwave exposure of a tumor has proved to be very effective in not only destroying or reducing tumor mass, but also undermining the cancer cell's ability to survive, resist immune assault and obtain adequate nourishment.

Microwave heating of the tumor mass is accomplished by very sophisticated instruments which monitor the energy delivered to the tumor cells. Tumor hyperthermia, increased heat in the tumor, is accomplished by directing a carefully controlled microwave beam of energy into the mass of the tumor to increase its temperature to the bio-critical level. At this temperature, a number of things happen to the cancer cells that affect their viability.

To understand these effects, we must discover how cancer cells are born, how they reproduce and obtain nourishment, and how they resist attack by the immune system, chemo-therapeutic drugs and radiation:

1. Cancer cells can be compared to orderly citizens who have suddenly become disorderly. They seem to evolve without regard to the rules by which normal cells live and grow. The effect may be genetic in that the genetic code may have an instruction to produce a cancer cell, or something normal within the code may have been modified to become abnormal.
2. Cancer cells may come about as a result of chemical or electromagnetic damage to a normal cell which, short of killing it, caused it to become cancerous.
3. Cancer cells may come about as a result of a normal cell changing its characteristics in response to an alien agent, chemical, virus, bacteria, fungus, mold or nerve transmission.

Pulse Modulated Microwave Hyperthermia is our most dramatic physical modality to induce tumor regression and cancer cell destruction. As cells (both normal and cancerous) multiply, they require more nourishment that only blood can provide. All tissue cells contain instructions within their genetic code that stimulate the growth of new blood vessels to supply their accelerated growth.

Cancer cells have a deranged instructional pattern or blueprint for making new blood vessels which causes the new vessels to be defective. This results in inadequate and inefficient blood supply to the rapidly expanding growth. Heating tissue, whether in normal or cancerous tissue, causes the cells to increase their metabolic rate. An increased metabolism results in an increased demand for nourishment and an increased population of waste products.

Normal tissue are able to obtain adequate nourishment and detoxification because they have an adequate and competent blood and lymph supply. Cancer tissue has an inadequate and incompetent blood and lymph supply, therefore, nourishment and detoxification are impeded. The cancer cells starve at the same time they undergo a self-induced toxic self-destruction. In the process of losing their grip on life, they become more susceptible to immune system attack, chemotherapy, radiation and specific nutrient factors which can create a more normal environment not compatible with tumor growth.

It is known that blood flow increases with the application of heat. When normal tissue is heated by microwave hyperthermia, the blood flow can increase by a factor of ten, whereas tumor circulation increases by a factor of only one or two. When microthermal heating (applied for 30-60 minutes) is stopped in normal tissue, the blood flow returns to the pre-treatment normal very quickly. In tumors, the blood flow falls far below what it was before

treatment. This results in continued and rapid starvation of the tumor cells while there is no adverse effect on normal tissue. Cancer cells require huge amounts of energy which they obtain largely from glucose sugars in the body. The reduced blood flow reduces the available fuel energy, thereby starving the cancer cells.

This factor has been capitalized on by utilizing substances which selectively block the tumor cell's ability to metabolize glucose. These formulas, developed by Dr. Donsbach, are carried to the target cells by cellular trophic (carrier molecule) nutrients so that the cancer cells are further starved for energy. With their energy supply and structural integrity disrupted, the cancer cells have less resistance to immune system attack and the tumor repressive effects of specific nutrients.

Another important factor concerns information going to the tissues and cells via nerve fibers. Nerve impulses give instructions to the cells that control their metabolism and permeability which determine metabolic functions, rate, resistance and porosity of the cell wall. Permeability changes control the intake of nutrients and output of toxins. Cancer cells are "renegades." They are not connected to the intelligence network of the nervous system. They operate completely on their internal genetically programmed "instinct."

Could cancer cells be brought under better control if they received normal nerve instructions? Microwaves can transmit normal neural intelligence if it is properly encoded into frequency patterns which they can carry. Unlike other instruments, our microwave generators have devices attached to them that can transmit normal brain wave and specific laser frequencies into the tumor to modulate cancer cell functions.

Finally, it is well known that certain viruses, bacteria and fungi are associated with tumor production and growth. These dangerous and destructive microbes are rendered ineffective, damaged or dead by microwave energy when the temperature reaches the cancer cell big-critical temperature.

The microwave instruments are specially designed to function completely on the outside of the body. Sophisticated energy control computer programs measure and monitor the precise temperatures being generated. The equipment have built-in, fail-safe energy control circuit breakers which prevent temperatures harmful to normal tissues.

# Chelidonium/Thiotepa Injections (Ukrain)

## Non-Toxic Chemotherapy

**Developer:** Dr. Wassyl J. Nowicky

**Manufacturer:** Ukrainian Anti-Cancer Institute

**Website:** <http://www.ukrin.com/>

**Address:** Margaretenstrasse 717,  
A-1040, Vienna, Austria

**Tel:** 43 1 586 12 23

**E-mail:** [nowicky@ukrin.com](mailto:nowicky@ukrin.com)

**Cost of Treatment:** This medication is quite expensive. The yearly cost of the injections can be upwards of \$10,000-15,000.

**Medical Supervision Required:** UKRAIN is an intravenous procedure. Since it requires regular treatment for a longer duration, often as long as a year, the patient should find a local doctor who will administer the treatments.

### **What is Chelidonium/Thiotepa (UKRAIN)**

Chelidonium/Thiotepa injections, also known as UKRAIN, are as powerful as the strongest chemotherapeutic substances used by standard Allopathic medicine, with one enormous difference: it is entirely non-toxic. C/T has shown 100% growth inhibition when tested against 100 different cancer cell lines. It is highly toxic to cancer cells through various biochemical activities.

Made of a common herb Chelidonium and of a synthetic drug Thiotepa, this substance so unique because the combination of the herb and drug creates a mixture that is almost totally non-toxic to healthy cells.

C/T was unveiled at the 13th International Congress of Chemotherapy in Vienna in August 1983. It is classified as a semisynthetic "reaction product". The formula has been patented both in Europe and in the USA.

### **How does C/T (UKRAIN) Work**

C/T possesses a strong attraction (Cytotoxic selectivity) for cancer cells, and when exposed to ultraviolet light, it glows. For these reasons, it can be used to determine whether a suspicious growth is malignant.

The product had been tested with 70 terminal cancer patients in Austria, under the control of the Ministry of Science and Research of Austria. The drug was found "Cytostatic or cytotoxic to human leukemias, non small and small cell lung cancers, colon cancers, central nervous system cancer, melanomas, ovarian cancer and renal cancer, among others."

### **How is C/T (UKRAIN) Used**

The drug is administered either intramuscularly or intravenously either every day or every second to fifth day, for ten days to three months. Definite changes in blood parameters and/or metastases are observable when remission of tumors and/or metastases occur.

The drug also normalizes the metabolism and especially the equilibrium of mineral salts and trace elements, even without corresponding changes in the diet of the patients.

### **Research on C/T (UKRAIN)**

Clinical trials are underway in many countries. The efficacy of C/t has been proven in 46 universities and research institutes by over 150 scientists from 16 countries. Their results have been presented at more than 150 international medical congresses and published in more than 100 scientific articles.

Detailed documentation on hundreds of animal and human clinical trials is available from the manufacturer. Treatment protocol can be discussed with the research staff. The contact persons speak excellent English.

### **C/T (UKRAIN) in the United States**

In North America the medical establishment shows no interest in the product. There is no distribution available in the US, the drug must be ordered directly from Austria. In order to establish a major drug in American mainstream medicine, several hundred millions of dollars are needed. As a direct result of this policy, available mainstream cancer treatments are all variations on the same old therapeutic theme: highly toxic chemotherapy and radiation.



## TESTIMONIALS

**Dr. Robert Atkins, MD, regards this compound as the single best anticancer agent he has tested to date:** “Like chemotherapy, it kills cancer cells very well but, unlike chemotherapy, it spares normal cells, healthy tissue. If the medical community were willing to give it a try, it could replace chemotherapy in treating almost all cancers.

C/T can do everything that conventional chemotherapy does but without any side effects, so it renders chemotherapy largely unnecessary.“

**Dr. Jesse Stoff, MD, recommends the use of C/T for the treatment of cancer patients:** “I use it for solid tumors such as breast, lung, and colon. It also supports liver function in important ways.”

**Dr. Brodie, MD says:** “The main advantage of the drug is that it apparently selectively kills cancer cells, and not only does no harm to the body's defences, it actually fortifies them.”

**Dr. Wolfgang Kostler, MD has observed:** “C/T alters the oxygen consumption of cancer cells in an irreversible manner. Since the cancer cell stops "breathing" (called cell respiration) at this point, after 15 minutes of C/t treatment, they die.”

**DIRECTORY OF DOCTORS THAT USE CHELIDONIUM/THIOTEPA  
INJECTIONS (UKRAIN) (UNITED STATES)**

**Dr. Robert C. Atkins, MD**

**Tel:** 212-758 2110

**Fax:** 212-754- 4284

**Location:** New York

**Dr. Douglas Brodie, MD**

**Tel:** 702-324-7071

**Fax:** 702-324-7639

**Location:** Reno, Nevada

**Dr. Jesse Stoff, MD**

**Tel:** 520-290-4516

**Fax:** 520-290-6403

**Location:** Tucson, Arizona

# Beta Glucan: A Powerful Immune System Booster

## Beta-1,3-Glucan: Cancer Fighting Agent

### **Distributors: Light Resources Unlimited Inc.**

**Address:** 3439 S.E. Sandy Blvd., Suite 259  
Portland, Oregon 97232  
**Tel:** 1-888-342-3530 or 503-229-1052

### **Ameriden**

**Address:** P.O. Box 1870 Fallbrook,  
CA 92088  
**Tel:** 760-728-0747

### **ImmuDyne, Inc.**

**Address:** 11200 Wilcrest Green Dr.  
Houston, TX 77042  
**Toll-free:** 1-888-246-6839  
**Tel:** 713/783-7034  
**Fax:** 713/783-6819

**Cost:** Approx. \$30 - 35 for a bottle of 60 capsules. Also available as an oral spray.

**Medical Supervision Required:** Treatment with Beta Glucan requires medical supervision.

### **What is Beta-1,3 Glucan**

Ever since the 1940s, scientists have been honing their knowledge of the remarkable abilities of a simple substance derived from baker's yeast to effectively stimulate and activate the immune system and to work therapeutically in cancer, ulcers, radiation exposure, infection and trauma. The name of this substance is Beta-1,3-Glucan.

Beta Glucan is primarily cultured extract of Baker's Yeast cell wall. It is used as an immunostimulant. Beta glucans are sugar molecules (polysaccharides). They are found bound together as a sugar/protein complex. Certain plants and microorganisms are naturally high in this polysaccharide compound. The richest concentrated source is baker's yeast cell walls. (Because there is basically no yeast left in the products and they have low protein levels, it is considered hypoallergenic.) It is present in lesser amounts in mushroom

extracts and Lentinen, Barley, Oat, etc. Sodium alginate is also an excellent source, but the high sodium content is a major drawback in the processing for supplemental use. An expensive research extract called Zymosan™ has been used for doing research for over 45 years. Much of the research has been in combining it with conventional approaches, such as chemotherapy, but it has been found to work well on its own.

What glucans seem to do is to stimulate/irritate your white blood cells called Macrophages into action. There is actually beta glucan receptors displayed by immune cells that the lectin fits right into like a lock and key and switches on or activates the macrophage to do it's job, which is to clean up. Increased macrophage activity triggers a whole cascade of immune events, which basically boost immune response, which improves Natural Host Resistance. It also stimulates the production of immune cells.

### **How does Beta Glucan work**

Research at Harvard University in the 1980s showed that the macrophage - a key immune system white blood cell that "eats" unwanted, foreign microbes - has a specific receptor for Beta Glucan. In non-technical terms, we might say the yeast talks directly to the immune cell. When the macrophage is activated by this contact, it starts a "cascade of events turning the cells into an 'arsenal of defense'" explains Donald J. Carrow, M.D., a physician based in Tampa, Florida, who has used Beta Glucan successfully with many patients.

Dr. Carrow further notes that the specificity of this macrophage receptor site may explain why beta glucan "is one of the most potent stimulators of the immune response". Dr. Carrow says that "there is now evidence to show that Beta Glucan is, from an evolutionary point of view, the most widely and most commonly observed macrophage activator in nature."

### **Research data available on Beta Glucan**

The research supporting the claims for Beta Glucan as an immune system activator has been building steadily in recent decades. In 1996 alone, 144 scientific studies were published on the medical uses of Beta Glucan. One fact has consistently emerged from these studies: Beta Glucan produces its multiple broad-scale immune effects by being a *nonspecific* immune stimulator. This means it causes a response capable of being directed at many conditions, perhaps all.

Beta Glucan's beneficial role in treating cancer was illuminated in 1975 by Peter W. Mansell, M.D., and colleagues, as reported in the *Journal of the National Cancer Institute*. Nodules of malignant skin cancer in nine patients were injected with Beta Glucan. The size of the cancer lesions was "strikingly reduced in as short a period as five days" and in small lesions "resolution was complete," Dr. Mansell reported.

In the mid-1980s, researchers at Tulane University School of Medicine reported that Beta Glucan injected directly into chest-wall malignant ulcers (in women who had already undergone mastectomy and radiation therapy for breast cancer) healed the sores completely.

Beta Glucan radiation protection effects were shown in 1985 when the U.S. Armed Forces Radiobiology Research Institute announced the results of their recent experiments. Dr. Myra D. Patchen, M.D., and her team at the Institute exposed mice to lethal doses of radiation. When the mice were given an oral dose of Beta Glucan *after* the radiation exposure, 70% were completely protected from the damaging effects.

The ingestion produced measurable increases in the production of key immune cell components, Dr. Patchen reported. She also suggested that Beta Glucan should be considered as an effective way of rebuilding the immune system and preventing infection following chemotherapy and radiation in cancer treatment.

Dr. Patchen further suggested that Beta Glucan appears to work as a free radical scavenger. She believes it may even protect the macrophages from damage by radiation, toxins, heavy metals, invading microbes, and other poisons (collectively called free radicals) in the body.

Dr. William Browder, M.D., of Tulane University in New Orleans reported on the benefits of using Beta Glucan to stimulate immune response and prevent infection in patients undergoing surgery for physical trauma. In his study, 21 patients received Beta Glucan intravenously every day for one week. Dr. Browder reported that the incidence of infection in these patients was "significantly reduced" compared to the rate among those who did not receive Beta Glucan therapy. The Beta Glucan -treated patients also had a greater increase in key immune factors within three days and a *much lower mortality rate (0% compared to 29%)* than the non- Beta Glucan -treated group.

In his own clinical practice, Dr. Carrow has tested Beta Glucan on a variety of conditions, including cancer and ulcers, and for general health maintenance. Dr. Carrow injected a skin cancer lesion with 10 mg of beta-1,3-glucan and within three months the tumor had completely disappeared, he reports. Five breast cancer patients undergoing radiation took 7.5 mg daily of Beta Glucan and were free of radiation injuries to the skin. By applying Beta Glucan topically to ulcers on two patients, Dr. Carrow was able to heal them completely within two months.

Here are a few of the abstract references available:

- Anti-Tumor Effects. Mediates Destruction of Malignant Cells (J. Nat'l. Cancer Inst. 54, No.3:571, 1975)

- Inhibits Tumor Growth & Enhances Survival Rates (Adv. Exp. Med. Biol. 121A: 269-290, 1980)
- Stimulates Tumor Cell Destruction (Scand.J.Immunol. 15:297-304 / Diss.Abst. Int.Sci. 48:1263, 1987)
- Improved Host Resistance to all types of different infections (Trends in Pharm.Sciences, 433:344-347, 1983)
- Haults & Reverses Radiation Damage. (Radiation Research 117:59-69, 1989 / USAF Radiobiology Inst., Bethesda, MD)
- Immunomodulation and anti-cancer activity of polysaccharide-proteincomplexes.  
Curr Med Chem 2000 Jul;7(7):715-29/ Ooi VE, Liu F./ Department of Biology, The Chinese University of Hong Kong, Shatin, N.T., Hong Kong.

In Japan, extracts containing various types of Beta glucan have been used to successfully assist in treating cancer patients for the last 20 years. See Aoki, T. Chapter 4, Lentinan. In: Modulation Agents and their Mechanism. Richard L. Fenichel (Ed), Marcel Dekker, Inc., New York and Basel, pp 63-77 (1984).

There appears to be a synergistic relationship between Beta-Glucan and Vitamin C, so many clinics combine both in their treatments.

From the above cases it is obvious that Beta Glucan is a powerful adjunctive agent in an anti-cancer protocol. It is not a cure in itself, but it can assist in controlling and reversing cancer in an effective and beneficial way. It is reported to be entirely non-toxic.

# Dr. Budwig's Cancer Protocol: The Most Successful Anti-Cancer Diet In The World

## Lifesaving Fats & Proteins

**Medical Supervision Not Required:** This is a dietary protocol and requires no medical supervision.

### Who is Dr. Johanna Budwig?

Dr. Johanna Budwig is known and highly respected around the world as Germany's premier biochemist. In addition, Dr. Budwig holds a Ph.D. in Natural Science, has undergone medical training, and was schooled in pharmaceutical science, physics, botany and biology.

She is best known for her extensive research on the properties and benefits of flaxseed oil combined with sulphurated proteins in the diet, and over the years has published a number of books on the subject, including "Cancer--A Fat Problem," "The Death of the Tumor," and "True Health Against Arteriosclerosis, Heart Infarction & Cancer."

In the mid 1950's, Dr. Budwig began her long and meticulous research on the importance of essential fatty acids (linoleic and linolenic) in the diet. Her subsequent discoveries and announcements sparked mixed reactions. While the general public was eager for this astounding information, German manufacturers of commercial dietary fats (margarine, hard shortening, vegetable oils, etc.) went to extremes to prevent her from publishing her findings.

Fortunately, while Dr. Budwig's vital announcements were initially met with resistance backed by those with financial stakes in the commercial fats industry, her persistence paid off. Today, Dr. Johanna Budwig is world renowned for her important discoveries on the benefits of flaxseed oil. Her fame precedes her as she lectures all over Europe.

Dr. Budwig found that the blood of seriously ill cancer patients was deficient in certain important essential ingredients which included substances called phosphatides and lipoproteins, while the blood of a healthy person always contains sufficient quantities of these essential ingredients. She found that when these natural ingredients were replaced over approximately a three month period, tumors gradually receded, weakness and anemia disappeared and life energy was restored. Symptoms of cancer, liver dysfunction and diabetes were alleviated.

Dr. Budwig then discovered an all natural way for people to replace those essential ingredients their bodies so desperately needed in their daily diet. By simply eating a combination of just two natural and delicious foods not only can cancer be prevented but in case after case it was actually cured. These two natural foods, organic flax seed oil and cottage cheese must be eaten together to be effective since one triggers the properties of the other to be released.

After more than 10 years of solid clinical application, Dr. Budwig's natural formula has proven successful where many orthodox remedies have failed. Dr. Budwig's formula has been used therapeutically in Europe for prevention of: cancer, arteriosclerosis, strokes, cardiac infarction, stomach ulcers (normalizes gastric juices), Prostate (hypertopic), arthritis (exerts a favorable influence), eczema (assists all skin diseases), and even immune deficiencies.

Thousands have been helped by her protocol. Testimonials can be found for almost every type of cancer and tumors, even late stage. Dr. Budwig has assisted many seriously ill individuals, even those given up as terminal by orthodox medical practitioners, to regain their health through a simple regimen of nutrition. The basis of Dr. Budwig's program is the use of flaxseed oil blended with low-fat cottage cheese.

Dr. Budwig claims that the diet is both a preventative and a curative. She says the absence of linol-acids [in the average western diet] is responsible for the production of oxydase, which induces cancer growth and is the cause of many other chronic disorders.

Dr. Budwig has assisted many seriously ill individuals, even those given up as terminal by orthodox medical practitioners, to regain their health through a simple regimen of nutrition.

### **How Does the Budwig Protocol Work**

Dr. Budwig preached against the use of what she calls "pseudo" fats. In order to extend the shelf life of their products, manufacturers use chemical processes that render their food products harmful to the body. These harmful fats go by a number of names, including "hydrogenated," "partially hydrogenated" and even "polyunsaturated."

The chemical processing of fats destroys the vital electron cloud within the fat. Once the electrons have been removed, these fats can no longer bind with oxygen, and they actually become a harmful substance deposited within the body. The heart, for instance, rejects these fats and they end up as inorganic fatty deposits on the heart muscle itself.

Chemically processed fats are not water-soluble when bound to protein. They



end up blocking circulation, damage heart action, inhibit cell renewal and impede the free flow of blood and lymph fluids. The bio-electrical action in these areas slows down and may become completely paralyzed. The entire organism shows a measurable loss of electrical energy which is replenished only by adding active lipids to the diet. These nutritional fats are truly vital for man and beast alike.

Science has proven that fats play an important role in the functioning of the entire body. Fats (lipids) are vital for all growth processing, renewal of cells, brain and nerve functions, even for the sensory organs (eyes and ears), and for the body's adjustment to heat, cold and quick temperature changes. Our energy resources are based on lipid metabolism. To function efficiently, cells require true polyunsaturated, live electron-rich lipids, present in abundance in raw flaxseed oil. True polyunsaturated fats greedily absorb proteins and oxygen and pump them through the system.

Lipids are only water-soluble and free-flowing when bound to protein; thus the importance of protein-rich cottage cheese. When high quality, electron-rich fats are combined with proteins, the electrons are protected until the body requires energy. This energy source is then fully and immediately available to the body on demand, as nature intended.

Since Dr. Johanna Budwig's findings on the benefits of flaxseed oil have been widely publicized, scientists around the world have eagerly jumped on the bandwagon. Studies conducted using flaxseed oil on numerous disorders have been pouring in from all over the world, showing impressive results, including anti-tumor activity, increased metabolism, greatly boosted immune system, reduced cholesterol levels, normalized blood pressure levels and inhibition of cancer cell growth. Books, research reports, articles and testimonials abound, all touting the healthy benefits achieved by supplementing the diet with organic, raw, cold-pressed flaxseed oil with low-fat cottage cheese. Dr. Budwig's research was based on using the ratio of 2 tablespoons flaxseed oil mixed with one-quarter cup of low fat cottage cheese.

Backed with all this extensive research, the indisputable fact is: Supplementing your diet daily with flaxseed oil combined with sulphurated proteins could very well be the most important thing you do for yourself every day.

The theory is: the use of oxygen in the organism can be stimulated by protein compounds of sulphuric content, which make oils water-soluble and which is present in cheese, nuts, onion and leek vegetables such as leek, chive, onion and garlic, but especially cottage cheese.

It is essential to use only unrefined, cold-pressed oils with high linolic acid content, such as linseed, sunflower, soya, poppyseed, walnut, and flax oils. Such oil should be consumed together with foods containing the right proteins

otherwise the oils will have the opposite effect, causing more harm than good.

The best combination is cottage cheese and linseed oil. The linseed should be freshly ground. Carbohydrates containing natural sugar, such as dates, figs, pears, apples and grapes, can also be included in the diet. Honey is also beneficial. She feels most of the synthetic vitamin A preparations are bad because they contain oxidation products, but much carotene as pro-vitamin A (from carrot) is consumed. Vitamin B from buttermilk, yogurt, and natural yeast is beneficial. A person requires daily about 4 oz. of cottage cheese mixed well with 1.5 oz. of linseed oil. The mixture can be sweetened with honey or otherwise flavored naturally. Fresh fruits can be added.

The flaxseed (Linseed) oil diet was re-examined by Dr. Dan C. Roehm M.D. FACP (Oncologist and former cardiologist) in 1990. Dr. Roehm claims: "This diet is far and away the most successful anti-cancer diet in the world".

Dr. Budwig says the absence of linol-acids in the average western diet is responsible for the production of oxydase, which induces cancer growth and is the cause of many other chronic disorders. The beneficial oxydase ferments are destroyed by heating or boiling oils in foods, and by nitrates used for preserving meat, etc.

### **How is the Budwig Protocol Administered**

A person requires daily about 4 oz. of cottage cheese mixed well with 1.5 oz. of linseed oil and 1 oz. of milk. A blender or egg beater works fine. The mixture can be sweetened with honey or otherwise flavoured naturally. Fresh fruits can be added to the mixture as well. Every morning 2 spoonfuls of freshly ground linseed oil should be taken in lukewarm buttermilk or yoghurt.

The diet is indicated for all kinds of chronic diseases, especially heart ailments (coronary thrombosis), gall disorders, diabetes, arthritis, and malignancies. It improves failing hearing and sight. It is the ideal nutrient for children and infants. It is suggested that this diet be supplemented with lactic acid ferments.

The patient has no nourishment on day #1 other than 250 ml (8.5 oz) of Flax Oil with honey plus freshly squeezed fruit juices (no sugar added!).

In the case of a very ill person, champagne may be added on the first day in place of juice and is taken with the Flax Oil and honey. Champagne is easily absorbable and has a serious purpose here.

1) Sugar is absolutely forbidden.

2) Other 'forbiddens' are:

- All animal fats.
- All Salad Oils (this includes commercial mayonnaise)
- All Meats (chemicals & hormones)
- Butter
- Margarine
- Preserved Meats (the preservatives block metabolism even of Flax Oil)

3) Freshly squeezed vegetable juices are fine, such as carrot, celery, apple, and red beet. Grape juice may be added to sweeten any other freshly squeezed juices.

4) Three times daily a warm tea is essential - peppermint, rose hips or grape tea - all sweetened as desired with honey. One cup of black tea before noon is fine.

You will have to remain on this diet for a good 5 years, at which time your tumour may have disappeared. Persons who break the rules of this diet, Dr Budwig reports, (i.e., eating preserved meats, candy, etc) will sometimes grow rapidly worse and cannot be saved after they come back from their spree.

### **What is the Budwig Protocol Daily Diet Plan**

Before breakfast - a glass of Acidophilus milk or Sauerkraut juice is to be taken.

Breakfast consists of Muesli (regular cereal), which is overlaid with 2 tablespoons (30 ml) of Flax Oil and honey and fresh fruit according to season - berries, cherries, apricots, peaches, grated apple. Vary the flavour from day to day. Use any nuts except peanuts! Herbal teas as desired or black tea. juice with 1-2 tablespoons of honey-coated Flax Seeds.

A 4 oz (120 g) serving of the Spread (see directions below) can be eaten by itself like a custard, or added to other foods taken during the day. Morning tea (not literally tea but a break), taken at 10am, consists of a glass of fresh carrot juice, apple, celery, or beet-apple juice.

Lunch, consists of raw salad with yoghurt and flax oil mayonnaise (see directions below). In addition to 'green' salads, use grated turnips, carrots, kohlrabi, radishes, sauerkraut or cauliflower. A fine powder of horseradish, chives or parsley may be added for additional flavour.

Cooked meal courses such as steamed vegetables, potatoes, or such grains as rice, buck-wheat or millet may be served as well. To these add either the Spread or the Mayonnaise - for flavour and to increase your intake of flax oil. Also mix the Spread with potatoes, and for an especially hearty meal, add caraway, chives, parsley or other herbs.

Dessert consists of a mix fresh fruit other than those used for breakfast with the spread, this time (instead of honey), flavour using cream of lemon, vanilla or berries.

Afternoon tea is taken at 4 pm and consists of a small glass of natural wine (no preservatives) or champagne or fresh fruit juice with 1-2 tablespoons of honey-coated Flax Seeds.

Supper is early, at 6pm. Make a hot meal using buckwheat, oat or soy cakes. Grits from buckwheat are the very best and can be placed in a vegetable soup, or in a more solid form of cakes with herbal sauce. Sweet sauces and soups can always be given far more healing energy by adding the Spread (See Recipe Below).

### **How to prepare 'The Spread'**

Place 250 ml (8.5 oz) Flax Oil into a mixer bowl and add one pound (450 g) of 1% Cottage Cheese and add 4 tablespoons (60 ml) of Honey. Turn on the mixer and add just enough low fat milk or water to get the contents of the bowl to blend in together. In 5 minutes, a preparation of custard consistency results that has no taste of the oil (and no oily 'ring' should be seen when you rinse out the bowl).

Alternatively, you can use Yoghurt instead of Cottage Cheese in proportions of 1 oz (30 g) of Yoghurt to 1 tablespoon (15 ml) each of Flax Oil and of honey and blend as above.

**Note:** When Flax Oil is blended like this, it reacts chemically with the (sulphur) proteins of the cottage cheese, yoghurt, etc., and does not cause diarrhoea even when ingested in large amounts.

### **How to prepare 'The Mayonnaise'**

Mix together 2 tablespoons (30 ml) Flax Oil, 2 tablespoons (30 ml) milk, and 2 tablespoons (30 ml) Yoghurt. Then add 2 tablespoons (30 ml) of Lemon juice (or Apple Cider Vinegar) and add 1 teaspoon (2.5g) Mustard plus some herbs such as marjoram or dill. Next add 2 or 3 slices of health food store pickles (no preservatives! - read label!) and a pinch of herbal salts.

### **Some Additional Information**

Flax (Linseed) Oil is readily denatured by oxygen, heat, and light. That's why it is used in paint. Rancid oil is bad for health, so the must be carefully

produced, packed under nitrogen in light-proof containers, refrigerated until used, used as fresh as possible, and stabilised with protein (as in the spread) promptly once the container is opened.

Flax Seeds may also be used. Seeds need only be cracked in a food blender, or they may be ground in a coffee grinder. One needs three times the amount of seed to get the oil equivalent. Seeds are high in calories, so one may gain weight. The seeds are also high in soluble fibre, so blending with liquid tends to produce ever-hardening "jellies". Fresh-cracked seed sprinkled on muesli and eaten promptly tastes great.

## TESTIMONIAL

The following is a report from a person, a former cancer patient, who regained his health using Dr. Budwig's method. It contains a wealth of details concerning the use of this dietary regime. For this reason we decided to include it in our presentation, despite the fact that the narrator and his acquaintances used the protocol as a mono-therapy. They were not aware of other holistic treatments, and for many of them this one worked. Nevertheless, the flaxseed method should be part of a comprehensive therapy, and not to be used as the only agent in the treatment.

### **A Tape Transcription by Clifford Beckwith**

As I narrate this in July, 1998 seven and a half years have passed since I was found to have stage four prostate cancer. As I learned later I should have been dead at least seven years. What follows is an account of things that were done by me and by many other people. The accounts that follow are not to be considered as specific advice, but the information given may be used by any individual as he or she sees fit, as is the right of any person.

In January 1991 I was diagnosed with Advanced Prostate Cancer. Bone scans and other tests indicated no spread so it was decided to operate. During the operation it was discovered that the cancer had spread to the Lymph glands making it stage four. The operation was not completed as that would not be the answer.

The only treatment used was Lupron and Eulexin to cancel the male hormones. The male hormone does not cause cancer, but if cancer is present it is like throwing kerosene on a fire.

At the time of the operation my brother sent me a book, The Cancer Answer by Al Carter. He is a medical research journalist and very knowledgeable. He says scientists can cure cancer. "I know how, and I learned it from them." It is available from American Institute of Reboundology, Inc. - 3585 N. University Ave., Suite 300 Provo, Utah 84604. He also has a recent video tape on the immune system as it relates to Cancer.

He quoted from another book, "How to fight Cancer and Win" by Fischer. There are three chapters on oils describing the work of Dr. Johanna Budwig in Germany. She is a Biochemist and blood specialist who has been treating cancer of all kinds with nothing but cottage cheese and Flaxseed Oil for over 16 years. She says that people with cancer have blood that is low in Omega 3 and Omega 6 fatty acids and the blood has a greenish cast. Flaxseed oil is 56% Omega 3 and 16% Omega 6. Recently I read that most people have

blood that is 80% deficient in Omega 3. Dr. Budwig has taken patients sometimes given only hours to live and restored them to health.

Doctors had attempted to treat patients with sources of Omega 3 but had not been consistently successful. Dr. Budwig's research found that in order for these fatty acids to be fully available to the body, they must be tied to a sulfur based protein; the best source of which is cottage cheese. Depending on the severity of the condition she had her patients use 3 to 7 Tbsps. of Flaxseed oil a day, with at least 4 oz or 1/2 cup of cottage cheese per day.

I would use at least 1/4 cup cottage cheese per Tbs. of oil if 4 or less Tbsps were used per day and I'd split that up so that I took them at 4 different times, although there are no specific guidelines. After 3 months of treatment, the blood would be bright red, the tumors disappearing and the amount of oil reduced to 1 Tbs. per day for maintenance. Yogurt will take the place of cottage cheese but more of it is needed

Flaxseed oil is increasingly available in health food stores though it must be fresh and cold. It will keep a year in a freezer, 4 months in a refrigerator but only 3 weeks at room temperature.

Barlean, in Ferndale WA, 1-800-445-3529, was, I believe, the first company in the US to process Flax oil for food and is an excellent source. Another source is Flora Inc. in Lynden, WA; 1-800-446-2110. Nature's Distributors in Arizona, 1-800-624-7114, is also an excellent source.

We have recently learned that Omega Nutrition Canada, Inc. 1924 Franklin St. Vancouver. B. C. V5L 1R2 was the first company to process Flax oil in the Western Hemisphere. Omega Nutrition USA Inc. 5373 Guide Meridian, B22 Bellingham ;WA 98226 is the US outlet. Their toll free number is 800-661-3529.

They have a variety of information available on the value and use of Flaxseed Oil and other products as do the other companies previously cited.

When I began looking for sources of Flaxseed Oil the sources were quite limited, but, as the realization of the value of this material has grown, there are now more companies producing it.

I have been told by one company that, while they feel their product has somewhat of an edge, all these oils are good as long as they are cold pressed, fresh and kept cold. This cannot be over emphasized; I would be skeptical of any Flaxseed Oil that was kept on a store shelf at room temperature.

In "How to Fight Cancer and Win", an account is given of a young woman, 35, who had cancer so advanced she could no longer eat. She was given enemas of Flax oil and skim milk. In a short time she was able to eat and in three months she was home taking care of her family. The three chapters on oils are worth the price of the book.

I immediately found a source of the oil and started. At the time I had no real guidelines so used 2 tbsps of oil a day for six months. At the time of the attempted operation my SPA count was 75. It was six months before I had the second PSA.

At 4:45 the following Monday a call came from the doctor's office and the office girl exclaimed "Mr. Beckwith! Your count is completely normal!" It was 0.1 and 0.4 is normal. From that time until this, October 1996, at 6 month intervals, the count has ranged from 0.0 to 0.16.

I have a cousin in California who lost his wife to cancer a number of years ago. He is militantly trying to get American doctors to look at this approach. He's talked to a group in Spain using an Omega 3 approach that is getting a 95% cure rate. Nothing in American medicine approaches that degree of success.

In 1994 he talked to Dr. Budwig. She said "I have the answer to cancer, but American doctors won't listen. They come here and observe my methods and are impressed. Then they want to make a special deal so they can take it home and make a lot of money. I won't do it, so I'm blackballed in every country." Dr. Budwig has been nominated for a Nobel prize 7 times, but her methods have incurred the wrath of the establishment and she is passed over. Especially upsetting is her refusal to use radiation or chemotherapy.

In the summer of 1991 we were at a Bible conference in Northern Ohio. While there a friend told me that he knew a doctor in Northwest Ohio who developed terminal cancer. He took a nutritional approach and apparently recovered in 5 months. Now when a patient of his is diagnosed with cancer, he says "I can tell you the standard treatments, and I can tell you what works. Which do you want?"

Shortly after I found I had cancer my brother in California heard of a casual acquaintance who had prostate cancer and went to see him. He told him of these alternative approaches and his wife, who is an RN, practically threw him out. She said that if there was anything that would help, the doctors would be doing it and the only things that do any good are radiation, operations and Chemotherapy." About 4 months later I asked my brother how the man was getting along. He said "He died last week".



One of our teacher friends at Washburn had a friend in Knoxville who's husband was very ill with cancer. She told her about Flax oil in case the lady would want her husband to try it. Then our friend said the conscientious little soul asked the doctor and the doctor said, "Don't do that - you might make him sick". I asked our friend later how her friend's husband's was getting along and she said "she buried him last week." One can't get much sicker than that.

When we talk about these things there are a number of reactions. Some would not do ANYTHING that the doctor didn't tell them to do. Some are very eager: "How soon can I start? Can I get it tonight?" In my case, I felt what in the world do I have to lose; it is a food, not a drug, and there are no side effects.

We have heard that in rare cases Flax oil can cause a slight rash. In those cases starting with a smaller amount will usually eliminate the problem. In cases of allergic reactions to dairy products, soft Tofu will work fairly well in the place of cottage cheese.

In the vast majority of cases we've known about there has been apparent recovery. Where it has not been successful those with cancer have not used enough in the first place, or switched to Flax flakes or (oil)capsules.

Capsules scare me. In the first place, it takes 14 capsules to make a Tbsp. and the sulfur based proteins are still needed. Also, bottles of capsules are likely to sit around on shelves at room temperature. I wonder, too, if heat isn't used in filling and sealing the capsules, and heat destroys the value of Omega 3. I knew of one man who was quite badly off and began using the liquid oil and began making dramatic improvement. About a year later I learned that he had died, I later learned that he had switched to capsules.

The liquid oil tastes like Cod liver oil. At the present time I eat some cottage cheese and take a Tbsp. of Flax oil in my mouth. There's no taste until it's swallowed, and I wash it down with grape juice. That way I do not taste it at all. For over 2 1/2 years I put a half cup of cottage cheese in a bowl, added a Tbs., of Flaxseed oil, then mixed in crushed pineapple, strawberries or honey and took it to school for lunch. That tasted good.

In December 1993 we were having a tree cut and the contractor and I were discussing the oil. His assistant said, "I've heard of that. I knew a man out west who found out he had colon cancer. He didn't let the oncologist do anything. He just used Flax oil and cottage cheese and the tumors disappeared."

In the summer of 1991 we received a call from a man in Morristown who had prostate cancer. His PSA was 38. He started to use the oil but we didn't hear

much more for some time. One day he called and said, "My PSA is down to 1.5. Do you think I need to worry about this anymore?" In Sept. 1996 he called and is still making it in good shape.

In Feb. 1994 we were working in Maynardville and talking about Flax oil. One man expressed the wish that his Dad could hear about it. We sent information and the daughter-in-law, an RN., got the books. The father had prostate cancer, Soon the whole family was using the oil. The last time I talked to them the daughter-in-law told me, "Dad's doing fine. He's doing the same things he always did." I just heard he's still cancer free and enjoying life.

A friend of ours in Bristol, TN has an uncle, 72, who was badly off with prostate cancer and preparing to die. He owned some service stations and was at the point where he was deciding who was going to get what and felt he didn't have long to go. He got the information and began using the oil. We didn't hear for some time, but one day I saw his brother-in-law and he said, "Oh, he's doing great! He's going to meetings and there's no more thought of dying. He's telling everyone about the value of Flax oil."

In a Christmas letter, Dec. 1993, we heard that a friend of ours in Wooster, Ohio, was having a bout with ovarian cancer. The blood test for that condition is GAC 125 and the normal is 35 or below. Her count was 75. Later I learned she'd visited my sister in September and was very apprehensive. She'd had about 4 rounds of chemo and couldn't take that. We sent information in our Christmas letter.

Joanie is an RN and she and her husband had been missionaries in Sri Lanka. They bought the books and started using Flax oil. In February she was feeling fine. On May 12, 94, she had a checkup and the count was 2 and she was praising the Lord. In October 94 she had another physical and now the count was 1. Since then there's been no further indication of cancer.

Since reading from Dr. Budwig, we've learned that one of the major problems with our diet is the use of hydrogenated and partially hydrogenated oils. That is the removal of electrons so the product will keep and not get rancid on the shelves. I've heard since that the worst food one can eat is margarine and that it is only one electron per molecule away from plastic. Not only do these foods have no real value but a burden is placed on the immune system to get rid of the material. For this reason I bake my own bread so I can use lard and we don't stint on the butter. I even hate to eat in restaurants because of the use of hydrogenated oils.

From physicals done in 1994 the doctor said that my bloodwork was excellent and Mary Anna's was the best he'd seen so far in her case. As I record this in October 1996 all physicals since then have shown the same result.

In July 1994, we got a call from a lady in Jefferson City, TN. Her husband Roy had been found to have cancer all through his body. It was so extensive that no treatment was being attempted except for 5 shots of radiation in his right knee that was done in an attempt to reduce some pain. It hadn't worked and there were to be no more attempts. He began to use the Flax oil rather heavily; I'm not sure of exact amount.

I called his wife in September and she said they couldn't tell anything as yet as his condition was so massive. I called the day after Christmas and she said Roy had died on October 19. He'd gone in for a check up and it was found the tumors had all disappeared except the ones in his lower back and right leg. Now the oncologists felt he was going to make it but convinced him that if they didn't give him a massive shot of chemotherapy, he might lose his right leg.

They gave the shot and it apparently killed him. (Any similarity with the case of Jackie Onassis?) He didn't even make it out of the parking lot. His wife never met the oncologist at the University of Tennessee Hospital who gave him the shot, nor could she find him afterward. She had a hard time finding someone at UT who would sign the death certificate so she could get the insurance and have things settled.

The doctors knew the tumors were shrinking during the time they were doing nothing. I wonder if they just couldn't admit that anything other than standard treatment could be effective. As Roy's wife told me about this she cried and said, "If only they had let him alone.". Today she wished she'd had an autopsy but at those times it's hard to think straight.

Sometimes I'm puzzled at the refusal of American Medicine to seriously investigate these methods that seem to have success. We hear blurbs on TV about some new procedure that seems to promise help down the road; one thought it might help one percent. I'm sure the oncology industry, with total income next to General Motors, would like to find a cure for cancer, but only if it would require thousands and thousands of dollars in drugs and the services of at least two specialists.

Al Carter says that the only real defense against cancer is the immune system. Everyone gets cancer every day but if the immune system is where it should be those cancer cells are eliminated and we never know it. He says that once a person has developed cancer, even though treatments get it into remission, it will recur again unless the body conditions that allowed it to develop in the first place are corrected. One of the properties of Flax oil seems to be a strengthening of the immune system. It seems important to use enough oil at first to get the immune system deficiencies repaired. In rare cases, the liver may not handle oil well. In these cases, start with small amounts and gradually increase it.

Last Christmas a former shipmate sent me a newspaper clipping. It was a question written to the veterinary column. The question was, "I have a pet squirrel that is losing its hair. Is there anything I can do?" The answer was, "Feed it Flax oil; it will build its immune system and it won't lose its hair."

On August 1, 1995, a friend of my son's told me his sister, who had majored in cytology at a Wisconsin college, told him that during her class work she had studied cells from the bodies of people who had used Flax oil and those cells were covered with a fatty, protective covering that didn't allow the cells to be invaded and they were healthy. Then she studied cells from the bodies of people with cancer and those cells had either no covering at all or it was very thin. The difference was so pronounced that she began using Flax oil herself right away.

At this point the essential information has been given. The rest of this is an account of various situations and what has happened, both good and bad.

When I first developed cancer, there was a young man in our community who had an advanced case of colon cancer. He'd had quite a lot of chemo and radiation and in a few weeks was scheduled for a colostomy. He decided he wanted to try this material, and did, for a short time.

The surgeons told him that if he got along well they could reverse the colostomy and I'm sure they told him that what we were doing was foolishness. Later I learned that the colostomy could not be reversed. As far as I know there is no active cancer, but his life style has certainly been changed.

Just up the road from us lives a lady who is president of Kingswood School and we have known Miss Mary for many years. In July of 1994 we heard she had colon cancer and went to see her. Part of the colon was removed and she was undergoing chemo. She'd decided against more chemo as it was just too miserable and decided to try Flax oil. Later she told me, "When you walked in the door I expected to see an emaciated old man. You looked wonderful and that was enough for me."

Sometime later she told me she'd told her family doctor what she was doing and he said, "That won't help you any but it won't hurt you". Then she told her oncologist and he said "that won't do any good", then he examined her and said, "That last round of chemo must have been just right. It's killed the cancer". Shortly after that we received a call from a lady at Kingswood School and she said "What's that stuff Miss Mary is taking that she heard about from you folks? She's doing everything she always did, and she's just fine."

A few years ago the National Cancer Institute set up a project to test four materials on tumors in rats. They were citrus, licorice, garlic and flax. The

project was abandoned because of "lack of funding" even though the doctor in charge knew that Flax was a very effective cancer fighter. Incidentally, Al Carter says that when mice are used in experiments with cancer, a special breed of mouse with a weak immune system is used, because mice with a normal immune system cannot be given cancer.

My sister's sister-in-law passed away from cancer recently. She had tried a nutritional approach and asked her oncologist whether he felt there was any value in nutritional approaches. "There probably is," he replied, "but I will never admit it and I'll never use it."

My family doctor told me in 1994 that he was impressed with how well I was doing but was cynical unless he saw the results of objective tests. There will never be objective tests, already lived about 5 years longer than my doctor really expected. There is no trace of cancer in me at present.

Early in the summer of 1995 we heard from one of our good friends in Morristown that her cousin's husband, an ex-service man, had an advanced case of lung cancer and there wasn't much that could be done about it. They wanted us to send a tape, so we did. Later, we talked to them at length on the phone. Her husband began using Flax oil 4 Tbs. day.

This November we saw a segment on TV from the Thompson Cancer Survival Center which said that advanced lung cancer is incurable but there is a new drug now that won't make one's hair fall out but will extend life, have fewer side effects, and give a better quality of life.

The next night we had a call from our cousin's friend. He said that he had just had a physical. The doctor read the X-rays and found the cancer gone. "I'm living proof that advanced lung cancer can be cured." This is the first of an annual phone call.

I'm aware of the fact that when a diagnosis of cancer is given, panic sets in and one really doesn't know what to do. I'm of the opinion that Flax oil should be used as a preventative for cancer by keeping up the body's supply of Omega 3.

Recently the mother of one of my friends was talking with a lady at church about cancer. The other lady said, "I had cancer, but I don't have it anymore. I went to Mexico and a German doctor put me on Flaxseed oil".

By this time, July 10, 1998, I know of at least 62 people who have had cancer and now are apparently recovered. That is a very strong percentage of success. I'm sure that if these successes had come about as a result of procedures developed by cancer researchers and cost a million dollars in drugs and services by specialists they would be shouted from the rooftops.

Near Christmas, 1995, we received a Christmas card from the widow of one of my former shipmates. A note was enclosed that stated she'd had cancer and was operated on, but they hadn't been able to get it all. She told the surgeon she didn't want chemo or radiation and he referred her to a doctor who put her on flax oil. She said she's doing well and feeling fine. That is the first I've heard of an American doctor suggesting or recommending the use of Flax oil.

A short time ago we received a call from an RN in charge of a nursing home. She said "Dad's in his early 60's. He was told nine months ago that he couldn't live three months without chemo but he refused it. Now he's in a lot of pain and takes his anger out on Mom. She gives it back and I'm in the middle". After talking with us, she ordered the oil immediately.

A few weeks later she called and said, "I've got to tell you this. Dad's used the oil for 10 days, 3 Tbsp. A day. Already the pain is gone and today he told me this is the first day in a long time he hasn't felt sick. Today he has hope, and that's more than anyone else has been able to accomplish."

Of course, we have no real idea of what is happening elsewhere. Earlier versions of these tapes have gone all over the country. It isn't illegal to give information as long as we avoid giving specific advice.

To me, in all this there is a real conflict. When things which can get people well oppose those things which provide the most income, it is hard for me to believe that people's well being has first priority. As long as things which provide the most income are also things which get people well, there is no problem.

In late February a doctor got on the Internet and said that people were using Flax oil for cancer and they were dying and the oil was a farce. Another doctor got on ABC 20/20 and said we ought to eliminate the quackery in cancer treatment and stay with standard treatments.

It does seem to me that if researchers were more interested in getting people well than in making payments on the Mercedes and maintaining a life style, that there is enough evidence on this tape alone to warrant serious investigation.

Some time ago a young lady in our Lions club asked me to send a tape to her father in Kentucky who had Prostate Cancer. I sent the tape and I'd forgotten about it. I asked her how her father was getting along. She said, "Oh! Dad's had a complete recovery and he's thrilled."

At this point, March 25, 1997, I want to add a few updates. Recently a lady called us and said that her son, then 24 , had a seizure at work. He had an MRI and then was taken to a major Cancer center in the Southeast.

There he was diagnosed with an untreatable Brain Cancer. He was told he could probably make it about three months. Make the most of each day.

A friend gave him a tape and he began using Flax Oil about four tablespoons a day. After three months he returned for a check up and there appeared to be no change. A number of months more passed. Yesterday we received a call from the young man's mother. They had just returned from the cancer center. They were told there was no further cause for alarm. The doctor had no explanation. The young man didn't tell them that he had been using Flax Oil. Most people don't. No one wants to be ridiculed.

For all this we give God the Praise and Glory!

We did not intend to do anything like this. It started with my hating to write a long letter to a friend and deciding instead to talk the message into a tape. Then someone else wanted to hear it. As we shared it we learned more and began updating.

## TESTIMONIALS

"What Dr. Johanna Budwig has demonstrated to my initial disbelief but lately, to my complete satisfaction in my practice is: cancer is easily curable. The treatment is dietary/lifestyle, the response is immediate; the cancer cell is weak and vulnerable; the precise biochemical breakdown point was identified by her in 1951 and is specifically correctable, in vitro (test-tube) as well as in vivo (real)...

...I only wish that all my patients had a PhD in Biochemistry and Quantum Physics to enable them to see how with such consummate skill this diet was put together. It is a wonder. The champagne vehicle is easier to assimilate and get someone almost on their death-bed going again.

A retention enema of 250 ml (8.5 oz) of oil is another route to get this precious life-furthering, electron-rich oil into the body. It can also be applied to the skin for transdermal absorption. I'll answer your questions and give you "special orders" for your particular case."

Dr. Roehm, "Townsend Letter for Doctors", July 1990



# Cantron: A FDA Suppressed Anti-Cancer Mineral Compound

## Liquid Electrolyte Formula: The Total Wellness Program Factor

**Manufacturer:** Medical Research Products  
**Address:** 3960 N. W. 167th Street, Miami Florida 33054  
**Toll Free:** 800-443-3030  
**Tel:** 305-628-0981



**Case Histories & Information:** Mrs. Ollie Blezinski  
**Tel:** 734-783-5558  
**Location:** Michigan

**Cost:** Approximately \$28 per month for the CANTRON.  
Cost of the rest of the Wellness Program can be determined by the patient.

**Medical Supervision Not Required:** Cantron is mineralized liquid that can be taken at home. While medical guidance is always advisable, taking this compound doesn't require much supervision.

### What is CANTRON

CANTRON, also known nowadays as Cancell is sold as a dietary supplement, is an electrolyte formulation of minerals and other substances that are designed for their electrical, not chemical, properties. It is possibly one of the simplest and most effective anti-cancer medications in the alternative/holistic field of medicine. This mineral compound is said to reduce the voltage of all cells, including cancer cells. This doesn't affect healthy cells, but reduces cancer cells to a more primitive state, where they literally digest themselves and exit the body in the form of a whitish substance.

CANTRON is a compound was developed in the United States by a research scientist who is also a chemist and cancer researcher, James Sheridan around 1935. Although he obtained cure or remission rates from 70 - 80% in mice, the FDA would not allow him to go forward in full-scale testing or production. This product helps lower the overall energy of the body to help starve the cancer. The cancer dies from energy starvation and is cleaned up

by the immune system. For the last 40 years he and another man, Ed Sopcak, of Michigan, privately made and gave away the product to cancer patients – all at his own expense. Today, the Sheridan family endorses Protocolcel as the Cancell formula.

CANTRON underwent substantial animal testing and has been used by thousands of people since then. It is entirely non-toxic, and has no side effects, although some users report a little tiredness in the first 2-3 days. Mainstream medicine completely ignores this product, but the physicians who worked with it or observed its effects on their patients, take this substance very seriously. It is distributed by a Florida-based company to many countries in the world.

### **How does CANTRON work**

CANTRON was designed to correct the bioelectrical imbalances that cause mutant cells to form and exist. When the bioelectrical force is successfully shifted back to a normal state, the body is better able to convert these mutant cells into simple proteins. In this state the body's own immune system can self digest or *lyse* these proteins and eliminate them through the body's many orifices. The by-product of lysing is a clear egg-white type of substance that is expelled from the nose, mouth, skin or can be found in the stools or urine.

High doses of vitamins C, E and the mineral selenium *should not* be taken while taking CANTRON because they conflict with the basis action of this formulation. CANTRON serves to lower the voltage of the cells and balance the body's bioelectric dynamics, which may aid the body's natural elimination of mutant cells. The Vitamin supplements oppose the desired result by raising cellular voltage. It is alright, however, to obtain these nutrients through food sources. What you need to avoid are mega doses of these substances that you receive from concentrated food supplements.

Several physicians have also reported a synergistic effect between CANTRON and Radiation Therapy.

### **How can CANTRON be combined with other supplements**

There are many herbs that are reported to be beneficial to a cancer wellness program such as Cat's Claw, Essiac, Milk Thistle, etc., however, there is no way to know whether these herbs will conflict with the Bioelectrical chemistry of CANTRON. Therefore, it is advisable not take any other herbs or supplements that are not listed in the Total Wellness Program detailed by the manufacturer.

Many persons have succeeded in recovery by taking the CANTRON by itself; however, experience demonstrates that following the entire wellness program recommended by the manufacturer will greatly enhance and optimize your chances of recovery.

## **What is The Total Wellness Program**

The Total Wellness Program is a very comprehensive program which includes many supplements and herbs that enhance and optimize the CANTRON treatment without any conflicts. This program has been developed by the manufacturers of CANTRON, based on 20 years of experience in offering Wellness Formulations, as well as in conversations with many physicians and scientists around the world.

Each product in the Wellness Program is designed to correct a specific imbalance caused by genetics, stress, poor nutrition, illness or side effects of drug therapy. Please note that those who are on medication for diabetes, must monitor their blood sugar carefully during the treatment.

As it is a nutritional program, anyone can use it to help optimize a state of Wellness. It has been shown to be a very beneficial nutritional program to help the body correct the deficiencies and imbalances that occur with many collagen and protein related diseases such as cancer, lupus, arthritis, scleroderma, osteoporosis, Chron's disease, emphysema as well as Parkinsonism, multiple sclerosis, diabetes, herpes and the HIV virus.

## **What are the components of The Total Wellness Program**

The following products are recommended to be taken along with CANTRON in order to achieve wellness, a state of proper balance in the body in which illness cannot exist. These additional products are synergistic with CANTRON - and may help balance the body against the ravaging side effects of serious illnesses and invasive drug therapies as well as helping the body to heal itself.

If you choose not to follow the entire program it is important to take at the very least the enzymes, Pancreatin and Bromelain additionally. The enzyme Pancreatin has only recently been discovered to be a very important component of the Total Wellness Programs. Since the addition of this enzyme to the program, the testimonials and glowing reports from users have reached an all-time high.

**Pancreatin** is an enzyme normally secreted by the pancreas. The level of this enzyme has been found to be severely deficient in cancer patients. The pancreatic enzyme may be one of the body's natural defences against this dreaded disease. All persons develop cancer cells, but a balanced organism is able to properly deal with and dispose of these mutant cells on a regular basis.

It is in the out-of-balance organism in which cancer has the predisposition to develop. Cancer cells form a protective coating around themselves which allows them to hide out from the immune system. In this state the immune system can not recognize the cancer. The pancreatic enzyme serves to strip the protective coating off these mutant cells, whereby the body's own immune system can now recognize them and go into action to attack and destroy

them.

**Bromelain** is an enzyme found in pineapple. This enzyme serves to fight foreign proteins in the system and helps rid the body of lysed proteins (dead cancer cells) that can be unleashed throughout the system when one undergoes a Wellness supplementation program.

### **How can Total Wellness be enhanced**

The diet suggestions listed below are recommended to enhance your total wellness program but are not required with CANTRON supplementation.

A high protein, moderate carbohydrate diet is preferred. This is to help rebuild the body and to grow new healthy cells. Avoidance of white sugar and white flour.

Additional supplements that can be taken are vegetable extracts containing broccoli and cabbage or consumption of the fresh vegetable in steamed or juiced form. These vegetables have an active ingredient "quersitime" that is believed to cut off the vital sugar supply that cancer cells require.

Another supplement that can be taken is any substance containing pro-Xeronin factors. This factor is found in whey powder, whole leaf Aloe Vera and Noni juice. These products may be found in your local health food store.

Fresh wheat grass juice and barley juice are excellent blood and liver purifiers. Wheat grass contains a full spectrum of nutrients including amagymaldin (B-17). Lima Beans also contain this substance and should be consumed.

# Hansi AT™ - Argentinian Biotechnology Breakthrough

**Developer:** Dr. Juan Jose Hirschmann

**Manufacturer:** World Health Advanced Technologies, Ltd.

**Website:** [www.worldhealthadvancedtec.com](http://www.worldhealthadvancedtec.com)

**Address:** Information Office, World Health Advanced Technologies, Ltd.,  
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**Medical Supervision Required:** HANSI AT™ is administered through injections, either at a doctor's office or at the patient's home.

## What is HANSI AT™

HANSI AT™ is a homeopathic substance of global fame. It is taken orally or through injections. The product has been developed in Argentina and introduced in 1990 by a botanical research scientist called Dr. Juan Jose Hirschmann, PhD., who named it after his childhood nickname Hansi, which is German for "little John." But the name also refers to Homeopathic Activator of the Natural Immune System, which concisely describes the product. The FDA has not approved HANSI AT™ injections.

It is a homeopathic herbal preparation consisting of very small dilutions from plants of the desert and rain forests. The basic product starts with about 10 components, then is adjusted according to whether it will be delivered orally or by injection and whether it is to address cancer, chronic fatigue, AIDS, asthma, or other conditions, Christner says. For example, the basic HANSI contains low potency homeopathic dilutions (4X to 11X) of mostly rain forest and desert plants such as Cacti grandiflora (cactus), aloe, arnica, lachesis, lycopodium, and others, in a 2-8% alcohol base tincture. Formula variations include these plus Colocynthis, Pulmonaria reticulosa, Berberis vulgaris, and silica.

HANSI AT™ activates, strengthens and balances the body's immune system, prevents and stops the progression of some cancers, increases tolerance of

side effects from chemotherapy and radiation therapy, and effectively treats chronic fatigue syndrome, AIDS, and asthma.

When Hirschmann first introduced HANSI in Buenos Aires, Argentina, in July 1990, so great was the demand for this alternative cancer formula that even with 40 physicians on staff, his clinic reached operating capacity in its first week, registering, at peak time, 1200 patients a day. Since then, says David C. Christner, managing director of Hansi International, Ltd., in Sarasota, Florida, an estimated 100,000 cancer patients have used HANSI with good results, indicated most notably in dramatic increases in levels and activity of natural killer cells, central to the immune response to cancer. "A large amount of evidence is leading to the conclusion that HANSI is a powerful enhancer of the human system," Christner says.

Hirschmann and Christner emphasize their company's commitment to performing the "hard science" to provide physicians with "incontrovertible evidence" that HANSI gets results. In a landmark study in 1992 involving 87 patients with advanced pancreatic cancer (which is usually fatal within 3-6 months and presents a cure rate of 1%), 60 of the patients taking HANSI daily remained alive one year after the study began.

Two years later, more than 50% of the patients were still alive and well, says study director, Cesar Bertacchini, M.D., of the Instituto de Medicina Integracion in Buenos Aires, Argentina. Further, appetite remained stable in 57% of the cases and increased in 7%, 73% had no pain or only mild pain, 56% reported no nausea or vomiting, and 36% experienced a reduction in these symptoms.

HANSI was able to stop weight loss (which is typical of advanced cancer) for 34%, and 11% gained some weight. Patients receiving HANSI did not have chemotherapy or radiation during this treatment. In addition, several studies have shown conclusively that HANSI has no toxicity or secondary effects, said Dr. Bertacchini.

Subsequent studies indicate that HANSI produces a greater tolerance for radiation and chemotherapy, both subjectively and in terms of the return of a patient's blood to "normal" or pretreatment status. Early results from a 1995 study at the Goodwin Institute for Cancer Research in Plantation, Florida, involving breast cancer in mice demonstrated that HANSI treatment produced a 40% decrease in tumor size in 30 days. Hansi International is presently engaged in several key research projects in conjunction with the University of California at Irvine, College of Medicine, where HANSI's efficacy in treating chronic fatigue syndrome will be evaluated.

Chief researcher, Darryl M. See, M.D., comments: "Over the past two years I have been involved in screening various herbs and homeopathic preparations for in vitro immune-stimulating effects. Among the 200 or so I have tested,

HANSI proved to be among the most effective in increasing natural killer cell function." Natural killer cells are key cancer-fighters in the immune system.

Christner says that HANSI, for injection or intravenous infusion, is available to people in the U.S. in accordance with the FDA's "Personal Use Exemption" which permits importation by individuals of a 3-month supply.

On the other hand, HANSI oral formulas (Rejuvenator Formula "J" and "H" for chronic fatigue, arthritis, or immune boosting) are, technically, available to anyone as over-the-counter remedies, without restrictions, says Christner. However, oral HANSI is absorbed more slowly and dissipates faster than the injected form. At present, HANSI in all applications is fully legal in Mexico, the Bahamas, Argentina, and Hungary.

### **How does HANSI AT™ work**

HANSI AT™ appears to work first by acting temporarily as a surrogate for the immune systems. This process can take anywhere from a few months to three years. The time period is totally dependent upon the individual being treated. In cases where the body is so damaged by disease that it appears to be beyond redemption, HANSI AT™ relieves pain, restores appetite and energy, slows further deterioration, and enhances quality of life. And HANSI AT™ has been clinically proven to be 100% non toxic and hence performs totally without harmful side effects.

Presently it is not known exactly how HANSI AT™ works in the human body. The scientific community is just beginning to comprehend the way biological activities are transferred to water through molecular memory.

Three important aspects determine a homeopathic remedy. Water is an important communicator of vibration on all levels. The vibrational interaction between hydrogen and oxygen molecules is found not only between the molecules and atoms of water but in the way in which water vibrates with its container or the cells of the body. Those complex vibrational aspects of water are the carriers of considerable information.

The second aspect not fully understood in homeopathy is the concept of succussion. A minute amount of a substance dissolved in water is slapped or slammed fairly rapidly. This can take place on the palm of the practitioner or in a machine. This rapid change in acceleration magnifies or enhances the energy of the substance. Although this energy information is generally not understood at a conscious level, it is easily communicated to the physical body by the water medium.

The energy of HANSI AT™ is quite sensitive. Unlike aspirin, you cannot take HANSI AT™ through airport x-ray scanners or subject it to strong odors like chlorine, garlic or perfumes. The HANSI AT™ "purpose" is lost in 60 seconds

if exposed directly to sunlight or other strong light. Tobacco in any form significantly reduces the effectiveness of HANSI AT™. Also, HANSI AT™ deteriorates if exposed to strong light, temperature extremes, or strong oral essences such as onions, vinegar, mint and the like.

The length of treatment with HANSI AT™ depends upon the condition of the patient, the type of disease process and the patient's response to treatment.

Based on the growing body of evidence on its efficacy, a large number of holistic medical experts agree that HANSI AT™ represents a historic medical breakthrough, and that this modest homeopathic liquid will become one of the most powerful medications of the coming century against cancer and other life threatening diseases.

### **How HANSI AT™ is administered**

HANSI AT™ is taken orally, sublingually and by intramuscular injection, typically every day for 24 months. An inhalant is used for cases of lung disease. In the majority of cases, the physicians treating the patients reported that cancer metastases tended to disappear. The metastases, being younger and less hardened, disappeared first, then the original tumor vanished.

Additionally, there is a HANSIPUNCTURE is simply the technique of injecting small amounts of the homeopathic HANSI AT™ injectable "Z" formula in to the acupuncture points applicable to the physical problem being treated. It has been found that 0.25cc per acupuncture point is usually enough to get good results. This treatment has been found to be highly effective and much less traumatic to the body than treatment with traditional allopathic drugs used in similar situations. An injection of HANSI AT™ injectable "Z" formula will give similar relief within 12-24 hours with no accumulative damage to the bone or any other structure.

This technique has evolved over the past few years by practical use on thousands of patients. HANSI AT™ treats the whole body, and for those unfamiliar with acupuncture as taught in Asia, some points used may seem unrelated to the area being addressed. It is not surprising to have patients report an improvement in something other than the cancer being treated. As a holistic treatment, HANSI AT™ surprises with unexpected benefits. An overall energy boost and attitude change is usually noticed within the first week, and the HANSI AT™ clinical program (consisting of sublinguals "O," "V" and injectable "Z") many times quickly reduces symptoms of depression which often accompany chronic pain or disease.

### **How to Maximize the Benefits of HANSI AT™**

As with ordinary medicine, diet is important with HANSI AT™ treatment. Nutrition is a whole field unto itself, and should be cultivated by everyone, especially health care providers, as they are the example of their beliefs. We



recommends that patients stay as close as they can to consumption of naturally produced foods such as: fish, grass-fed meat and poultry, organically grown fresh vegetables and fruits, organically grown grains and pulses, fresh mineral water, and reducing or eliminating refined products and processed foods.

Also, HANSI AT™ intends to go further into the relationship between mind and body. Mental attitude exerts tremendous influence over the physical being. The body prefers to be healthy, and this miraculous mechanism works hard to keep itself that way. A positive mental attitude to any treatment is very important. So, if you are convinced that a treatment will help you, it is much more likely to do so.

### **Where to get HANSI AT™**

The World Health Advanced Technologies corporation located in Florida is making the treatment available to Americans. Individual protocols can be discussed with the company's medical staff. The company doesn't make any claims and doesn't advertise its product in any manner. They fully co-operate with the Food And Drug Administration (FDA) of the United States, carrying out controlled clinical trials, but at the same time making the treatment available for patients with cancer and other serious conditions. They are able to do that because homeopathic remedies are absolutely safe, and are not regulated by the agency.

All enquiries should be directed to The World Health Advanced Technologies, Ltd., at the address listed at the beginning of this report.

### **Research Data Available on HANSI AT™**

The HANSI AT™ "evidence" is almost entirely based on patient anecdotal affirmation and physician reports. The anecdotes suggest valuable pathways to initiate controlled studies. They indicate something powerful may be at work boosting the immune system.

Research on HANSI AT™ is being carried out at many scientific institutions and in many countries. There are literally tons of documentation available at request. HANSI AT™ is producing results not generally observed in the 200 year history of homeopathic treatments since it is a generic homeopathic remedy which treats a wide range of serious illnesses. Indeed, the medical history of HANSI AT™ is so extraordinary it is difficult for most people to understand it's present obscurity.

Controlled studies and scientific investigation into the efficacy and uses of HANSI AT™ have begun. There are records of more than 80 thousand cancer patients successfully treated with HANSI AT™ in Argentina in the last eight years alone. There are approximately 200 patients in the US using the formulation today. Although the sheer number of reports from Argentina have

generated international interest in initiating controlled studies, scientific investigation of HANSI AT™ may take most of this decade.

Physicians, especially those who have direct experience with HANSI AT™ in the treatment of serious illnesses, believe that controlled studies should proceed on a parallel track with the commercial distribution of the product. They argue that HANSI AT™ is not an allopathic drug with unknown side-effects. It is a homeopathic remedy whose safety and non-toxicity are established, a fact with accords with the 200 year history of homeopathic remedies. To them, it would be irresponsible not to distribute HANSI AT™ while waiting for the results of clinical trials.

While certain questions about HANSI AT™ can only be answered with scientific study and clinical trials involving controlled groups of patients, it is the opinion of these professionals that the crisis of cancer demands an accelerated release of HANSI AT™.

A clinical trial was completed at the Department of Otolaryngology & Audiology, Magyar Imre Hospital, Ajka, Hungary on the application of HANSI "X" in cases of allergic origin otorhinological diseases.

(This paper was delivered at the WORLD CONGRESS of LOCOMOTOR DISORDERS, SPORTS & REHABILITATION MEDICINES. 27th, 28th and 29th December, 1996, Colombo, Sri Lanka.) This trial indicated:

- The remedies helped to boost the natural defense of the human body against different diseases, and assisted in it's self-healing activity.
- After treatment with HANSI "X" nasal spray, dramatic improvement was experienced by 15 pediatric patients with serious exudates in their bilateral middle ears who have had either seasonal or perennial rhinitis - less exudate was found in the middle ears, hearing improved and at the end of the treatment their tympanogram was in normal range, that indicated a well aerated middle ear.

After continuous 1 month application of HANSI "X" nasal spray, the next statements were made:

\* After proper application of HANSI "X" nasal spray in likeness to other drugs (based on the well-known cocaine, Versed etc.) has perfect absorption from the nasal mucosa, as an alternative to intravenous application. In this manner, local and general immuno-modulatory effect can be achieved.

\* Symptoms such as congestion, sneezing, dripping, itching, tearing and eye irritation have improved significantly or ceased completely.

\*The conclusion was that HANSI "X" is a therapeutically effective medicament to treat allergic origin otorhinological disease. The HANSI "X" nasal spray is well tolerated by adults and children alike. In contrast to conventional allopathic medications, there were no side effects reported.

## Some of the clinical studies on HANSI AT™ in process are:

- The Biomedical Center for AIDS, Cancer and Related Problems in St. Petersburg, Russia has offered to do a clinical study of cancer and HIV patients.
- Eastern Carolina University wants to determine the effects on asthma patients after an open label study in Argentina indicated that HANSI rejuvenator combined with "X" inhalant was beneficial for this condition.
- The Institute for Complementary Medicine in England plans a double-blind examination of the effects of HANSI on 400 patients with various viral-based diseases.
- The University of California, Irvine, has offered a study to explain: (I) the mechanism by which HANSI activates natural killer cells (NK), and (II) to determine if NK cell activation by HANSI is responsible for its antiviral effects.
- Dr. C. F. Hazlewood of the College of Medicine, Baylor University, and Dr. Zsolt Kereszti, offer to proceed with further testing of HANSI's rehydration of atrophied muscles. Their proposal states: "Cell division is associated with changes in at least four parameters: (1) hydration; (2) physical properties of water; (3) cytoplasmic sodium concentration; and (4) CELLULAR RESTING POTENTIAL. It was postulated that any attempt to rejuvenate debilitated muscles would be associated with changes in one or more of these four parameters. In a pilot study, 20 patients with atrophied muscles were injected with a Biological Response Modulator (HANSI). The solution was injected in the motor points of the atrophied muscles. Within 24-48 hours, the volume of the treated muscle was increased."
- The School of Veterinary Medicine at the University of Florida, Gainesville, has offered to examine HANSI's effect on cancerous dogs.
- The Veteran's Hospital, in Budapest, Hungary, wishes to do a double-blind, placebo controlled study of colorectal cancer patients.
- The Goodwin Institute for Cancer Research, Inc., has proposed a double-blind, placebo controlled test of HANSI's efficacy in treating metastasis without the primary tumor by debulking the tumor and then treating with HANSI. Goodwin also wishes to determine how HANSI may exert control over stress-related responses of the hypothalamic-pituitary-adrenal (HPA) axis which seems to be implanted in a negative regulator with respect to circulating CRF, ACTH and corticosterone.
- Cedars-Sinai Medical Center in Los Angeles has developed a protocol for a two-year examination of patients with chronic fatigue syndrome to determine the extent of HANSI's effectiveness in treating CFS.
- The University of Miami proposes (I) a mouse model for human CMV retinitis to test anti-virals for patients with HIV, and (II) a mouse model for solid tumors, and (III) a mouse model of osteoarthritis.

### **HANSI AT™ and Chemotherapy**

As HANSI AT™ treatment is a modifier of the immunologic response, there are neither contraindications nor incompatibilities with the chemotherapeutic agents. The results of clinic trials show that patients who have been given chemotherapy as well as HANSI AT™, tolerate the chemotherapy in a better way minimizing the toxicity and the side effects of the drugs.

### **HANSI AT™ and Radiotherapy**

According to the experiments made in animals exposed to an external irradiation source (cobalt 60) with simultaneous HANSI AT™ treatment, there will not have been significant hematologic alterations. These same effects can be appreciated in patients who receive simultaneously HANSI AT™ where a major response to the tumoral regression to the radiotherapy can be observed.

### **HANSI AT™ and Surgery**

Considering that HANSI AT™ treatment has neither contradictions nor incompatibilities with the anesthesia or medicine related to the surgery, it can be received before and after the operation without any inconvenience.

### **HANSI AT™ and Hormone Therapy**

There are no incompatibilities with the drugs used in this therapeutic modality, because of that it can be received with absolute security.

Some of the diseases that have responded to HANSI AT™ and HANSIPUNCTURE:

- Agent Orange Disease
- AIDS
- Allergic Rhinitis
- Amniotropic Lateral Sclerosis (ALS)
- Amyloidosis
- Asthma
- Atrophied Muscles
- Bell's Palsy
- Breast Cancer Complications
- Cancers
- Cataracts
- Chronic Fatigue Syndrome
- Chronic Granulomatosis
- Cystic Fibrosis
- Depression
- Diabetes-Type II
- Fibromyalgia
- Glaucoma
- Gulf War Syndrome

- Hepatitis A, B and C
- Leukemias
- Lupus
- Macular Degeneration
- Multiple Sclerosis (MS)
- Muscular Dystrophy
- Olive Pons Cerebellum Atrophy (OPCA)
- Otitis Media
- Pertussis Reaction
- Post Polio Syndrome
- Post Stroke
- Rheumatoid Arthritis (RA)
- Schizophrenia
- Scoliosis
- Spinal Cord Injuries
- Wycott's Disease

### **HANSI AT™ in the United States**

Quite probably North American mainstream medicine is the only civilized medical community in the world whose members are totally ignorant about its history and its benefits. In 1992, United States citizens under physician supervision began receiving HANSI AT™ under the personal importation exemption. This is an FDA policy which allows patients to import up to a three-month-supply of an unapproved substance for their personal use when they have a life-threatening condition and are under the care of a physician.

### **HANSI AT™ in Sri Lanka**

In 1997 a team of doctors from World Health Advanced Technologies., Ltd. spent over three months working at the free clinic run by Prof. Dr. Sir Anton Jayasuriya in Colombo, Sri Lanka. During this time numerous diseases were successfully treated, with an emphasis on motor dysfunction, chronic pain, and degenerative diseases. Videos of before and after on many of the motor dysfunction patients were taken and are in the process of being edited and narrated.

Dr. David W. Green and Dr. Colleen Fay Green arrived in Colombo, Sri Lanka in October of 1997 and went to work at the free clinics of Medicina Alternative Institute at Colombo South Government General University Teaching Hospital, Kalubowila (est. 1962, affiliated to the Open International University) as well as night clinics at Baihui Centre.

### **HANSI AT™ in Cambodia**

In November of 1999 Dr. David W. Green and Dr. Colleen Fay Green flew into Phnom Penh, Cambodia to meet with officials about starting a preventative health program for the orphanages of Cambodia utilizing HANSI AT™. Within days they had started a free night clinic at a school run by Ker Sok Sidney,

advisor to the Minister of Social Affairs. They were soon treating students, their families, and various governmental staff. They visited orphanages and the War Veterans' Camp and began a list of the medical needs of the children and war veterans.

In March 2000, Dr. David W. Green, Jung Sook Kim (Kim), and Dr. David Christner returned to Phomn Pehn and the work began. Dr. David Green was kept busy treating patients who had heard of his return and knew about his successful work on previous visits. Kim went to work at various children's facilities around the city.

### **HANSI AT™ in Pakistan**

In March and April of 1998 two separate teams of doctors from World Health Advanced Technologies, Ltd. went to Lahore, Pakistan to work with Prof. Dr. K. Syed Abbas Iqbal at his acupuncture school and clinic at Zanib Memorial Hospital. During these visits HANSIPUNCTURE techniques and the use of HANSI AT™ homeopathics were taught to the students and doctors there.

The first team to visit Pakistan was Dr. David W. Green and Dr. Colleen Fay Green. They had met Prof. Sr. Syed Abbas Iqbal and Dr. Zubair W. Bhatti in Colombo, Sri Lanka the previous year when they successfully treated a patient that Dr. Abbas had brought to the World Health Congress for Alternative Medicine.

### **HANSI AT™ in the Rest of the World**

At the same time, people with cancer in Germany, England, South Africa and other countries began HANSI AT™ treatments. Although these cases were not part of a controlled study, patient medical records before treatment were often available and the results of HANSI AT™ treatment could be evaluated against the patient's prior medical condition. Information and medical documentation about HANSI AT™ is now becoming available from many sources, information that represents an important beginning in documenting the effects of HANSI AT™ treatment as was observed in Argentina. The information is generating interest on the part of hospital, government and university research facilities to undertake large-scale, controlled studies.

Based on this documentation, a research project has been established under the direction of HANSI AT™ medical experts. Scientific studies are currently being organized in Russia, England, South Africa, Ghana and the United States.

## ABOUT DR. JUAN JOSE HIRSCHMANN



Argentinian botanist, Professor Juan Jose Hirschmann's earliest fascination was with cacti, often requesting them for birthday presents during his adolescence and through his adult years. Born in 1942 to Hungarian refugees, young Hirschmann worked his way through undergraduate botany at the University of Buenos Aires, experimenting in cacti. After college he perfected standard greenhouses for his precious cacti. On weekends he sold some cactus plants to pay for his weekday projects in the greenhouses, quickly learning that the more grotesque the cactus (due to cancer), the higher the price received. Thus he embarked on inducing the deformation of cancer in his cacti. A wonderful result of this work was his success in reversing the process and eliminating cancer from the cacti.

That discovery gave him a new direction. He left industry and commerce behind and concentrated on this new thing, whatever it was. He conceived what he calls a "catalyst," which caused corn to grow fifteen feet tall with three times the normal number of ears; three crops per year. And he could reverse this unbelievable growth, making plants smaller.

Because of this intense relationship with plants, he acquired an interest in homeopathy (the medical system which utilizes infinitesimal doses of a substance to treat a disease condition), and introduced it into his experiments. He reduced substances to "mother tinctures," which he diluted with purified water beyond the point at which no trace remained of the original substances - however, the essences of the original substances remained as molecular memory in the water molecules. This energized water drove cancer from his beloved cacti. The work, which had taken Hirschmann sixteen years to refine, was now ready.

His first patient was his own cancerous dog. He treated his dog with his new energized water, and her tumors gradually disappeared. That set off another eight years of experimenting with animals. Horses were cured, and two lions with tumors on their heads were cured. Various patients of veterinarians also benefited.

A man, who asked for the healing water to treat his dog, instead took it himself, and recovered from lung cancer. A pharmacist gave it to his wife and tumors on her breasts and liver went away. She stopped her injections, continued her previous lifestyle, and cancer developed again so quickly and virulently that she died, but not before giving HANSI AT™ its name. Hirschmann's first name, Juan, means "Hans" in German. His family called him by the diminutive Hansi. The pharmacist's wife named the treatment after its discoverer and devised a Spanish description that formed his nickname in acronym: *Homeopatico Activador Natural del Sistema Inmunologico*.

For another patient, a physician used HANSI to treat the tumor on his face and it disappeared in two months. The patient stopped treatment, cancer reappeared and again HANSI was brought in. This occurred six times altogether, and when the man died years later, it was from pneumonia.

The first medical documentation of cases began with an Argentine surgeon who entirely committed an eight-year practice to treating cancer patients with HANSI. In 1982, his first HANSI patient had 20 melanoma tumors and had been dismissed as terminal. After a few years on the HANSI treatment, she reportedly tested cancer-free and enjoyed life many years thereafter.

In 1990, Hirschmann and a surgeon opened the first HANSI clinic in Buenos Aires. Physicians made referrals of terminal patients. Word of mouth spread the news far and wide. A week later the clinic reached its capacity. Lines formed for blocks, necessitating bringing in police for crowd control. The Minister of Health moved to close the clinic. He withdrew his order when thousands of people surrounded the Presidential Palace in a non-violent HANSI supporting protest.

Since 1990 over 100,000 patients have been treated in the Argentine clinics, with outstanding results and without any harmful side effects. Unfortunately for the world, those results were only observed, not documented in a formal study capable of scientific recognition. Recently, HANSI doctors began to do post-treatment studies. This work is very difficult because some patients were so elated with early results that they dropped out of their designated study. Also, a particular Latin anathema, post-mortem, is an example of a cultural barrier to clinical observation. Proving the efficacy and safety of this wonderful medicine became the responsibility of the organization that took HANSI beyond Argentina.



## TESTIMONIAL

**Steven Shaw, Physician of Chinese Medicine, California uses HANSI AT™ with his patients:**

"I have used this liquid in my family and my practice with amazing success. My wife has a condition called Fibromyalgia and has been using HANSI AT™ since March of 1997. Her symptoms reduced dramatically within 4 days of beginning the protocol and she is now symptom free.

She claims that the only side-effect that she suffered was that it also cured her allergies. HANSI AT™ is reported to be such an efficient boost to the immune system that it has a marked effect on many conditions.

Please feel free to call myself or my wife at home if you have any questions, at 818-883-0217."

# THE EFFECTS OF HANSI™ TREATMENT ON ASPECTS OF THE QUALITY OF LIFE IN PATIENTS WITH ADVANCED PANCREATIC CANCER

**Integral Medicine Center, 1992, By Cesar Bertacchini, M.D.  
HANSI Medical Center, 1992**

Selective aspects of the quality of life of patients with advanced pancreatic cancer were studied with 87 patients enrolled in this trial. A questionnaire was devised to measure selective aspects of quality of life. A survival curve was analyzed; and group follow-up was for twelve months.

An important beneficial action was noted on pain and appetite, as well as on nausea and vomiting. Results indicated that patients with advanced pancreatic cancer during treatment with HANSI revealed a significant improvement on selective aspects of the quality of life.

## **INTRODUCTION**

Exocrinous pancreatic cancer has the most serious prognosis among all cancers of the gastrointestinal tract. It is the seventh most common tumor in the United States and the fourth cause of death for cancer patients. The quiet and rapid dissemination of the tumor of the pancreas reduces the cure rate of all patients to only 1%.

The major and severe difficulties of treatment of pancreatic cancer are: firstly, when diagnosed, it has generally invaded the region to approximately 85% and/or involved hepatic MTTs; secondly, patients are very weak and anorexia, pain and weight loss. They show jaundice or hepatic dysfunction and, for that reason, the pharmacological action of drugs eliminated via bile are modified.

Though with some differences, the overall survival of pancreatic cancer patients is from three to six months (Moertel, Cubillas, Fitzgerald). A significant change in the overall survival of such patients has not been observed during the past few years in spite of treatments with new cytostatic drugs and megavoltage x-ray therapy. Any palliative treatment must be evaluated for its effect on the patient's quality of life.

In our prospective essay, a research on selective aspects of the quality of life was included. Our hypothesis was that any positive clinical effects observed would be reflected in the subjective experience of the patient. Our idea was that patients receiving HANSI treatment independent of treatment with

cytostatic drugs and/or x-ray therapy would have a significantly smaller amount of damage to their quality of life. This group is not expected to have problems with toxicity.

### **PATIENTS AND METHODS: TREATMENT WITH HANSI AT™**

Compounds formed by various vegetable and mineral substances which constitute the base of the HANSI AT™ treatment were used. Mother tinctures in different alcoholic concentrations were obtained from plants. Minerals were triturated in polysaccharides through homeopathic processes to their third decimal dynamization in mills to spheres of porcelain. After the third dynamization, liquid dynamizations followed until reaching the desired dilution of alcoholic solutions in tri-distilled water. Starting from mother tinctures, we used the same process both in plants and in minerals after their fourth dynamization (i.e., after the transition from solid to liquid), employing the same solvents. Daily doses of 4 cc were administered intramuscularly during the entire treatment. Sublinguals and oral dose were also added for an additional 2.5 cc distributed in four daily doses.

### **QUALITY OF LIFE EVALUATION**

Evaluation of some aspects of the quality of life were made at one-month intervals using a questionnaire specifically proposed for this trial (See Table I Below). Fields of Action and Contents of Items of Questionnaire on the Quality of Life.

#### TABLE I

1. Ponderal Weight: Did patient lose weight?  
Did the patient's weight remain stable?  
Did the patient gain weight?
2. Gastrointestinal Toxicity: Did the patient have nausea?  
Did the patient vomit?  
Did the patient lose his appetite?
3. Abdominal Pain: Severe?  
Moderate?  
Mild?  
No pain?
4. Physical Activity: Was mobility deteriorated?  
Did the patient manage household and other activities?
5. Emotional State: Improvement?  
Stability?  
Depression?

The first questionnaire was completed by the patient or a close relative with a doctor's assistance. It was repeated monthly. The questionnaire consisted of 15 items grouped into five categories: Ponderal Weight, Gastrointestinal Toxicity, Abdominal Pain, Physical Activity with Emotional State. The patients marked each item, monthly, in an ordinary scale, to which a score had been previously assigned.

## RESULTS

Eighty-seven patients were eligible. From the 87 patients studied during this period, 60 of them are still alive and continue with the HANSI treatment. Twenty-seven patients died during treatment.

**Concerning Pain:** It was observed that 30% of the patients underwent treatment with no pain; 48% with mild pain; 14% reported moderate pain and the remaining 9% had severe pain.

**Appetite:** Appetite remained stable in 57% of the cases, increased in 7% and decreased in 35% of the patients.

**Ponderal Weight:** In this category no significant favorable action of HANSI treatment was observed. Fifty-four percent of the patients continued to lose weight; 34% maintained their weight, and only 11% increased it.

**Nausea and Vomiting:** An important result was observed in this category. Fifty-six percent of the patients showed no episodes of nausea and vomiting during treatment; 36% showed a noticeable reduction of symptoms and in only 7% was it possible to note an increase.

**Physical Function:** Assessment observed that, especially in mobility and the ambulatory function, as well as personal and family relationships, 62% of the patients showed a normal level of activity versus 38% that showed decreased activity.

**Emotional State:** The emotional State was also investigated, with 8% showing improvement, 65% indicating a stable emotional state and only 26% suffering from depression.

## DISCUSSION

Our clinical evaluation indicates that the HANSI treatment significantly reduced morbidity associated with advanced pancreatic cancer.

The study was done to determine in which way the Natural Activator of the Immunological System (HANSI) has impact on the selective aspects of the quality of life. Results show a significant increase in the survival of patients treated with HANSI with respect to the figures obtained in national as well as international studies.

A significant action in pain relief was observed since 73% of the patients had no pain or only mild pain. Patients' appetites remained stable in the majority of cases. On the other hand, it was observed that 54% of the patients continued

to lose weight during treatment.

The action of HANSI in controlling nausea and vomiting was also significantly important. When the physical and social functions as well as emotional states were assessed, emotional improvement or stability was observed, along with a physical and social activity compatible with what is considered normal, in 65% of the patients.

Due to the palliative characteristics of the HANSI treatment, great importance was given to the potential toxic effects. Physicians reported no secondary effects were noted by patients. The questionnaire used for this study proved to be a convenient, valid and reliable measure for quality of life. It must be pointed out that the study was conducted with strict administrative management of collected data, the use of an extremely simple questionnaire completed at regular intervals and possibly most important, a high level of motivation manifested by the patients.

We conclude, completely in agreement with Dr. Lesley J. Fallowfield, of the London Hospital Medical College: "In the future, the medical oncologist should observe, measuring scientifically the quality of life as an essential element in the evaluation of therapies."

Signature of Cesar Bertacchini  
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## IMMUNOMODULATORY EFFECTS OF A HOMEOPATHIC AGENT

**American Journal of Natural Medicine Vol: 5 , N°: 6 July/Ago 1998**

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### **ABSTRACT**

The in vitro and in vivo immunostimulatory effects of a homeopathic medication were investigated. Peripheral Blood Mononuclear Cells (PBMC) were isolated from normal controls and patients with either Chronic Fatigue Syndrome (CFS) or Acquired Immunodeficiency Syndrome (AIDS). They were then incubated for 24 h in the presence of a 1:10 dilution of the homeopathic mixture or 5% ethanol placebo. The homeopathic preparation significantly increased Natural Killer (NK) cell activity versus K562 cells in a standard 4 hs <sup>51</sup>Cr release assay. This is in marked contrast to placebo for PBMC from normal controls ( $p < .05$ ) or patients with CFS ( $p < .01$ ) or AIDS ( $p < .01$ ).

Either 5% ethanol placebo or the homeopathic medication was administered to groups of adolescent CD-1 mice at a dose of 0.35 cc daily for 28 days. None of the mice manifested any evidence of gross or microscopic toxicity (brains, kidneys, livers, pancreases, or hearts). Splenic NK function versus YAC-1 targets was significantly greater in mice treated with the homeopathic agent (mean 103 +/- 10.9 lyric units [LUJ;  $p < .05$ ) compared to placebo (mean 81 +/- 7.4 LU). Groups of mice were treated with 21-, 14-, 7-, or 0-day courses of the homeopathic tincture or placebo. They were then challenged with  $1 \times 10^4$  plaque-forming units (PFU) of a diabetogenic strain of coxsackie virus B4 (E2). Treatment was continued for an additional three days. then the mice were sacrificed. Titers of virus in the pancreas were significantly reduced in the homeopathic group that was treated for 21 days prior to viral challenge (mean [log<sub>10</sub>] 3.14 +/- 0.79 pfu/mg;  $p < .05$ ) compared to placebo (4.29 +/- 0.90 pfu/mg). The homeopathic mixture did not exhibit any antiviral effect in vitro. Thus, a homeopathic medication increased NK function both in vitro and in vitro and was non-toxic to mice. In vitro antiviral activity was demonstrated, presumably through immune enhancement.

### **Key Terms**

PBMC: Peripheral Blood Mononuclear Cells  
AIDS: Acquired Immunodeficiency Syndrome  
NK: Natural Killer  
CFS: Chronic Fatigue Syndrome  
HIV: Human Immunodeficiency Virus

IL: Interleukin  
CVB: Coxsackie B Virus  
LU: Lytic Units  
PFU: Plaque-forming Unit  
MK: Monkey Kidney  
NS: No Significant

## **INTRODUCTION**

Chronic Fatigue Syndrome (CFS) is a disorder of unknown etiology, characterized by persistent constitutional symptoms, severe fatigue, and cognitive defects(1). The diagnosis is currently based upon clinical criteria established by the Center for Disease Control. Several hypotheses have been proposed to explain the cause of the disease, including psychiatric dysfunction(2), hypothalamic-pituitary-adrenal gland disturbance(3), immune dysregulation(4) and/or viral infection(5). Effective treatment has not been established.

Acquired Immunodeficiency Syndrome (AIDS) is the last stage of a disease caused by chronic infection with the Human Immunodeficiency Virus (HIV). The majority of affected patients develop progressive immune-system deficiency over several years, eventually dying from one or more cancers or opportunistic infections.

Patients the CFS often have diminished NK cell function. Some studies have demonstrated a beneficial clinical effect of immune modulators (6,7). HIV-infected individuals suffer from defective NK function, which progressively deteriorates with disease progression (8). A clearly beneficial clinical effect with immune enhancers has not yet been demonstrated in these patients, although therapy with Interleukin-2 (IL-2) was beneficial in one study(9). Thus, CFS and HIV are characterized by diminished NK function, a role for viruses is either proven (HIV) or postulated (CFS), and there is no cure. Therefore, it is not surprising that many patients resort to treatment modalities, including homeopathic preparations, that are outside the mainstream of Western medicine.

Homeopathic remedies have been used since the late 18th century for a variety of ailments (10). These medicines are made from plant, animal, or mineral preparations that have been diluted in a liquid base to micromolar concentrations. The components are typically toxic in larger concentrations. A general theory of the mechanism of action, although still unproven, involves a strengthening of specific host functions in response to noxious stimuli (11). The efficacy of homeopathic formulations has never been definitively proven scientifically, although two meta-analyses have both reported positive results in over 65% of clinical trials (12). However, the majority of these trials were either poorly controlled or involved a small number of patients.



Some homeopathic preparations have postulated immune-enhancing effects, including the preparation used in the current study. This medication contains 5% alcohol and micromolar concentrations of *Cactus grandiflorus*, *Aloe socotrina*, *Abies nigra*, *Arnica*, *Lachesis*, *Calcium carbonate*, and *Lycopodium*. Anecdotal reports have suggested an improved survival and quality of life in some HIV-infected patients. The preparation has also proven to be nontoxic in adjuvant, compassionate use for patients with non-curable cancers (D. Christner, personal communication). In the current study, the homeopathic preparation was found to:

- \* Significantly stimulate the in vitro NK activity of PBMC from normal controls and patients with CFS or AIDS
- \* Exert no toxicity when administered in high doses to mice
- \* Significantly increase splenic NK function in mice
- \* Diminish infection in the pancreas of mice challenged with a diabetogenic strain of CVB4 (E2).

## **MATERIALS AND METHODS**

### **Medication preparation**

Extracts of *Cactus grandiflora*, *Aloe socotrina*, *Abies nigra*, *Arnica*, *Lachesis*, and *Lycopodium* were combined with calcium carbonate. The medicine was manufactured in accordance with the methods and specifications of the Homeopathic Pharmacopeia of the United States. Specifically, each extract was serially diluted in 5% ethanol and sterile water to a final concentration of 1:106 and combined with the other components. The final mixture was potentiated by repeated vortexing. Spectrophotometrical analysis of the final mixture revealed only ethanol and water. This is in accordance with the standard homeopathic practice of diluting the initial components to the point at which they cannot be detected by standard means.

### **In vitro studies**

Effect of the homeopathic medication on NK function Preparation of PBMC: Heparinized blood was collected between 12:00 hs and 2:00 hs p.m. from 20 normal individuals picked from the staff at the University of California, Irvine Medical Center, and 20 sex and age-matched patients with CFS (as defined by 1988 CDC criteria) or AIDS (CD4 count <200). Patients with CFS or AIDS were allowed to take prescription or over-the-counter medications. However, use of agents with known or suspected immunomodulating effect, such as corticosteroids, colony-stimulating factors, interleukin-2, interferons, or cancer chemotherapy, was not permitted. Standard Ficoll-Hypaque density gradient centrifugation was used (13). PBMC were suspended in complete RPMI media with 10% heat-inactivated fetal bovine serum (FBS). They were tested immediately.

NK function assay: A standard cytotoxicity assay assessed NK cell activity (14). K562 cells, maintained in complete RPMI with 10% FBS (heat inactivated), were used as target cells. They were labelled with 20  $\mu$ C 51Cr (ICN, Costa Mesa, CA) for 1 h at 37° C (5% CO<sub>2</sub>) and washed four times with medium. In addition, cell suspensions were pipetted at a concentration of 5 x 10<sup>3</sup> cells/well to 96-well U-bottom microtiter plates. Effector cells (PBMC) were added in triplicate to the wells at an effector: target ratio of 40:1, 20:1, 10:1, and 5:1. This was followed by the homeopathic mixture at a total dilution of 1:10, or with ethanol, a final concentration of 0.5%. The effector cells had been preincubated with either additive for 24 h in some runs. Control wells without effectors contained target cells and either the homeopathic preparation or ethanol alone. This was to determine the spontaneous lysis, or 3% Triton X100, for evaluation of total lysis.

After incubation for 4 h at 37° C (5% CO<sub>2</sub>), the plates were centrifuged for 10 min at 1.500 x g, and 100  $\mu$ l of the supernatant was removed and mixed with 2.5 ml of scintillation cocktail (Fisher Scientific, Tustin, CA). Liquid scintillation counting (Beckman I-S- 100) and cytotoxic activity determined radioactivity, calculated in terms of lyric units (LU) by a software program provided by H. Pross (15). One LU is defined as the number of effector cells required to achieve 20% specific lysis of 5 x 10<sup>3</sup> targets. LU were calculated per 10<sup>7</sup> effector cells.

In vitro antiviral activity and toxicity: Virus activity was assessed in Monkey Kidney (MK) cell monolayers. It was evaluated in the presence of 5% ethanol or Liebovitz's 1,15 diluent (controls) or serial tenfold dilutions of the homeopathic medication with coxsackie virus B4 (CVB4) strain E2, at an inoculum of 1 plaque-forming unit (PFU) per cell. Cellular toxicity was determined by recording morphology and monolayer formation of MK cells grown in the presence of the undiluted homeopathic medication (final concentration of 20%).

#### **In vivo testing:**

Animals: Four-week-old male CD- 1 mice were obtained from Charles River Farms (Wilmington, MA).

Virus: CVB4 strain E2 was propagated and main-tained as previously described (16).

## **EXPERIMENTAL METHODS**

Toxicity study: Either placebo (5% ethanol) or the homeopathic mixture was administered to groups of 10 adolescent, male CD-1 mice. The animals were injected subcutaneously with 0.35 cc of placebo or the active preparation on a daily basis for 28 consecutive days. The animals were observed daily for evidence of gross toxicity (ataxia, lethargy, respiratory distress). After 28 days, sections of harvested brains, kidneys, livers, pancreases, and hearts were

fixed in 10% formalin, embedded in paraffin, cut by microtome, mounted on slides, stained with hematoxylin and eosin, and examined under a light microscope for histopathologic changes.

In vivo effect of the homeopathic medication on stimulation of splenic NK function: CD-1 mice were injected daily for 28 consecutive days, by subcutaneous administration of either 0.35 cc of the homeopathic agent or 5% ethanol (placebo). Spleens were removed aseptically, pressed through stainless steel mesh grids, and suspended in complete RPMI medium. For 3 minutes 0.83% ammonium chloride was added to lyse erythrocytes. Mononuclear cells were separated from other cell populations by Ficoll-Hypaque centrifugation, suspended in complete RPMI medium, and used immediately as effector cells. NK-sensitive YAC-1 cells (American Type Culture Collection) were maintained in complete RPMI media and used as target cells. They were labelled with 50  $\mu$ Ci  $^{51}\text{Cr}$  for 1.5 h at 37°C (5%  $\text{CO}_2$ ), washed four times with media, and seeded onto 96-well microtiter plates at a concentration of  $1 \times 10^4$  cell/well. Splenic effector cells were added in triplicate to the wells at an effector: Target ratio of 40:1, 20:1, 10:1 and 5:1. Radioactivity in 100  $\mu$ l of supernatant was measured as above and I.U. calculated.

In vivo antiviral effect: Either 0.35 cc placebo (5% ethanol) or the homeopathic mixture were administered subcutaneously to mice on a daily basis for either 21, 14, or 7 consecutive days prior to challenge with virus, or starting on the day of virus inoculation. The animals were challenged intraperitoneally with  $1 \times 10^4$  PFU CVB4 strain E2, and the treatment continued. Samples of pancreas were harvested 3 days after virus inoculation. Plaque assay determined the virus titer in the homogenized tissue. Control mice received the homeopathic medication only, without viral challenge for evaluation of toxicity. The remaining mice received 5% ethanol alone, and served as uninfected controls.

## RESULTS

In vitro NK assay: The mean NK function was  $103.7 \pm 22.1$  LU for 20 normal controls. NK function was significantly decreased both for 20 patients with CFS ( $47.3 \pm 16.2$ ;  $p < .01$ ) and for 20 patients with AIDS ( $8.0 \pm 3.8$ ;  $p < .001$ ). A significant enhancement of NK function for all three groups was observed when PBMC preincubated for 24 hs with the homeopathic medication were used as effectors compared to effectors without any additive (Table. 1). The effect was greatest for patients with CFS or AIDS ( $p < .01$  for both). The addition of ethanol or the homeopathic medication without preincubation did not enhance NK function in any of the groups.

In vitro antiviral effect and toxicity: Replication of CVB4 strain E2 was not inhibited at any concentration of the homeopathic preparation. No MK cell toxicity (rounding of cells and/or monolayer disruption) was observed after incubation with undiluted homeopathic doses.

In vivo toxicity: No evidence of gross or microscopic toxicity was observed for any of the tissues examined.

In vivo stimulation of splenic NK function: Splenic NK function versus YAC- 1 targets was significantly greater in mice treated with the homeopathic medication for 28 days (mean 103 +/- 10.9 LU; p<.05) compared to placebo (mean 81 +/- 7.4 LU).

In vivo antiviral effect: Titers of virus in the pancreas were significantly reduced in the homeopathic group treated for 21 days prior to viral challenge (mean [log10] 3.14 +/- 0.79 pfu/mg; p<.05), compared to infected animals treated with a similar course of placebo (4.29 +/- 0.90 pfu/mg; p<.05) compared to infected animals treated with a similar course of placebo (4,29+/- 0.90 pfu/mg; Table 1). Treatment with the homeopathic for 14 days or less prior to viral challenge did not result in a reduction in virus titer in the pancreas when compared to a similar course of placebo treated mice.

**Table 1**

In vivo effect of a homeopathic preparation on viral titer in the pancreas of CD-1 mice 3 days after inoculation with CVB4, strain E2.

<u>Start day of day</u>	HANSI	PLACEBO	P
0	4,36 +/- 1,01	4,17 +/- 0,96	NS
-7	4,11 +/- 0,85	4,33 +/- 0,35	NS
-14	3,95 +/- 0,99	4,21 +/- 0,79	

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## Bonus Report: Hydrazine Sulfate

**Medical Supervision Required:** Hydrazine Sulfate may cause potentially serious side effects and must therefore be used in consultation with medical professionals.

**Cost/Recommended Dosage:** Hydrazine Sulfate is inexpensive and accessible. In most studies, the treatment regimen was three 60 milligram tablets each day for a month. Then patients stop for two to six weeks, and take another course as needed.

**Information:** The most current and useful information on the treatment of cancer is available on the Syracuse Cancer Research Institute's website at [www.scri.ngen.com](http://www.scri.ngen.com)

One can also check out [www.kathykeeton-cancer.com](http://www.kathykeeton-cancer.com)

### What is Hydrazine Sulfate

Hydrazine Sulfate is a chemical commonly used in industrial processes, such as rare metal refining, rust-prevention products, and insecticides. It was even used as a component of rocket fuel during World War II. It is usually produced in a laboratory, but does occur naturally in tobacco plants, tobacco smoke, and in some mushrooms. It is used as an alternative method to treat some symptoms of advanced cancer.

Hydrazine compounds have been studied for more than 90 years as a treatment for cancer and a therapy to reduce the symptoms associated with cancer such as weight loss, fatigue, muscle wasting, and decreased appetite.

Joseph Gold, MD, of the Syracuse Cancer Research Institute of New York, US, first proposed it as a cancer treatment in 1968. Gold drew on the work of Nobel laureate Otto Warburg., who in the 1930s theorized that cancer derived its energy from anaerobic glycolysis (i.e., fermenting sugar) rather than respiring in the normal way. Gold proposed using chemicals to control cancer's growth by exploiting this "Warburg effect."

Dr. Gold reported that Hydrazine Sulfate inhibited the growth of tumors in rodents as well as in people with advanced cancer. He recommended its use for people with several kinds of cancer including breast, colorectal, ovary, lung, thyroid, Hodgkin's disease and other lymphomas, melanomas, and neuroblastomas. He believed it would be most effective if used alongside conventional methods.

Gold also showed that Hydrazine Sulfate could enhance the effect of such conventional drugs as Cytosan, Mitomycin C, methotrexate and bleomycin in rats. He proposed that a "combination chemotherapy with Hydrazine Sulfate and a cytotoxic agent may be useful in the treatment of human cancer".

Hydrazine Sulfate was a popular alternative cancer treatment until the FDA stopped the company from selling it directly to the public in the mid-1970s. Although there is some conflicting research on Hydrazine Sulfate; however, most carefully designed studies have shown it does not help people with cancer live longer or feel better.

Although this is an alternative cancer treatment, it cannot be considered a natural therapy because it is not based on any known mechanism of the body.

### **How Hydrazine Sulfate Works**

It is said that Hydrazine Sulfate relieves cachexia, which is one of the most devastating syndromes resulting from cancer and other conditions such as AIDS.

Cachexia occurs when cancer disrupts the body's metabolism, leading to progressive loss of appetite, weight loss, weakness, and muscle atrophy. This debilitating condition affects about half of all cancer patients, especially those with advanced cancer of the lung, pancreas, or gastrointestinal system. It is responsible for 10% to 22% of all cancer deaths.

According to some theories, cancer cachexia is due to energy loss resulting from cancerous tumors taking energy from normal body functions, causing a kind of energy short circuit. For example, energy that should be devoted to maintaining muscle mass is redirected to the tumor. Proponents claim that Hydrazine Sulfate may block a key enzyme in this process and restore the proper energy circuit, halting the progressive decline associated with cachexia.

Studies show that Hydrazine Sulfate has many effects in the body. However, research has produced conflicting results. Some studies have found that Hydrazine Sulfate inhibits the growth of cancerous tumors in laboratory animals, while others report that the chemical can damage DNA and trigger the development of tumors. It also may promote the growth of existing tumors.

Research in humans has not been encouraging. Several randomized clinical trials found that Hydrazine Sulfate treatment did not reduce the size of tumors, or increase patient survival time. Some patients reported feeling better for brief periods during treatment with Hydrazine Sulfate including experiencing less pain, lower fever, and increased appetite. Other studies reported that patients treated with the chemical had more normal glucose metabolism, weight gain, and improved appetite. Some patients experienced feelings of euphoria that developed after nearly six months of therapy.

A 1990 study of 65 patients with inoperable lung cancer found that adding Hydrazine Sulfate to a combination chemotherapy treatment improved patient's nutritional status. Patients were able to consume more calories and showed other positive metabolic changes. Among patients who started the study in better condition, those given Hydrazine Sulfate lived longer than those taking a placebo. Among those who started in worse condition, Hydrazine Sulfate did not improve survival. Based on this study, the National Cancer Institute (NCI) felt that additional studies involving more patients were needed.

Reports published in 1994, based on three studies sponsored by NCI, described treatment involving a total of 636 patients who had advanced lung cancer, colon cancer, or leukemia and who received Hydrazine Sulfate along with their chemotherapy regimen. None of these well-controlled studies showed that Hydrazine Sulfate provided any benefit to cancer patients. Nerve damage occurred more often and the quality of life was significantly worse among the group receiving Hydrazine Sulfate. After the studies were published, proponents of Hydrazine Sulfate claimed that the studies were flawed. However, a review by the US General Accounting Office, a federal agency, confirmed that the studies were done correctly and that their conclusions were valid.

### **How Hydrazine Sulfate is Administered**

Hydrazine Sulfate is usually given in pills or capsules. It can also be injected. A common dose is 60 mg 4 times/day for several days, then from 2 to 3 times/day for 35 to 40 days. Treatment is then stopped for 2 to 6 weeks and is sometimes repeated for up to 40 times.

Hydrazine Sulfate is not approved for use with cancer patients in the United States. It can be obtained by physicians through the investigational new drug (IND) program of the FDA. In Canada, Hydrazine Sulfate is available by prescription. It is widely used in Europe, and in Russia, where it is known as Sehydryn.

### **Possible Side Effects of Hydrazine Sulfate**

Side effects are uncommon, but include mild to moderate levels of nausea, vomiting, itching, dizziness, poor motor coordination, and/or tingling or numbness in the hands and feet.

Hydrazine Sulfate should not be taken with tranquilizers, barbiturates, alcohol, or foods high in tyramine (e.g., aged cheeses and fermented products). Liver damage can be caused by very high doses (i.e., over 20 times the regular dose). Women who are pregnant or breast-feeding should not use this therapy.

### **Research Data Available on Hydrazine Sulfate**

Hydrazine Sulfate has shown mild anti-tumor effects in studies, it is most important in blocking the debilitating side effects of tumors. As many as 50% of

cancer and AIDS patients do not die as a direct result of the disease, but rather of cachexia, a wasting away of the body, which reduces them to skin and bones.

This cachexia is caused by a circular process in which mutant cells get their energy from glucose, but metabolize it incompletely, producing lactic acid. This imbalance causes the liver to expend energy to convert the lactic acid back to glucose. The glucose again feeds the cancer cells, which produce more lactic acid, etc. The body's expenditure of energy in this process eventually results in it wasting away. Taking Hydrazine Sulfate might stop weight loss, restore weight gain, restore appetite, reduce pain, and restore the patients feeling of well being. When taking Hydrazine Sulfate you should avoid alcohol, barbiturates and foods containing tyrosinase which is found in bananas and aged cheeses.

Hydrazine Sulfate has four possible roles in a nutritional wellness program for serious illness:

1. To enable a patient to survive long enough so that conventional therapy or a wellness program can have time to work.
2. To enable a patient to return to sufficiently good health so the body's natural defences are restored.
3. To enable a patient's survival time to be healthier and more pain free.
4. To enable a patient to survive indefinitely with cancer or other dread diseases present, but fully under control.

Dr. Gold himself analyzed 84 terminally ill cancer patients who had been treated with Hydrazine Sulfate under a drug company's investigational new drug (IND) license. He found that 59 out of the 84, or 70 percent, improved subjectively while 14 out of the 84, or 17 percent, improved objectively. Subjective responses included increased appetite, weight gain or stoppage of weight loss, increased strength, improved performance status and decreased pain.

Objective responses included measurable tumor regression, disappearance of cancer-related medical problems and more than one year of stabilized condition. About half of the people who responded had no other cancer therapy while they were receiving Hydrazine Sulfate. Some patients relapsed quickly; other remissions were long-term.

In Gold's 1975 study, the side effects were mild, consisting for the most part of a few incidents of tingling in the fingers and toes, nausea, itching and drowsiness. There was no indication of bone marrow depression.

Hydrazine Sulfate could be used alone or in combination with other drugs. In 1981, Gold showed that Hydrazine Sulfate treatment resulted in marked appetite improvement. In those patients receiving Hydrazine Sulfate alone,

appetite improvement occurred in over 86 percent. In those who were also receiving conventional chemotherapy, it was almost 70 percent. Average weight gain for people receiving Hydrazine Sulfate alone was 8.2 lbs, while for those with other therapies it was only 0.6 lbs.

In the 1980s, Rowan Chlebowski, MD, PhD and colleagues at Harbor Hospital-UCLA studied 38 patients with advanced cancer and weight loss. Patients were placed in a carefully-controlled study to evaluate the influence of Hydrazine Sulfate on carbohydrate metabolism. They were given a standard dose of 60 milligram capsules three times a day for 30 days. Glucose tolerance was much better in patients who received Hydrazine Sulfate than in those who received a placebo ("sugar pill").

Side effects of Hydrazine Sulfate were minimal. In one study, over 70 percent of the patients reporting no toxic effects. The UCLA team concluded that "Hydrazine Sulfate can influence the abnormal carbohydrate metabolism associated with weight loss in patients with cancer".

Hydrazine Sulfate was also evaluated in 101 heavily pretreated cancer patients who were suffering from weight loss. After one month, 83 percent of the Hydrazine Sulfate-treated patients, but only 53 percent of the controls, were able to maintain or increase their weight. In addition, UCLA scientists reported appetite improvement was more than twice as frequent in the hydrazine group. The Hydrazine Sulfate patients did not simply consume more calories, but utilized calories better than did the control patients.

In a large study of lung cancer patients, the UCLA researchers reported on 65 patients with non-small-cell lung cancer which could not be operated on. All the patients received the same combination of standard chemotherapy (cisplatin, vinblastine and bleomycin) and the same dietary counseling. But patients who received Hydrazine Sulfate showed much greater intake of calories. Survival was somewhat greater in the Hydrazine Sulfate-treated group, especially those with less advanced cancers. A team of 11 scientists at the N.N. Petrov Research Institute of Oncology, Leningrad (St. Petersburg) have been working on Hydrazine Sulfate since the 1970s. The Russians have had the greatest single clinical experience with Hydrazine Sulfate, having treated and evaluated over 740 patients.

The patients were of many kinds, including 200 with lung cancer, 138 with stomach cancer, 66 with breast, 63 with Hodgkin's disease and 31 with melanoma. Patients were treated for one month at a time. If their disease became stabilized, there was an interruption of two to six weeks. Then they were treated again for a month. Nearly half the patients had less cachexia while on the treatment: 14 percent had pronounced and 33 percent had moderate benefits. In addition, 10 percent showed tumor regression. All had disease stabilization.

Thus, in the Russian, as in the Syracuse and UCLA studies, Hydrazine Sulfate did something few other treatments could do: it inhibited the wasting process. The best results were seen with desmosarcoma, neuroblastoma, laryngeal cancer, Hodgkin's disease and breast cancer.

Later studies showed: Hydrazine Sulfate increased appetite, decreased pain, diminished anorexia, stabilized tumor growth and promoted survival. And it had few side effects.

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## Bonus Report: CSCT

# Cell Specific Cancer Treatment: High-Tech Non-Invasive Electromagnetic Therapy

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### For Immuno-Augmentative Therapy

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**Toll free:** (877) 741-2728

**Fax:** (519) 585-1691

**Website:** <http://www.csct.com>

**Location of Clinics:** Dominican Republic, Mexico, London (England)

**COST:** Approximately \$20,000.

There is information on reduced price or free treatment in the online brochure for those who cannot afford to bear the cost.

**Medical Supervision Required:** Cell Specific Cancer Treatment is therapy that requires you to travel to one of the clinics that offer it in Mexico, the Dominican Republic, or London, England. The duration of the clinical treatment is minimum three weeks.

## **What is CSCT**

CSCT or Cell Specific Cancer Treatment is a high-tech, non-invasive electromagnetic therapy that is entirely benign, without any side effects or discomfort. It is not a complete solution against cancer in itself but it lessens the tumor burden, without any invasive measure, and without exacting a toxic price from the metabolism. This technology uses permanent magnets and electromagnetic frequencies to achieve a partial reduction of the tumor by recognizing, targeting and killing cancer cells.

In some cases it was able to completely eliminate any detectable sign of cancer, but in most cases it does exactly what its name says, diminish the tumor burden by being cell-specific in targeting tumorous cells.

This treatment should be combined with other modalities. Some people may not be able to do that simply because of financial considerations. For those who can easily afford the price and the travelling costs to one of the CSCT Centers, this method may prove to be a very valuable aid in their effort to recover from cancer.

## **How CSCT was Developed**

CSCT is not the first revolutionary cancer device based on energy, frequency, and electromagnetic waves, but it may be the first to survive the ravages of the FDA, American Medical Association, American Cancer Society, and other enemies of effective alternative cancer cures.

Back in the 1920s, American inventor Raymond Royal Rife of San Diego, California, developed a sophisticated microscope capable of examining live specimens, a technical feat still beyond the reach of today's electron microscopes. Rife's microscope enabled him to study a realm of biology never before seen close up—the world of viruses and living cancer cells.

Rife also figured out a way to kill cancer cells using electronic frequencies, using a device he called the Frequency Generator. After three months of daily treatment with the Rife device, fourteen out of sixteen "incurable" terminal cancer patients were declared clinically cured and in good health by a staff of five M.D.s.

When word of Rife's breakthrough got out, the conventional medical authorities closed ranks and began to discredit him. The American Cancer Society refused to acknowledge his clinical study, the American Medical Association (AMA) threatened to revoke the licenses of doctors using the device, and the FDA outlawed it.

The story has an even darker side. According to Barry Lynes and John Crane in *The Cancer Cure That Worked!* (Marcus Books, 1987), in the late 1930s, Morris Fishbein, M.D., then president of the AMA, first tried to buy into the Rife device by becoming an investor. When Rife refused, Dr. Fishbein used all his political power to persecute Rife and to organize a disastrous court case against Rife in 1939.

The inventors of CSCT were "inspired" by what Rife did with frequency and electricity, says Richard Liang, Ph.D., the physicist at the Center for Cell Specific Cancer Therapy. "Our machine is not an expansion or improvement of the Rife device, but his idea is the major motif in our process." The CSCT inventors "found a way of using much less power and in a less complicated but more efficient form than Rife did, and with instant feedback on results," adds Center co-director Michael Reynolds. It is hoped that CSCT will escape the outrageous fate of Rife's frequency generator by its inventors having located it outside the jurisdiction of U.S. medical authorities.

### **How does CSCT Work?**

Put most simply, the CSCT destroys cancer cells by targeting them with manipulable magnetic energy says Reynolds. The product of eight years of concentrated research and development by its inventors, Bob Scarbrough and Jim Claxton, both from Tennessee, the CSCT consists of a donut-shaped ringor collar containing two types of magnets. First, there is an array of low-strength permanent magnets, creating a steady electromagnetic field. Second, there is an electromagnetic coil passing through this array. This can be crudely pictured as an egg-shaped energy aura. As an electric current passes through the coil, it creates a dynamic, varying electromagnetic field around the coil, and this dynamic field (also egg-shaped) interacts with the static field emanating from the permanent magnets.

The result is a complex interacting electromagnetic field, says Reynolds. The CSCT is designed to enable the operator to adjust or manipulate this field, somewhat like fine-tuning a radio. One can use electricity to change the shape of the complex electromagnetic field simply by changing the dial setting. This fact explains why the device's core technology in scientific jargon is called a frequency-modulated, pulsed electromagnetic field, says Reynolds.

The pulsing comes from the 60-Hertz electric current that enters the electromagnet in regular bursts at the rate of 60 times per second. Frequency modulation is an electronics term that means the sound vibration (or wave) can be adjusted in terms of the size of the wave and its duration. This effect is roughly akin to a mute being placed over and removed from a trombone.

Additionally, by altering the electric current, one can reverse the polarity of the permanent magnets, from north to south and back again, as needed. This

polarity reversal of the electromagnetic field can be done in regular cycles (i.e., north, south, north, south, etc.), says Reynolds.

The "killing agent" in the CSCT is the precisely-focused complex electromagnetic field. "Frequency, magnitude [size], and time are the three intervals that you coordinate in the matrix to achieve the maximum effect," says Richard Liang, Ph.D., the resident physicist at the Center for Cell Specific Cancer Therapy. Cancer cells can be precisely targeted and destroyed by physicians using an energy beam.

If the immune system is compromised through faulty diet, inadequate nutrition, too many toxins, harmful energies—at least thirty-three potential carcinogenic factors have been identified—then it is possible for these few naturally-occurring cancer cells to remain and form a cluster, and from this, to multiply into a tumor.

All cells, including cancerous ones, constantly undergo metabolism, which is the processing of foods and nutrients to release energy and water. In this process, there are electrical activities, in which positive and negative ions flow in and out of cells across the cell membrane in a state of equilibrium. This flow is called the ionic channel; the ability of a healthy cell to keep things in balance is called membrane potential.

While normal, healthy cells require approximately 30 steps to complete their metabolic processes, cancer cells take many short cuts, and complete theirs in about four. Normal cells, (which are aerobic, using oxygen) make use of at least 90% of their nutrients, but cancer cells (which are anaerobic, operating without oxygen) are highly wasteful, crude, and inefficient metabolizers, leaving behind about 80% of the raw materials.

Perhaps as a result of this, they give off an excessive amount of ions, far more than normal cells. It is this excessive ionization that the Center's device is able to pinpoint, explains Dr. Liang. The excess ionic products of the cancer cells are positively charged. Positive ions produce that stultifying, energy-dampening feeling in the atmosphere just before a thunderstorm or in a stuffy, poorly ventilated office.

The following analogy may make this clearer. Consider that you are observing, through an infrared tracking device, a person calmly eating lunch. Through the infrared lens, you see a steady orange nimbus six inches thick around the person; this is a picture of the heat emanations from the person's body. Analogically, this represents the picture of a healthy cell.

Now let's observe a second person eating lunch, except this one is highly agitated, anxious, and full of temper. The infrared image shows a much bigger heat aura around the person. It is pulsating bright red and rays dart out

sporadically. This represents the image of a cancer cell, and it is detectable by the special electromagnetic sensing device used at the Center for Cell Specific Cancer Therapy.

"The atypical metabolic system used by cancer cells is like a beacon that enables us to target them," Reynolds explains. "Nothing else in the human body produces that energy signature." As Dr. Liang explains, the cancer's distinctive way of processing nutrients produces excessive amounts of ionic product and these collectively emit detectable energy which the Center's scanning device picks up as a signal that cancer cells exist.

The scanning procedure is simple and relatively quick, says Reynolds. The patient wears a surgical robe and lies on a table; the doctor positions the Cell Specific Cancer Therapy (CSCT) scanning device over different parts of the body, moving from head to foot, scanning the body in lateral segments. Usually, the body is scanned in zones about twelve inches wide.

Conventional equipment for detecting cancers in the body is only able to identify them when they are relatively large and already dangerous. But what if there were a scanning device that could pinpoint the tiniest amounts of newly generated cancer cells anywhere in the body, marking their precise location like blips on a radar screen? And what if there were another noninvasive device that was able to target these minute cancer clusters (or tumors, if necessary) and kill them quickly with a beam of energy?

It sounds fantastic, the kind of notion that science fiction writers might envision for the medicine of a far-off future. Yet, according to John Armstrong and Michael Reynolds, directors of the Center for Cell Specific Cancer Therapy in Santo Domingo, in the Dominican Republic, that is precisely what their year-old treatment center is offering cancer patients.

Armstrong, originally from Orem, Utah, and now based in Santo Domingo, is a former cancer patient successfully treated by this therapy, while Reynolds is a businessman who commutes regularly from his home in San Francisco, California, to the Caribbean center. Their cancer treatment approach is simple yet radical: kill the cancer cells with magnetic energy from the CSCT.

### **About the CSCT Clinics**

According to Armstrong and Reynolds, since opening their clinic doors on August 13, 1996, the technique has successfully reversed cancers in more than fifty percent of their hundred and fifty clients by targeting only cancer cells and destroying them with a pulsed electromagnetic field. Not only were these cancers reversed, there was no detectable cancer remaining in the body.

While the clinic does not claim to "cure" cancer, Reynolds says the therapy "is designed to reliably kill active cancerous cells in a patient's body, even after

metastasis has occurred and even in Stage IV cancers, without causing any damage to healthy cells. There are no side effects and no after-effects." Armstrong and Reynolds are so confident that their technology can kill cancer cells and reverse tumors that they refund the entire fee to any patient who doesn't respond to the initial treatment within the first few days.

The CSCT device is able to detect and specifically target cancer cells by taking advantage of a unique condition of cancer cells. They have an atypical metabolism, says Richard Liang, Ph.D., the Center's resident physicist, director of research and development, and the expert responsible for fine-tuning the equipment. Dr. Liang holds a doctorate in nuclear engineering from Columbia University in New York.

### **Research Data Available on CSCT**

With time and experience, Reynolds' team has been building up an inventory of cancer signals and scanning frequencies, a bit like coming to know the names and locations of individual radio stations on an AM/FM radio dial. A lymphoma cell (cancer of the lymph system) will have a slightly different beacon signal from a melanoma (skin cancer). This inventory enables the CSCT operator to fine-tune the scanning beam according to body location or type of cancer.

Patients feel nothing nor are they confined in a potentially claustrophobic scanning chamber as with magnetic resonance imagings (MRIs). The CSCT device, which resembles an elevated donut-shaped ring (five inches thick) set on moveable tracks, is slowly moved over and down a patient's body. "With the CSCT device, the patient will not have any sense of being enclosed or surrounded," says Reynolds.

The physician marks the cancerous sites—the device does not quantify how many cancer cells, so it could be 40 or 40,000 in a given location—on a generic body chart and by magic marker pinpoints on the patient's skin. When cancer cells are pinpointed, the device makes a beep; when the cancer cells have been killed, there is no beep.

The CSCT device not only scans the body for cancer cells, it delivers the killing blow that destroys them. Physicists (and mystics) know that all matter is energy at varying rates of vibration or frequency. A healthy liver cell vibrates at a specific, distinctive frequency, just as a cancerous liver cell vibrates at its own measurable frequency. The CSCT device identifies the sound (or frequency) of the cancer cells, matches it precisely, and sends it back to the cells.

As Dr. Liang explains, this introduces chaos into the cancer cells; they become unstable, begin to vibrate at irregular rates, rupture, and fall apart, dead. The process is poetically similar to the famous Biblical image of tumbling the walls

of Jericho by precisely targeted sound. But the destructive process is completely specific to the targeted cancer cells; healthy cells are unaffected by the killing beams of CSCT electromagnetic energy, says Dr. Liang.

"The strength of the CSCT device lies in its ability to give the operator instantaneous feedback: it tells us when we're on target and being effective—when we've killed cancer cells." Treatments last about 30 minutes, and are usually given twice daily with a five-hour rest interval. Patients typically spend up to three weeks receiving treatments, staying at nearby hotels as the Center is set up only for outpatients, Reynolds explains.

When the full-body CSCT scan reveals no more signs of active cancer in a single scanning session (and further testing, including independent blood work, has confirmed these results), the treatment is deemed complete and patients are sent home. It may take the body some time to process and eliminate the now dead cancer mass, so the patient has to deal, temporarily, with the paradoxical situation of still having a sometimes palpable tumor mass yet being free of active, life-threatening cancer.

"We've observed that different patients heal at different rates, so the after-treatment state can vary considerably among patients," Reynolds explains. "Some people with a large tumor will not show any signs of tumor reduction at the Center, yet their cancer markers (according to laboratory blood tests) will decrease and their CSCT scans will come clear. It can take several months for the tumor to be dissolved by the body."

While CSCT can usefully treat patients who have had chemotherapy and radiation, the technique cannot "see" and therefore cannot treat those cancer cells which have received sub-lethal doses of chemotherapy or radiation, says Reynolds. These toxic procedures do not kill all cancer cells but rather slow down their metabolism so much as to render the cancer cells metabolically inactive and functionally invisible to the CSCT scan.

"It's almost as if the cancer cells are put in a state of suspended animation," Reynolds comments. Put in another way, chemotherapy and radiation certainly kill some cancer cells, but not all of them. Many are simply "wounded." "If a cancer cell receives a sub-lethal dose of chemotherapy or radiation, like a felled boxer, it's down for the count—but not necessarily out." If all chemotherapy does is slow down a cancer cell's metabolism, this casts serious doubt on the validity of chemotherapy-induced remissions. "Remission means we can't find anything right now; the cancer is either dead or sleeping, but we don't know which."

Seemingly, by definition, a remission obtained this way is sure to be short-lived, Reynolds speculates. "This means that chemo-therapy and radiation

treatments are going to leave a time bomb behind in the patient's body, and nobody knows how long the fuse is or when the cancer will come back."

But in many cases the cancers do grow back, as evidenced by chemotherapy's abysmally poor five-year average success rate of about 7%. CSCT physicians have to wait until the chemotherapy or radiation effects wear off and the cancer cells become metabolically active again before they can decisively kill them with CSCT energy. In effect, chemotherapy and radiation treatments get in the way of killing cancer with CSCT. However, often a patient has some "dormant" cancer and some active cancer that chemotherapy has missed, or that grew after treatment. Having had chemotherapy does not block the effect of CSCT on the active cancer cells.

The type or severity of the cancer does not determine if CSCT can be used, says Reynolds. Patients with seriously metastasized Stage IV cancers can be successfully treated. The type of patient that the Center, reluctantly, must turn away, is the one requiring sophisticated or emergency medical care, such as blood transfusions, or patients with internal bleeding, grossly enlarged internal organs, or other conditions requiring around-the-clock medical care, says Reynolds. "We can deal with the cancer, but we are not equipped to treat all the other collateral damage a patient may present," Reynolds confides.

Even for the cancer patient who has already received all conventional treatments without benefit, whose cancer has progressed to Stage IV, and who is facing imminent death, "CSCT can grab hold of them and pull them back from the edge," Reynolds states.

Reynolds estimates that 80% of patient applications are accepted for CSCT treatment, and of these, 20% drop out of the program because the approach does not work for their cancer. "If the treatment is going to work for a patient, it will stop the growth of the cancer usually with the first treatment, and then it's only a matter of regressing it."

The Center's medical director, Ariel Antonio Perez Ubiera, M.D., concurs. "We kill cancer in place. We are not cutting it away. We are only changing its growing characteristics. Usually it takes a while to see a reduction in tumor mass. But it very often happens that when you take an MRI before and after treatment you see one of two things. Either the tumor stops growing or it actually decreases in size. Either is a positive sign that the therapy is working."

It is still too early in the history of the CSCT Center for its long-term success rate to be known. "But the short-term results seem excellent," offers Dr. Clement. "Their device seems to be working. I've been there and seen the patients. Their operation is extremely ethical. If they can't help you, they don't accept you."



One of the additional advantages of CSCT may be found in its ability to treat brain cancers, Dr. Clement says. Brain cancers are highly resistant to chemotherapy drugs; a drug must cross the usually impermeable blood/brain barrier to get into cancerous brain tissue.

"That's why conventional treatment of brain cancer is very, very poor," comments Dr. Clement. "CSCT is not given via the blood but rather through magnetic waves, which can directly influence brain tumors. The fact that CSCT has any control or effect at all on brain tumors is remarkable and an important aspect of the Center's work. Another important feature is that the treatment is not invasive, harmful, or repressive of the patient's immune system."

The Center has an unusual pricing policy for treatment. They charge a flat fee of \$20,000 (US) regardless of how many treatment sessions are required. There are no additional charges, other than room and board, which Center patients secure in Santo Domingo. Those who are judged (through a strict means test) as unable to meet the treatment fee are eligible for treatment at a lower rate or at no charge at all, says Reynolds. "We have a flexible policy on fees. We never turn anybody away because they don't have enough money," Reynolds adds.

To put this in context, a typical conventional cancer treatment, from diagnosis to death, can often cost an insurance company \$350,000. Once insurers start reimbursing for CSCT, the cost-savings should be unassailable, Reynolds states.

The Center's physicians are upbeat about the prospects for long-term success with CSCT. Grisel Canahuete Rodriguez, M.D., comments: "I have seen patients who have been treated with chemotherapy and radiation. The difference here is we are trying to find a more positive way to treat people without having all the side effects and destroying their immune system. Although it is still in its experimental stages, CSCT could make a difference in cancer treatment and should be considered by conventional doctors."

## TESTIMONIALS

### **Reversing Stage III Ovarian Cancer**

One of the Center's first patients was Mara, age 40, who flew from New York to Santo Domingo for treatment of her Stage III ovarian cancer.

Mara had entered surgery in Mount Sinai Hospital in New York in early July of 1996 for treatment of what doctors believed to be a large ovarian cyst; it was only during surgery that they discovered it was a tumor instead. There was also a tumor growing on the pelvic wall. The surgeons performed a radical hysterectomy, removing all of Mara's uterus and both ovaries, and put her on large doses of antibiotics.

The cancer discovery was a shock because, other than having a self-described "massive appetite" and looking somewhat drawn and tired and sometimes feeling unusually exhausted, Mara had had no cancer-identifying symptoms. On the other hand, cancer was in her family, as her mother had died in her forties of breast cancer.

Mara had had regular mammograms for the previous five years and had been seeing a gynecologist twice yearly for checkups since the age of 15 and recently to monitor the status of fibroids in her uterus. "I don't think anyone could have looked after themselves more than I did, yet the doctors still missed my cancer. I felt very let down by the medical establishment."

Seven days after her surgery, Mara submitted to a round of chemotherapy with taxol and carboplatin, "but it didn't feel right," she says. "I couldn't believe in poisoning my body to effect a cure. It didn't make any sense." Her doctors gave her about a 20% chance of survival with the chemotherapy. Mara cancelled the chemotherapy after one day of experiencing its poisonous effects.

Mara was already acquainted with alternative cancer therapies, and for a short while took Haelan 851 (a liquid fermented soybean concentrate) and hydrazine sulfate (a synthesized substance). These are two alternative anticancer agents that are often effective in strengthening the immune system (Haelan) or halting weight loss from cancer (hydrazine sulfate). In Mara's opinion, these substances "bolstered my body."

About seven weeks after her surgery, Mara learned about the Center for Cell Specific Cancer Therapy and boarded a plane for Santo Domingo to begin

treatment. "I felt very strongly about this approach because it is completely noninvasive. I think it's the cancer technology of the future."

After Dr. Ubiera performed the first whole-body scan on her, using a purple felt-tipped pen to mark on her skin the site of cancer cells in her body, "I looked like I had measles," Mara recalls. "It was discouraging. The surgeons thought they had removed all the cancer, yet here was all this additional cancer in my body."

The scan indicated Mara's cancer had spread to her lymphatic system; the next day, Dr. Ubiera began Mara's first treatment. "I didn't feel anything, no side effects whatsoever, and I was not tired afterwards, either," says Mara. She had 14 treatments over the course of ten days, after which she scanned clear. This meant Mara's cancer was not only reversed, but dead. Dr. Ubiera cross-checked Mara's progress with frequent blood and urine tests, which gradually cleared of any signs of cancer as well.

In November of that year, Mara returned to her gynecological oncologist and reported her results. He was entirely noncommittal and asked her nothing about the CSCT procedure, says Mara. "It was amazing. I guess he couldn't jeopardize his position by expressing interest in the technique."

But the doctor couldn't deny the evidence of a sonogram that day that showed Mara completely free of cancer. Every month since her CSCT, Mara has had a CA125 blood test, which is a standard cancer marker analysis for ovarian cancer; each time it has tested clear of any signs (or markers) of cancer.

"If I'd known about CSCT before my surgery, I never would have gone through with the operation," she states. "That's how much I believe in it. This could make everything else in the world of cancer treatments obsolete." In mid-April 1997, physicians at the Mount Sinai Hospital in New York City declared Mara "disease free."

### **Reversing Pelvic Sarcoma**

In December 1996, April, age 14, was diagnosed with a type of invasive cancer called "Pelvic Ewings sarcoma non-osseous." The tumor was growing on the inside of her peritoneum, which is the membrane lining separating the internal organs from the ribs and muscles. At the time of her first ultrasound, April had an abdominal tumor that was visibly bulging; her parents had hoped it was only a large ovarian cyst, but it was cancer.

The symptoms of cancer had been appearing one by one over the previous nine months, according to April's mother, Mary Ann. April couldn't get a tan in the summer months, she lost weight, dropping down to 80 pounds, had fevers twice a month, suffered back pains, and felt tired all the time.

The day after receiving the diagnosis, April underwent surgery at Yale-New Haven Children's Hospital in Connecticut, during which a grapefruit-sized tumor was removed from her pelvic area, where it had attached itself to her pubic bone and bladder. April was left with an eight-inch scar. The surgeons said they had excised about 98% of the tumor, but that they were unable to remove the remaining 2%. They labeled it a "contained tumor," with cancer showing up nowhere else in the body.

April's oncologist started putting pressure on the family to agree to chemotherapy, but Mary Ann wanted more time to seek second opinions and think about her options. The oncologists gave Mary Ann two weeks to consider her alternatives before turning up the heat on her to begin April's chemotherapy and radiation. In fact, Mary Ann says the medical authorities "harassed" the family to start the chemotherapy, even threatening to file a negligence complaint with the state of Connecticut. Mary Ann left it to her husband to fend off the oncologists (these matters were eventually straightened out) while she took April to Santo Domingo for CSCT treatment.

According to Dr. Ubiera, April underwent 18 CSCT treatments over a 17-day period in January, 1997. The initial scans showed that April had cancer cells all over her pelvic area, on her left leg, her back, and her hand. "If left untreated, I'm sure April's cancer would have grown back," says Mary Ann.

The family's religious beliefs precluded blood transfusions and therefore chemotherapy because it often requires transfusions, so learning about CSCT and getting quickly scheduled for treatment was a stroke of good fortune. "The important issue is that the medical field could not offer us the best possible care to meet with our daughter's strong religious convictions, so it was necessary for us to search for an alternative treatment which would allow for them."

Three months later, in April, 1997, an MRI and CT bone scan at Rhode Island Hospital Department of Diagnostic Imaging in Providence showed "no evidence of bony metastatic disease," no sign of cancer in the chest, abdomen, or pelvis, and "normal activity throughout the skeleton." While at the hospital, April and her mother found themselves in the midst of 14 children milling about. Each had a bald head and a very pale, whitish complexion—two of the standard side effects of chemotherapy.

Mary Ann comments on that visit: "I kept saying to myself, why can't they just get a CSCT machine in here and help these kids? Why put them through all this? It was very sad. I felt almost guilty sitting there with a nicely tanned, healthy teenager who was spared all of this."

According to the surgeon who had removed the original tumor, April was "free from any new disease in her pelvis." On July 19, 1997, Mary Ann stated that

"almost eight months from the surgery, there has been no recurring growth of cancer. April has no symptoms at all, no pain, nothing, her energy level is excellent, and she has regained 17 pounds."

### **Reversing Colon Cancer**

When Maggie, age 53, was diagnosed with colon cancer that had spread to her liver, her oncologist told her there was no treatment available and he gave her 12 to 18 months to live. In fact, three different surgeons at two hospitals gave her the same dismal prognosis.

The previous year (1995), she had undergone surgery to remove a tumor the size of an orange from her abdomen. Maggie's doctor said the cancer was "localized, non-invasive," and not likely to spread; as such, it did not require chemotherapy, her oncologist said. Once every three months, Maggie underwent follow-up blood tests to monitor cancer markers; she had a CT scan, followed by an ultrasound. It was in one of these follow-ups that the doctor discovered the cancer had in fact spread to her liver. He told her: "There's nothing we can do."

Maggie felt constant pressure around her midriff from her swollen liver and colon; when she inhaled there was pain and pressure—"like a stitch." Although she was tired all the time and went to bed at seven in the evening, Maggie never gave up hope for a successful treatment.

She got on a plane and flew from Ontario, Canada, to the Bahamas, where she checked in at the Immuno-Augmentative Therapy Center (IATC) in Freeport. IATC was founded in 1977 by alternative cancer treatment pioneer Lawrence Burton, Ph.D.

Today, IATC's medical director, John Clement, M.D., works closely with the Center for Cell Specific Cancer Therapy in Santo Domingo, both taking and sending referrals. "We can control the growth of cancer at IATC, but we can't seem to get rid of the basic, underlying cancer itself in a number of cases," says Dr. Clement. After gaining improvements at IATC, Maggie went to Santo Domingo to complete her cancer reversal.

"The two therapies together are a must," says Maggie. The CSCT Center can effectively destroy the tumors while IATC "shows people how to keep their immune system in top shape." From her first day at the Center onwards, the air was full of positive talk about cancer reversal, Maggie noted. "In conventional cancer treatment hospitals, they only talk about how long you have to live; here they talk about how long until you get better. They can't save everybody's life, but they can save lots of people's lives."

During Maggie's initial CSCT scan, Dr. Ubiera identified eight sites of cancer cells. The next day, Dr. Ubiera began twice-daily treatments on Maggie; after one week, only one cancer spot remained, and after the second week, that spot disappeared and Maggie was judged to be free of cancer. All subsequent blood tests, taken monthly, have come back normal. When she came home, Maggie felt "tremendous energy." She returned to work full time, without pain, midriff pressure, or tiredness. "I just felt good."

However, Maggie knows that the struggle to rid her body of cancer is not fully finished. "CSCT kills cancer—there is no question about it. But you are still predisposed. There is a reason you got cancer in the first place. When you come home the cancer can come back very quickly, so you have to do everything you possibly can to build up your immune system so that it can cope with any new cancer cells."