# Natural Cancer Remedies

## ...That Work!

**How you can defeat cancer without chemotherapy or surgery!**

Morton Walker, D.P.M.

**Natural Cancer Remedies that Work**

By Morton Walker, D.P.M.

Published by Online Publishing and Marketing LLC



ISBN 1-59975-186-0



Printed in the United States of America

## About the Author

Morton Walker, D.P.M., successfully practiced podiatric medicine for 17 years. In 1969, he left his practice to become a full-time, professional medical journalist in the fields of alternative, holistic and complementary health. Since then, Dr. Walker has won 23 medical journalism awards and published 84 books as well as thousands of magazine, newspaper and clinical journal articles. His best-selling book titles include *The Chelation Way, Toxic Metal Syndrome, German Cancer Therapies* and *Hyperbaric Oxygen Therapy*. As a highly sought-after speaker, Dr. Walker frequently appears on TV and radio programs throughout the United States and Canada.

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# Chapter One
# *The Fever Therapy Known as*
# *WHOLE BODY HYPERTHERMIA*

**Nearly a century-and-a-half of clinical experience shows that a high body fever kills cancer cells.**

In 1883, a New York City surgeon, William B. Coley, M.D., came across a medical report -- a patient's case history -- published in 1868 by a family physician named Peter Busch. Dr. Busch wrote of a 43-year-old woman suffering from sarcoma of the face who experienced a "spontaneous" cancer cure.[1]

The cancer cleared up shortly after she recovered from a strep infection that gave her a fever of about 105 degrees Fahrenheit.

Dr. Coley recognized that a high body temperature, as reported, is the natural physiological way of coping with microbial infections. He was so intrigued with this concept which may be useful in treating malignancies, that he spent almost twenty years experimenting with lab animals that had been given various types of cancer. He developed bacterial strains known today as Coley's toxins. His toxins worked admirably for cancer-ridden laboratory animals. Then he went on to successfully infect and cure human patients suffering from advanced oncological conditions.

Dr. Coley published his amazing results in 1906. And that's where matters largely rested for the next 80 years. One of the reasons is that some patients suffered complications from the induced infections.[2]

Still, Dr. Coley did establish the value of full body fever for the treatment of certain cancers. While best known for his Atkins weight loss dietary program, the late Robert C. Atkins, M.D. personally reported to me that he treated his cancer patients with Coley's toxins, in conjunction with other natural therapies. It was the form of hyperthermia that was available to him at the time in his New York City office. Dr. Atkins found great satisfaction from seeing cancer patients respond positively to the hyperthermia he administered. On half-a-dozen occasions I brought friends to him to receive this therapy.

There's a lot more evidence that goes back before Dr. Atkins. In 1957 three American oncologists reviewed 450 cases of so-called spontaneous cancer remissions. They found that at least 150 of them -- about one-third -- followed acute infections involving high body fevers. Although published in the journal *Cancer Research*, their findings went almost unnoticed in North America.[3]

One exception to the indifference among health professionals was George Crile, Jr., M.D., of the Cleveland Clinic. Famous for his work on breast cancer, Dr. Crile was well aware that conventional cancer treatments had a poor track record. The 1957 study from the three Americans got his attention and Dr. Crile decided to investigate for himself.

## Deadly to Cancer, Safe for Healthy Tissue

Dr. Crile's animal studies, published in two journal articles, show that a

temperature of 107.6 degrees Fahrenheit damages the cells of at least one line of cancer, while normal tissue can tolerate temperatures three degrees higher. In other words, there is a temperature "window" where malignant tissues die while healthy tissue is unharmed.[4,5]

Other investigators confirmed Dr. Crile's findings in animals and also showed that high body temperature could be used successfully along with radiation and chemotherapy. Others studies show that, in humans, lower doses of radiation can be used to kill human cancers when the temperature of the cancerous area is raised during or after the treatment. The higher the temperature of the cancerous organ, the less radiation is needed to kill the cancer cells.[6,7,8]

But many patients can reap the benefits of the "heat treatment," called hyperthermia, without resorting to conventional therapies like chemotherapy and radiation. These conventional cytotoxic or "cell-killing" therapies are among the most dreaded consequences of a cancer diagnosis. As far as most of us are concerned, these "cures" are almost worse than the disease.

## You Can Escape the Dreaded "Cancer Industry"

I believe that you can use hyperthermia and the other therapies revealed in this Special Report to reduce or completely eliminate any need for the poisons, surgery and radiation of conventional oncology-the multibillion dollar North American "cancer industry".

In a 1976 article published in *Cancer Research*, scientists at New York's Albert Einstein College of Medicine found that cancer regressed and disappeared in mice treated with hyperthermia alone. The mice received no radiation or chemical therapies. In a control group of mice that did not receive the heat treatment, the cancers grew rapidly and all died within four weeks. [9]

Another American, Harry Leveen, M.D., of South Carolina, pioneered the development of machines to raise body temperature as a safer alternative to infecting patients with bacteria. Dr. Leveen's hyperthermia devices never won approval from the U.S. Food and Drug Administration (FDA). The FDA banned them and Dr. Leveen was forced to ship them to the United Kingdom where they were labeled "British hyperthermia machines".

Thanks in part to Dr. Leveen's work, most clinics that employ hyperthermia today do so with machines, not with bacterial infections.

## Banned in America, Celebrated in Europe

Despite the groundbreaking work performed in the United States, it is now hard for cancer patients to obtain this therapy anywhere in North America. Not so in Europe, where physicians interested in alternatives to surgery, radiation and chemotherapy have taken a keen interest. Hyperthermia is a well-established tool for fighting cancer in nearly every industrialized nation in Western Europe.

In fact, the application of heat for the treatment of human malignancies is now receiving intense study throughout the world, especially in Germany, Austria, France, Holland, Italy and Mexico.

I interviewed Vera de Winter, Ph.D., administrator of the Veramedica Institute of Munich Germany. She was one of the European researchers who ignored the

FDA's opinion and sought out Harry Leveen. In fact, she traveled to the UK to acquire one of the last of his hyperthermia machines and ship it back to Germany. There she engaged a highly qualified, oncology-trained M.D., and founded her own clinic.

Dr. de Winter told me her institute was recording a 90 percent success rate in reversing prostate cancer in patients. Her variant of hyperthermia also reduces benign prostate enlargement (BPH). In fact, hyperthermia holds great promise as a drug-free treatment for enlarged prostate and frequent nighttime urination.

Knowing that I was recording his remarks for publication, Murray "Buz" Susser, M.D., of Santa Monica, California told me that he had traveled to Munich to receive BPH treatment using hyperthermia. The therapy shrank the size of his prostate gland by a third and reduced his need to urinate from three times per night to one or none.

## Highest remission rate known

Dr. de Winter told me she has more than ten years of clinical experience with the use of systemic whole body hyperthermia and has treated over three thousand patients. She asserts, “From application of such elevated heat, the average remission rate for patients with advanced stages of cancer is 80 percent. There is no other treatment modality known with such a high remission rate."

Dr. de Winter went on to say that hyperthermia was being used successfully together with low-dose chemotherapy to treat advanced tumors of the liver, lung, pancreas, bone, colon, stomach, kidneys, prostate, peritoneum, large intestine and other sites.

She stated, "Whole body hyperthermia has shown itself to be safe and well tolerated, even by debilitated patients. Such systemic hyperthermia has provided successful results for advanced tumors, and it has an impact on distant metastases as well."

## International Conference Hails Hyperthermia

Just about every Western country except the United States and Canada was represented by a speaker at the Twentieth Annual Congress on Hyperthermia, held in Baden-Baden, Germany as part of Medicine Week. There was so much information that a follow-up conference was held a year later in Italy.

All the exciting research and clinical experience have produced several findings you should know about: Hyperthermia can be used on the *whole* body or on just the part of the body containing the malignancy. The latter method is called *regional hyperthermia*. There's no longer any need to use bacterial infections to induce a fever. A variety of heating devices can do the job.

For example, in localized hyperthermia the heat is administered by an antenna at the end of a probe injected into the tumor itself.

Experienced clinicians now know the safe, effective temperature range that kills or damages cancer cells while leaving healthy cells unharmed. Doctors have the technology to keep your body temperature in this safe range. And the treatment is administered to a patient for a period of an hour or two.

I spoke with Dr. Jozef Mendecki, one of the researchers who conducted the mice experiments thirty years ago at the Albert Einstein College of Medicine. He's

now an associate professor there and was extremely helpful to me in learning about hyperthermia. Working at this prestigious medical school, Dr. Mendecki has not only treated cancer with a combination of hyperthermia and radiation, but also reports success in treating BPH and AIDS.

I also interviewed a Mexico City M.D. named Carlos Fink Serralde. He described one of the modern pioneering techniques for giving cancer patients a "fever" safely and without resorting to infection.

What I am about to describe is the hyperthermia method used in North America (Mexico, Canada, and the United States) and not in Europe. In Mexico, Dr. Serralde sedates the patient and circulates his or her blood through a "heat exchanger" that is actually located outside the body. By means of tubes the blood passes out of the body, through the exchanger, and then returns safely to the patient's arteries. The whole set-up is a "closed loop" similar to those commonly used in conventional surgery to circulate blood outside the body.

The heat exchanger brings the body's temperature up to an ideal cancer-fighting 107.6 degrees F. The patient's temperature is carefully monitored at all times via thermometers placed on the body in several places. Dr. Serralde keeps the body at approximately 108 degrees for one hour to one hour and a quarter.

The patient may follow up the hyperthermia with radiation treatment if appropriate. But Dr. Serralde told me he never uses chemotherapy in tandem with hyperthermia and often uses hyperthermia by itself without conventional therapies.

In contrast to Dr. Serralde's approach to whole body hyperthermia, some oncologists in Germany warm their cancer patients first with infrared light.

## Bask under a heat lamp, cure cancer

While Dr. Serralde heats the patient's blood extracorporeally - outside the body -- one German doctor's approach directs an external heat source -- infrared light -- at the patient's skin to heat the blood in the capillaries just below the skin's surface. This generally gentle technique can gradually raise the patient's whole body up to any desired temperature.

I traveled to Germany and saw how hyperthermia is given to cancer patients. The German oncologists ask their cancer patients to lie down in a fabric enclosure that looks something like a rectangular tent. Before turning on the heat source, the doctor administers an immune-stimulating injection of interferon and other substances that induce a slight fever, but not high enough by itself to kill cancer cells. In addition, the doctor injects a glucose (sugar) solution to induce a carefully monitored episode of hyperglycemia.

The fever reaction and the hyperglycemia together bring about "a massive stimulating effect on the patient's immune system," according to an interpretation given to me by Dr. de Winter.

Following this there's a targeted introduction of deep-penetrating heat provided by an infrared A light. This produces a slow, controlled rise in the patient's body temperature, closely monitored by the physician until it reaches the desired level. The patient's body temperature rises generally up to about 42 degrees centigrade (107.6 degrees F.). In certain cases the patient may be anesthetized

if the doctor decides a temperature higher than 42 degrees C. -- "extreme hyperthermia" -- is needed.

## A Famous Actress Literally Sings the Praises of Hyperthermia

Please take note of the true case history that follows: The patient was a very famous German actress and singer, who had suffered from ovarian cancer with metastases to the liver and lungs. This woman was then fifty-three years old and much admired for her acting on the stage, in films, and in soap operas during daytime television. She has gone public with her cancer experience and has described it on many talk shows broadcast throughout the German-speaking world.

I'm permitted to tell her story to the world, but the actress's identity must not be revealed again because she fears that her popularity will diminish if people know of her prior cancer experience.

As recounted to me by her treating physician, "The first manifestation of her ovarian cancer was in 1991 when this patient underwent cytotoxic drug treatment at Munich University. She relapsed for the first time in 1993 and again was administered chemotherapy. Next, a relapse occurred for her in June 1996, but she did not react positively to additional chemotherapy given then. Months of progressive illness followed."

This famous patient was approaching death. Then her friends, colleagues and family persuaded her to try whole body hyperthermia.

Her admirers appealed to the doctor to help this woman. They said, "She is so much loved, so talented, and so famous. We want to have her alive. Please, can't you do something for her?" The doctor saw her for the first time in January 1997. She was troubled by a liver infiltrated with cancer, and her left lung had shut down from the cancer's metastases. She had severe hoarseness of the voice, hardly able to speak both from shortness of breath and from paralysis of the vocal cords.

## The Actress Experiences Complete Remission

Then she was treated with whole body hyperthermia, and the patient went into complete remission of her ovarian cancer. Nine years later, she still had no more ascites (abdominal swelling) and no liver infiltration. Her lung was completely open, vocal cords working well, and she'd been back on stage for several years, singing beautifully.

Just before Christmas 1997, the actress visited her oncological hypertherapist for a physical checkup, and he was able to report to her that all organs in her body were functioning properly and her laboratory readings were normal. The ovarian cancer, including its metastases, were gone.

The actress was so grateful, she provided her care-givers with a delightful gift. She performed a one-woman musical for the oncologist, the clinic staff, and all the patients. The two-hour performance took place in the clinic auditorium with newspaper reporters, television crews, and radio commentators in attendance.

The oncologist told me, "I was interviewed on television and radio over and over. The press asked me, 'What did you do? It's a miracle!' But I replied that this is no miracle; it's just correct medical application of whole body hyperthermia."

The hypertherapy specialist added,

"I have no doubt, as this type of heat treatment gets known, more and more patients will become healed of their cancers. The death sentence given by doctors to cancer patients that 'you have only so many days or weeks to live' will no longer exist."

## Resource

You may reach Vera de Winter, Ph.D., N.D., Veramedica Institute, Braunstrasse 7, 81545 Munich, Germany; telephone 011-49-8964-7692; fax 011-49-8964-2285-9; mobile telephone 011-49-17-1270-0797; email: veramedica@aol.com; website: http://veramedica.net/

# Chapter Two
# *Dimethyl Sulfoxide (DMSO)*

**This unique carrier solvent, made as a by-product of wood, eliminates most animal cancers on contact.**

During the spring of 1992, a renowned physician/surgeon, Eli J. Tucker, M.D., of Houston, Texas, contacted me at my home in Stanford, Connecticut. Dr. Tucker was no ordinary doctor – he'd been voted in 1990 by colleagues as the most outstanding physician practicing in the entire State of Texas.

Dr. Tucker asked for an appointment to visit. He said that a dozen of my published books were on his office library's shelves, and that he had information about a substance which permanently eliminates all types of cancer.

"Once you know about it, this stuff that I'm currently using for patients definitely will give you creative impulses to write another book strictly about DMSO," Dr. Tucker assured me. "All I ask is for you to give me a half-hour of your personal time to look at my before-and-after slides of treated cancers plus talk to a couple of patients who are cured of their disease."

When I protested that I was busy with other writing projects (I've written 84 published consumer health books) and could not take a flying trip down to Houston, Dr. Tucker said: "Hey, Dr. Walker, I'll fly up to you; I want to bring along the two patients, and take all of us out to dinner. Just give me a chance to show you what this wood stuff does to bring cancer victims -- dogs, horses, people -- back to good health. Will you let me come to your door this Sunday? Do you have a slide projector with screen?"

My answer was "Yes!" and "Yes!"

So Dr. Tucker arrived with his patients and opened my eyes to a phenomenal natural cancer therapy that I incorporated as Chapter Eleven into my book, *DMSO, Nature's Healer* (Avery Publishing, published in October 1993, as a quality paperback at $12.95). It's one of the more popular sellers at Amazon.com.

For four months afterward, I spent time interviewing over 60 Tucker cancer patients in Houston, performed literature searches on DMSO at Yale Medical School (this was before the Internet), and acquired the product as gel, crème, topical liquid, and injectable liquid.

I also made frequent telephone calls to the primary discoverer of this unique substance and its many medical attributes. His name is Stanley W. Jacob, M.D., and he's a prominent physician/surgeon, former head of the organ transplant program at Oregon Health Sciences University in Portland, and a professor at the university's medical school. I learned a great deal about DMSO and wrote my book accompanied by magazine articles on the subject. What follows are some happy tidings about (a) DMSO assuredly being among the more reliable natural cancer remedies and (b) a particular clinic in the United States where you can receive DMSO as an effective cancer therapy.

## First, Where to Get DMSO: Tulsa's Camelot Cancer Care

My book on DMSO had been in the marketplace slightly more than three years

when I received another significant telephone call on this subject. It came from Maureen Long of Tulsa, Oklahoma who had read Chapter Eleven and questioned me closely about the truth of my words.

Mrs. Long stated straight out: "My husband and I are prepared to bet his life on what you have written. Lazarus R. Long has come down with advanced stage non-Hodgkins lymphoma. There is nothing much available to eliminate Lazarus' cancer but, Dr. Walker, DMSO might help him if you are telling the truth."

Maureen Long is an intrepid woman who pulls no punches in pursuit of what's needed; she is straightforward in wanting to know everything relevant and undaunted by the delicacy of her husband's situation. She wanted to know if I was telling the truth, and she wasn't shy about it. I explained to her that for four decades I'd been working as a medical journalist, for seventeen years before that I had been practicing as a doctor of podiatric medicine. Today I report the facts coming out of holistic medicine as I know them to be truths.

During my conversations with Dr. Tucker, he reported to me that he had successfully treated non-Hodgkins lymphoma by administering a range of 12-to-56 intravenous (IV) infusions of DMSO. While an intramuscular injection of this material causes burning pain, an IV injection of it does not. The product's application as cancer therapy is considered "off-label" by the Food & Drug Administration (FDA). In ordinary medical usage of DMSO, it is FDA-approved for certain urinary tract diseases including intravesical instillation in the treatment of intractable urinary frequency due to chronic prostatitis, chronic cystitis, tuberculous contracted bladder, and interstitial cystitis.

What's more, veterinarians routinely use DMSO to treat animals, and you can buy it for topical self-administration in horse tack shops. Health food stores sell it too, but it's purest (i.e. safest) when taken internally or applied externally under health professional prescription.

## What is DMSO?

Dimethyl sulfoxide, a by-product of the wood industry, has been in use as a commercial solvent since 1953. It's frequently added to paints, varnishes, and motor products by auto mechanics, house painters, and other mechanics. You should never use the commercial grade for human application.

DMSO is also one of the most studied but least understood pharmaceutical agents of our time, at least in the United States. According to Stanley Jacob, MD, more than 40,000 articles on its chemistry have appeared in scientific journals, which, in conjunction with thousands of laboratory studies, provide strong evidence of a wide variety of properties. Worldwide, some 11,000 journal articles have been written on its medical and clinical implications, and in 125 countries throughout the world, including Canada, Great Britain, Germany, and Japan, doctors prescribe it for a variety of ailments, including pain, inflammation, scleroderma, the above stated bladder disease known as interstitial cystitis, arthritis, and elevated intercranial pressure. When entering a football team's locker room, the characteristic odor that strikes your nose is DMSO because many athletes know that when it's applied over an injured area it immediately removes pain and inflammation from ankle sprains, strained backs, and other injuries to the muscles, tendons, and ligaments.

## Lazarus Long Experiences Success Against Lymphoma

So – to get back to Maureen Long's

question -- did I tell the truth? I prefer that her husband Lazarus R. Long answer the question for me. He wrote about his successful lymphoma treatment to a Tulsa, Oklahoma oncologist with whom his Veterans Administration internist insisted he consult. It was a letter mailed in advance of the oncologist's evaluation of him as a patient who had self-administered a so-called "quack" cancer cure. The letter did save Maureen's husband from the need to expend energy on a conventional-medicine oncologist. It's also useful for educating people who might wonder about DMSO therapy for cancer.

Mr. Long wrote: "My regular physician at the Tulsa VA outpatient clinic, Dr. Aletty, insisted on referring me to you for follow-up, even though my recent annual physical examination has shown me to be in excellent health, with no indications of recurrence of my terminal illness: the Burkitt's form of Non-Hodgkins Lymphoma. I am now scheduled to see you on Tuesday, August 26, 2004. Dr. Aletty has asked me to provide my diagnostic imaging and pathology reports, together with a medical history, with specifics as to how I survived a high grade, aggressive B-cell lymphoma, which had progressed to multiple metastatic sites, after my initial left orchiectomy [testical removal] in November of 1996. (I had refused radiation and conventional chemotherapy. My malignancy was eradicated through use of an alternative treatment, intravenous DMSO, which the FDA has only approved for bladder instillation in the treatment of interstitial cystitis.)

"As you doctors are aware, the Burkitts form of Non-Hodgkins Lymphoma is known to be triggered by the Epstein-Barr virus. I suspect that I was exposed to Epstein-Barr in 1978, when I traveled to Africa on business. The Burkitts form of NH Lymphoma is indigenous to Africa, where it affects mostly children. But EBV can remain dormant for years. My lymphoma first manifested in my left testicle in 1996, as a painless lump, which grew rapidly to tennis ball size. My spouse researched the subject and learned that Burkitts form of NH lymphoma, in this country, is a disease of older men -- patients are in their 60's or older. Prognosis was grim; there were no known cases of 5-year survivability, regardless of aggressive treatment. My wife consulted the ultimate authoritative text: 'Cancer Principles & Practice of Oncology' (4th Edition, by Drs. DeVita, Hellman & Rosenberg) which clearly states that geriatric Burkitts patients are unable to tolerate conventional chemotherapy and often succumb from the side effects related to its toxicity.

"The Tulsa urologist and surgeon who diagnosed my testicular lymphoma and performed my first (left) orchiectomy in 1996 was Dr. Steven Cohenhour. (Now deceased from prostate cancer.) This doctor declined to perform the requested bilateral orchiectomy; telling my wife that her fear that the lymphoma would spread to my remaining healthy testicle was unfounded. (She was proven correct, and transferred my care to surgeon urologist Michael B. Smith, who treated my post-op complications from the first orchiectomy and later performed the second surgery.). . .

"My lymphoma not only progressed to my remaining testicle, making a right orchiectomy necessary by mid summer of 2000, but as you can see from the report of my gallium scan of August 20, 1999, metastatic disease progression (abnormal uptake in adenopathy) was by then evident in my remaining testicle, plus also the left clavicle and three regions of my spine.

"The gallium scan was ordered by Michael Lynch, M.D., who was filling in for my regular oncologist, Dr. Lance Miller of Oklahoma Oncology Associates. (It's a huge practice, with thousands of patients.) Dr.

Miller had predicted my likely death from this disease within an estimated 3 months, unless I submitted to localized radiation treatment directed at the scrotum, plus chemotherapy. My research determined that radiation would leave my prostate gland fibrous and woody, resulting in impotence and incontinence, so I refused. When I asked Dr. Miller for contact with Burkitt's lymphoma patients who had undergone the chemo treatment he was proposing, he admitted that none had survived the methotrexate and cytosine arabinocide.

"My wife and I began to investigate alternative cancer treatments. Finally we tracked down a medical maverick; Dr. Morton Walker, author of the book *DMSO: Nature's Healer*. And she finally found an elderly retired physician [Stanley W. Jacob, M.D.] at the University of Oregon at Portland, (the leading expert on DMSO), from whom she was able to elicit the treatment protocols.

"The hardest part of getting my alternative treatment with IV DMSO (Dimethyl Sulfoxide) was getting a physician to write a prescription for it off label. The FDA has only approved it for bladder instillation for the treatment of cystitis. I had to convince my personal physician that there was evidence of efficacy of DMSO in the treatment of cancer, and also prove to him that conventional chemotherapy was not survivable by a patient my age. (I was then nearing 70, and had just undergone my second orchiectomy.)

"Finally my doctor agreed, nervously, and he (and other eminent doctors in the alternative medicine field) anxiously monitored my progress. A home health care nurse came to my residence three days a week to prepare and start my IVs. She injected pure, pharmaceutical grade DMSO into a 250 ml bag of Ringers Solution, mixed it well, then adjusted the drip flow so that I could tolerate it without any flushing or dull headache. (The only known side effects, experienced by some but not all patients.) My IV treatments took a couple of hours each, and I had them three times weekly (M-W-F) for 3 weeks, for a total of 9 treatments. Two weeks after my final treatment, I reported for a P.E.T. scan, in early August of 2000. As you can see, that report [final page of my enclosed medical records] showed no evidence of any metastatic disease process anywhere within my body. That was over three years ago, and I have remained in good health with no symptoms of NH [non-Hodgkins] Lymphoma recurrence. I have continued to receive one IU per day of hGH (human Growth Hormone) by subcutaneous injection.

"One point of my medical history is especially noteworthy. The urologist surgeon (Michael B. Smith, M.D.), when informing me that my lymphoma had metastasized to my remaining testicle and that it, too, would have to be removed, gently explained that I could expect to become totally impotent, following total surgical castration. My wife was present, and remarked that it need not necessarily be so, providing I receive supplemental testosterone. Having researched Burkitt's lymphoma, she pointed out that, even though the primary tumor had manifested in a testicle, NH Lymphoma, unlike prostate cancer, is not fueled by testosterone, and that I should therefore receive testosterone replacement therapy, if for no other reason than to prevent osteoporosis. The urologist seemed somewhat dubious, but he couldn't argue with her logic, so I began receiving IM testosterone injections biweekly, post-op. I attribute my full sexual functioning (at age 72, 3 years after bilateral orchiectomy) to my testosterone injections and my once daily IU of human Growth Hormone. Although I now use sildanafil [Viagra®] on occasion, I am able to function without it.

"Final analysis: My high grade,

aggressive B cell Burkitts form of NH Lymphoma was eradicated by use of a potent, effective but painless alternative chemotherapy: Dimethyl Sulfoxide, given by IV infusion in a 1/10 ratio combined with Ringer's Solution. . .

"It is my hope that the Oklahoma VA Medical Center will begin a DMSO trial treatment program for elderly veterans who are diagnosed with cancer, who cannot tolerate conventional chemo. If this alternative cancer treatment program is adopted throughout the VA system, many lives could be prolonged, with good quality of life preserved, and the cost savings could be enormous."

Originally signed and dated August 4, 2004 and then posted on the website www.camelotcancercare.com for public exposure in mid-2005.

*NOTE from this book's author:* As of March 2009 the patient, now 79 years old, is still in good health with no recurrence of his non-Hodgkins lymphoma. Many people have asked about the response by the Veterans Administration to this letter written to its oncological consultant. Predictably, VA bureaucrats refused to acknowledge that DMSO had anything to do with this man's remarkable remission -- even though it could not be attributable to anything else, given the fact that the patient had not received either chemotherapy or radiation. The VA medics simply called it a "medical miracle" and declared the patient "lucked out".

To the best of my knowledge, no one in medical history has ever gotten a spontaneous remission from non-Hodgkins lymphoma. The disease is notoriously aggressive and always kills -- there are no five-year survivors, with or without conventional treatment. The exception is this one case, and some other DMSO patients who had been reported by Dr. Eli J. Tucker. For verification of what you have read here, you may contact Lazarus R. Long at the DMSO clinic owned and administered by his wife, Maureen Long, Camelot Cancer Care Inc., 6804 South Canton, Suite 110, Tulsa, Oklahoma 74136; Tel. (918) 493-1011; FAX (918) 493-6589; send personal Email to: maureen@camelotcancercare.com

## Typical Responses to Cancer Therapy with DMSO

Camelot Cancer Care of Tulsa, Oklahoma recently expanded its clinic facilities and professional staff in a new building so as to accommodate multiplying numbers of cancer patients arriving from all over the United States and some foreign countries. As its success becomes better known, the demand for DMSO therapy as a primary natural cancer remedy is nearly doubling monthly at Camelot.

Five typical patient case histories describing the response of selected cancers are offered below. But please be aware that intravenous treatment with dimethyl sulfoxide is a viable alternative for almost every form of cancer.

(1) An Iowa public school teacher from Des Moines, Karen Altman, age 56, presented herself to the clinic staff with advanced-stage glioblastoma multiforme, a malignant tumor originating in the brain. After she underwent brain surgery, other conventional treatment had been recommended to Mrs. Altman, but she was not open to the potential adverse side effects. She especially didn't want to undergo another surgery through the skull.

Subsequently, in the company of her sister and eldest daughter she traveled to Tulsa, OK to receive intravenous DMSO therapy. Following her treatment with two rounds of IV DMSO, the patient's family reports that Mrs. Altman experienced a highly positive response. Debilitating

symptoms disappeared. Whereas she had been confined to a wheelchair before arrival at Camelot, the patient began once again to walk on her own with assistance of a cane. She regained much coordination and physical function that had been lost following her previous two operations. Also Karen Altman resumed speaking in whole sentences. The patient is continuing to improve at home.

(2) A toddler from Chicago, three-year-old Kurt Massone, was diagnosed with inoperable juvenile pilocytic astrocytoma (another form of glioblastoma). The malignant tumor began with what appeared to be a hairy cyst but histologic viewing under the microscope revealed its true pathology. The tumor's body contained the spider-like cells of large neuroglia cells of nervous tissue.

Camelot physicians administered intravenous DMSO to little Kurt which proved deadly for his macroglia cancer cells so that their spider-like arms grew hollow and shrunk. Computerized axial tomography (CT) scans indicated that the IV treatment worked. It brought on a reduction in size of his tumor mass in the amount of 75 percent. The patient improved so that his parents could take the little boy home with most of his lost abilities returned.

(3) Seventy-seven-year-old Melvin Kelner from Cottonwood, Alabama, a cotton farmer, was diagnosed with Stage III sarcoma. This is a cancer comprised of mesodermal cells that usually form the structure of muscles and connective tissue. Such a cancer is highly malignant. Also Mr. Kelner showed multiple tumor masses present in both lungs. Despite the man's closeness to death, his several cancers responded well to DMSO infusion. He experienced a dramatic shrinkage for some tumor masses of over 50 percent and complete resolution of others. He required just two rounds of IV DMSO which was accompanied by an additional natural and nontoxic holistic medical agent that offers no adverse side effects.

(4) At age fifty-five, Jacqueline Parenti, a pasta chef living and working in West Palm Beach, Florida, was diagnosed with Stage-IV melanoma on the left side of her face down to the neckline. A melanoma neoplasm was identified in the pigment-producing cells of the skin and offered a relatively risky prognosis depending on the depth of its skin invasion. Jackie Parenti's lesion began as a new, small, pigmented skin growth on normal skin exposed to the sun all day long as she cooked and served her spaghetti and other pasta dishes in an outdoor area on the beach.

The patient's melanoma did prove life-threatening because it metastasized to her brain. Still, DMSO therapy saved Ms. Parenti's life inasmuch as six months following treatment PET scans showed that the cancer in the brain and on the skin were resolved and all clear. No cancer activity was detected anywhere in her body, and about one year after she discontinued this natural and nontoxic treatment.

(5) From Pittsburgh, Pennsylvania, Ureena Stromberg, 44 years old, arrived at the clinic after undergoing an operation for stage III colorectal cancer. It developed from the lining of the woman's large intestine (colon) and rectum. Her nearby lymph nodes were invaded as well. This colon cancer is the second most common type of malignancy occurring among populations of Western countries and often causes death. In Pittsburgh she did undergo major surgery to remove a large mass causing blockage in her gut. At that time the surgeon reported that there had been metastases throughout this woman's abdominal lymph nodes.

Mrs. Stromberg's stage III cancer extended through the outer layer of the

colon into nearby lymph nodes, a situation which usually offers less than five-year survival. She began DMSO intravenous injections immediately upon her arrival at Camelot Cancer Care, LLC.

Three rounds of DMSO therapy were eventually administered to the patient. Prior to discharge from the Tulsa clinic, CT scans were taken, and they showed her to be in a state of "all clear"-- no more lesions in her gut. The patient's cancer had been resolved by application of this amazing medicinal solvent, and at this writing she remains cancer-free after more than six years.

## More Details About Cancer Therapy with DMSO

Besides being a potent natural cancer killer by itself, DMSO is also a carrier solvent which will bind with any agent of a similar molecular structure and carry it into the malignancy. At Camelot and other legitimate treatment facilities which use the substance as therapy, DMSO is administered in combination with high-dose vitamin C (ascorbic acid) and Laetrile (sometimes referred to as vitamin B-17). In the case of sarcoma, it may be given with Coley's Toxins which I discussed in Chapter One as a form of hyperthermia treatment.

DMSO often creates a synergistic effect when it binds with another therapeutic agent and delivers that therapy directly into the malignancy. In order to grasp how DMSO works, you should recognize that cancer is a sugar feeder. Sugar furnishes nutrition to cancer cells. Consequently, the DMSO application must contain a small amount of dextrose present in the IV therapeutic DMSO formula. Dextrose is added as "bait" for those cancer cells. When the dextrose is pulled in by the cancer, the DMSO, which is bound with it, has particular properties which allow it to easily cross through cell walls directly into the malignancy. And so DMSO enters the tumor mass like a "Trojan Horse". It begins to destroy tumor mass from the center (where the malignancy is most metabolically active) working toward the outer margins, until the tumor's surrounding encapsulation fractures.

At that point of a broken capsule, the liquified necrotic (dead) tumor contents seep or spill into the bloodstream. This, in turn, causes rising uric acid levels, as the kidneys and liver begin to detoxify. The patient wants this detoxification to take place but often it is not a pleasant sensation. Thus the patient will likely experience a "Herxheimer reaction" from the tumor lysis (death) syndrome.

I coined the term “Herxheimer reaction” myself when I was seeking to name a set of unpleasant symptoms patients experience when treated for Candida albicans overgrowth or “yeast syndrome”. The unpleasant symptoms are a response to the dying off of yeast organisms such as Candida albicans. I first used the term in my book, *The Yeast Syndrome* (published by Bantam Books in 1988 at $7.95). The "Herxheimer reaction," named to honor the German biologist Herxheimer, is also referred to as yeast "die-off".

Exactly as in yeast (Candida albicans) die-off, the tumor lysis caused by DMSO infiltration typically triggers chills, which can last from a few minutes up to nearly an hour, depending on tumor load. The chills are followed by fatigue. The patient may sleep for many hours during the detoxifying process, during which time treatment should be suspended for at least 24 hours.

The "Herxheimer reaction" (chills, followed by fatigue) may not manifest until intravenous treatment with DMSO has been underway for days. It may seem ironic, but

patients who know what to expect are relieved and sometimes joyful when their chills hit, since it is evidence to them that the DMSO treatment is indeed "hitting the target".

There are two points which need to be emphasized concerning the proper administration of DMSO. When it is received intravenously, it saturates all soft tissues within minutes, even penetrating down into the bone marrow. (Yes, the treatment offers success with treating multiple myeloma, and also malignancies which have metastasized into the bone, where conventional chemotherapy cannot reach.) DMSO, unlike conventional chemotherapy, readily crosses the blood/brain barrier – meaning that it can successfully treat glioblastoma and other brain malignancies.

Some people mistakenly conclude that the same result can be achieved through topical application, because of the ability of DMSO to cross right through the outer skin layer into the blood vessels. That conclusion is wrong! It should be noted that cancer can't be treated via the topical route. If the goal is to reach deep tissue tumor masses, DMSO needs to be administered intravenously.

Be warned, the DMSO that is readily available on the open market ranges from cheap industrial solvent grade up through the veterinary grades, and they all have potential for impurities. Such impurities may be toxic and when applied topically will be carried right into the blood circulation, along with any contaminants present on the skin surface.

A legitimate clinic uses only pure pharmaceutical grade DMSO, nitrogen distilled, and available by prescription only. I know that Camelot Cancer Care, Inc. demands an assay (lab analysis) report on every batch. As titled in my 1993 book, DMSO is nature's healer and a potent natural chemotherapeutic agent, but because of its carrier solvent and binding abilities, there is grave potential for accidental poisoning if it is mishandled. I strongly advise that intravenous administration of DMSO is not a "do it yourself" project.

Also, a research team at Baylor University in the 1970's discovered that DMSO must NOT be combined in the same infusion with hydrogen peroxide (H202), Ozone (H203) or any other blood oxygenating agent. The combined synergistic result, the Baylor researchers learned, was that 30% of the study volunteer patients died. (These volunteers were prison inmates awaiting just such a fate on death row.) Upon autopsy, it was discovered that the experimental DMSO/hydrogen peroxide or DMSO/ozone solution had literally sheared the cholesterol plaque from the volunteers' arterial walls, from which blood clots then resulted. In the end what killed these prisoners was either stroke or pulmonary embolism (refer to idiomatically in medicine as "throwing a clot").

## Big Pharma Wants Dominance Over DMSO

Big Pharma in the form of ACI Pfizer Pharmaceutical Company has discovered the efficacy of DMSO, and it wants to dominate this natural cancer remedy. Maureen Long told me the big drug maker had approached her in a flattering manner. Here's her story:

"I was dumbfounded when the voice on the other end of the line identified himself as being from ACI Pfizer, and stated he wished to invite Camelot's attendance at their upcoming oncology convention," said Mrs. Long.

"Wary of such an invitation, but curious, I responded by asking, 'You do

realize that Camelot is strictly an alternative oncology practice, and that we do not administer toxic conventional treatments of any kind?' The drug corporation's response, although paraphrased, went something like this:

'We admire the work you are doing. We are aware that your state medical board [in Oklahoma] and the FDA have declined jurisdiction, after investigating your clinic operation. Since DMSO is FDA approved for another application, it is technically legal for it to be administered off label. We are interested in your success rate and would like to invite you to speak at our convention'.

"Flustered and wary, I promised to get back in touch. I needed time to think over this totally unexpected invitation. So I turned it over to Camelot's business consultant for follow-up. The consultant did some research, and the following conclusions were drawn: Pfizer lost its revenue share from two of its cancer drugs the FDA pulled from the market, and they have no R&D prospects for replacement. But why seek to befriend Camelot when they surely must know that DMSO, being natural and botanically-based, is NON-PATENTABLE?

"Our business manager explained it. He said, 'If they can obtain a specimen of your proprietary formula based on DMSO, Pfizer could analyze it and reproduce a synthetic equivalent that the company could then market.'

"True enough, I thought: Synthroid, the rip-off synthetic replacement for thyroid extract, is sold to many unsuspecting consumers. Big pharma could try the same stunt with DMSO, to the detriment of cancer patients who may not realize the difference, or know that the body will not respond as well to a synthetic as it will to a natural, botanical based agent.

"Another possible motive, pointed out to us by an astute patient, is that Pfizer's agenda might be to buy us out and then bury the only DMSO based cancer clinic in this country. There are other ways to reach that goal other than an outright offer, and they could have been seeking to feel us out to learn what irresistible enticement to dangle.

"For instance, I have made no secret of the fact that I wish to expand Camelot into a sister clinic in the Oakland/San Francisco bay area of California, for good reason. Cancer victims are subject to nausea and vomiting from previous standard chemo and radiation, and subject to cachexia, the malnourishment "wasting" syndrome, which so often kills before the cancer progression does. Both of those conditions are easily treated naturally, by the use of medicinal marijuana, which quells nausea and triggers an appetite. It is entirely legal (or at least not federally prosecuted) in Mendocino county, California. It has long been a dream of mine to launch Camelot's sister clinic in that area, so as to fully treat our cancer patients legally. Oklahoma is not a medical marijuana state and likely never will be.

"Such a move in location would take a serious capital investment. Where to find an 'angel' who would put up the investment capital, without demanding a controlling shareholder position in return? NOT PFIZER. So long as its founder is in control, Camelot Cancer Care will NEVER get in bed with big pharma, regardless of the enticement."

# Chapter Three
# *Animal Peptides: Polyerga®*

**Compared to a control group who received conventional treatment, four times as many stomach cancer patients lived five years or longer when they took this natural and nontoxic anticancer remedy.**

In 1993, an eighty-one-year-old retired high school principal, Franz L., began to experience ulcer-like symptoms including nausea, heartburn and indigestion. Antacids didn't help, and as time went on he was almost unable to eat. He began to lose weight.

A visit to the man's attending physician revealed the worst: cancer of the stomach (gastric carcinoma). Exploratory surgery uncovered an inoperable tumor the size of a walnut. His doctor urged chemotherapy, but Franz L. preferred to try complementary/alternative/ integrative medicine, abbreviated CAIM by those health professionals who administer holistic health care.

The CAIM treatment selected was twice-daily injections of a substance called Polyerga®. *Within four weeks, his cancer marker tests were normal*. The patient continued to administer the injections himself every other day for twenty days, then twice a week for a year. By the second year Franz L. was down to one injection per week. Throughout his treatment he also supplemented with Polyerga® tablets.

*Franz L. never underwent chemotherapy.* He lived eight more years, to age 89, at which time he died of complications resulting from a fall off his horse while out riding with his great-grandchildren.

Oncologist Klaus Maar, M.D., published a report in *Complementary Oncology Forum & Immunobiology Forum*, a German medical journal devoted to CAIM cancer therapies.[1] His story provides tremendous hope for treating colorectal cancers, the number two cause of cancer deaths in developed countries like the United States and Germany.

## Eighty-year-old survives rectal cancer, gets married!

Dr. Maar treated an eighty-year-old retired merchant seaman, Hans K., who suffered from recurrent Stage II rectal cancer. Herr K.'s symptoms included rectal bleeding, abdominal pain, vomiting, weight loss and weakness.

He had undergone surgery three years before, but refused another operation despite Dr. Maar's recommendation. Having little choice, the doctor commenced three types of alternative, nontoxic therapy including Polyerga® injections.

"In the middle of May 1996 [a few weeks after beginning treatment], I carried out a control rectoscopy and found that the tumor, which had been bigger than a plum, could not now be detected," wrote Dr. Maar.

Further examinations in the fall of 1996 showed no detectable cancer. What's more, the patient felt well. A year later, at age 82, Hans K. felt so fit and youthful he got married again!

## Four times as many patients live five years or longer—without additional risk!

In a double-blind, placebo controlled study of forty patients with stomach cancer, 44 percent of those receiving Polyerga® lived at least five years compared to only 11 percent of control patients. That's four times as many survivors—an astounding result.[2]

In a similar double-blind, placebo-controlled study of forty patients suffering from metastasized colon cancer, the Polyerga® group likewise showed a significant improvement in survival rates.

Remember, patients in both studies were in the advanced stages of cancer. What's more, they did not know whether they were receiving Polyerga® or the placebo.

## Throat cancer patient gains thirty more years!

A woman living in Bremen, Germany provides powerful evidence for Polyerga®. She was still alive and vigorous when I visited her in her home more than thirty years after she had been diagnosed with throat cancer. In fact, she served me tea and homemade cookies—and talked about living into her nineties.

She believed that alternative therapies saved her life after conventional cancer treatments had let her down. It certainly looks to me like that's true.

In 1967, Irmgard M. had been a smoker for twenty years when she began to experience hoarseness and difficulty breathing. She promptly quit and never smoked again, but the damage was done. A series of medical tests including a biopsy confirmed the 48-year-old bank teller had a Stage I tumor on her glottis.

Using conventional treatment, patients with this diagnosis generally have a five-year survival rate of 75 percent -- meaning they have three chances out of four of living five more years. Irmgard took her oncologist's advice and had part of her right vocal cord removed, followed by chemotherapy. The surgeon didn't find any metastasis to surrounding tissues, but she still had to endure the discomfort of a year of chemical treatment.

As she hoped, Frau M. did survive five more years, and her doctors advised her that a "cure" had been achieved. Unfortunately, they were wrong. In 1973 her hoarseness and breathing problems returned—and so did her cancer, as a medical exam soon revealed.

According to the biopsy report, her lentil-sized tumor consisted of undifferentiated carcinoma cells, i.e. the malignant tissue did not particularly look like the surrounding normal tissue. This was bad news. Such undifferentiated or "primitive" tumor cells tend to be more aggressive. They grow faster and have a worse prognosis than do well-differentiated tumors.

## Irmgard M. found a better way

A surgeon recommended removal of her entire larynx, which would have resulted in the loss of her ability to speak. Irmgard M. refused. When I interviewed her, she told me, "The surgeon attempted to persuade me to have the operation. He warned me that steady enlargement of the tumor mass in my throat would block breathing and interfere with my capacity to inhale air. Thus, he said, I must eventually die from asphyxiation or heart attack. Even so, I still refused the operation. I did not

want to live the rest of my life without the ability to speak."

"Upon explaining to my family doctor about this death sentence the surgeon pronounced on me, my doctor told me of possible treatment by another doctor, the renowned oncology researcher Professor Walter Kuhlmey, M.D., Ph.D," she continued.

When she consulted with Dr. Kuhlmey, his prognosis was much different from the conventional surgeon's: "If you do what I direct you to do, I will get you through this malignancy."

Dr. Kuhlmey treated Irmgard M. with a peptide or protein extract from pig spleen, a treatment he had accidentally discovered following World War II when looking for an alternative source of insulin.

At the time, insulin was normally extracted from pig pancreas, but due to a pressing shortage of animal organs Dr. Kuhlmey had hoped he could extract insulin from the spleen as well. It turned out the spleen extract was somewhat useful as a source of insulin, but it also had much more exciting therapeutic effects.

Dr. Kuhlmey found the pig spleen peptides (which he first tested on himself) offered pain relief, a sense of well-being, more energy and less fatigue. That was it, or so he thought. But that was nothing compared to what was to come.

In 1951, a German cancer surgeon sent Dr. Kuhlmey a "hopeless" case—a woman with advanced, inoperable cancer of the pancreas. The tumor was larger than a hen's egg, and death was expected within days.

The surgeon's idea was that the pig spleen extract might relieve the woman's pain and make her feel better. It turns out the injections did a great deal more. The patient lived three more years and died of another cause altogether. An autopsy revealed that her pancreas was totally cancer free!

This accidental discovery opened Dr. Kuhlmey's eyes to the pig spleen extract as a possible cancer therapy.

Dr. Walter Kuhlmey has since passed away, but his family still manufactures the extract under the trademark Polyerga®, and it was this treatment that Irmgard M. received for her throat tumor, first through daily injections and tablets taken orally.

## Her family doctor was amazed

"Continuing such treatment for six weeks," she told me, "I felt much better and spoke with less roughness in my voice. I was happy with my progress and decided to show my family doctor how I was coming along. When he looked down my throat with his lighted instrument he was amazed to see that the redness was gone and the tumor had shrunk. Later I learned that my doctor was so impressed by what he saw in me that he began prescribing the same kind of Polyerga® Plus tablets for his other patients who were suffering with various forms of cancer."

Meanwhile, the patient consulted another surgeon who pressed surgery on her. He didn't realize the tumor he was looking at was already greatly reduced thanks to the Polyerga® therapy. Frau M. refused again. "I was pleased with how Polyerga® had been shrinking the tumor and preferred to stay with this pig spleen extract as my only form of medicine that I've taken as a preventive measure against cancer for the past thirty years."

Irmgard M. never again required surgery, chemotherapy, or radiation therapy from the moment she began taking Polyerga®. Her elevated cancer markers fell to normal at the beginning of the pig spleen treatment and remained that way.

When I spoke with her she was continuing a weekly Polyerga® injection, which she administered herself, and was taking the tablets. Her hoarseness was gone, her breathing was easy, and her quality of life was high.

## What is Polyerga®?

Polyerga® consists of peptide growth factors extracted from pig spleens. Peptides are the molecular chains of amino acids that make up every animal organ. They are the tiny constituents of protein molecules. Peptides come together as polypeptides, larger in size than a peptide but still smaller than a protein.

Certain peptides present in porcine (pork) spleen possess beneficial characteristics for the treatment of cancer and other degenerative diseases in humans. The simplest general term for these peptides is "growth factors" although they may also be called interleukins, lymphokines, cytokines, or colony-stimulating factors.

All of these many molecules perform many functions and it's not easy to find one name to cover them all. "Growth factor" is generally accepted in the scientific and medical literature.

Nearly all growth factors are panregulins, that is, they act as universal regulators of the particular organ where they are found. Polyerga® is one such panregulin, manufactured in Oldenburg, Germany by the Kuhlmey family under a patented process.

Peptide growth factors provide an essential means for each cell to communicate with its immediate environment. Since a cell must adjust itself to changes in its environment, the cell needs a mechanism to provide this adaptation. The tissue cells use sets of peptide growth factors as signaling molecules to communicate with each other and to alter their own behavior as needed to respond to their environment.

These peptides possess a unique ability to convey information from one cell to another or from one organ to the next, including the brain and central nervous system. They weave together a person's organ actions even in the presence of a degenerative disease such as cancer.

## Controlled cancer studies show Polyerga® benefits

Numerous clinical studies and laboratory experiments confirm that Polyerga® is useful. German drug regulatory authorities have approved it for use in that country.

Three oncologists conducted a controlled trial of Polyerga® at a clinic in Marburg, Germany.[3] The participants were 158 women with advanced breast cancer. The physicians divided them into two groups. Polyerga® injections were the only anticancer or immune medication administered to the women in Group A. The women in Group B received injections of vitamins and minerals.

The patients treated with Polyerga® improved far more than did the controls. All of the women in the Polyerga® group regained lost weight and showed improved immune system function as measured by objective lab tests. Subjectively, they also reported that they felt better.

There's more. A double-blind, placebo-controlled study was conducted with forty patients suffering from head and neck cancer and undergoing chemotherapy. Those receiving Polyerga® stabilized while those receiving the placebo deteriorated further. And, again, the Polyerga® patients reported greater subjective wellbeing. Remember, none of these patients knew whether they were receiving Polyerga® or the placebo.[4]

Clinical oncologists have definitely observed that Polyerga® peptides:

• Act as suppressors of tumor cell growth

• Stimulate immune system response

• Elevate immune status for patients pretreated with chemotherapy

• Reduce melanoma and lung cancer metastases.

## Dramatic results in animal study

Researchers at a medical institute in Zagreb, Croatia found that lung cancer metastases in untreated mice were *four times the level* of those treated with Polyerga®. All the mice in the control group—treated with chemotherapy alone -- died within 42 days. Half the mice in the group treated with both Polyerga® AND chemotherapy were still alive at 42 days.[5]

After conducting studies of both animals and humans, the researchers declared, "With Polyerga®, a pronounced stimulation of the host's immune reactivity on the one hand and a significant tumor mass reduction on the other were determined repeatedly."[6]

Polyerga® has been broadly effective in treating many conditions besides cancer. A Bulgarian study of ten patients with chronic hepatitis B virus found the virus became undetectable in three of them after 24 weeks of treatment with Polyerga®. What's more, the researchers found no side effects.[7]

In a study published in *Research and Experimental Medicine*, eight Spanish oncology researchers said, "Treatment with Polyerga® can increase appetite, body weight, performance status, and subjective well-being of cancer patients. An improvement of immunoreactivity of cancer patients during Polyerga® treatment also occurs."[8]

## Don't kill your immune system, make it stronger

Conventional chemotherapy and radiation therapy devastate a patient's immune system. In contrast, the cutting edge research in complementary/alternative/integrative medicine aims to *bolster* the immune system with biologic response modifiers (BRMs) such as peptide growth factors.

BRMs activate the immune system so it works more effectively. Interferon and interleukin-2 are perhaps the best known of the protein peptides, but there are dozens of similar immune system enhancement agents.

American oncologist Douglas Brodie, M.D. of Reno, Nevada makes use of vast numbers of BRMs to strengthen the body's natural immune defenses against cancer. Dr. Brodie says, "My main objective over the past two decades has been to find those natural substances that most effectively enhance the immune system in its battle against cancer. When these substances are part of a comprehensive cancer treatment plan...the chances of beating cancer are markedly improved."[9]

All types of immunotherapy depend on the patient's immune cells' ability to recognize malignant cells. The only way they can do this is by spotting certain antigens on the surface of cancer cells, which is a somewhat difficult task. A standard term used in oncology, cell modulation, means that cancer cells are subtly modified so as to give the patient's immune system cells a cleaner target to aim for.

In my nearly four decades as a freelance medical journalist I've come across more than five dozen immune system enhancement agents derived from both plant and animal sources and in use today. Polyerga® and some of the other treatments discussed in this Special Report are among the first BRMs I would turn to if I were faced with a cancer diagnosis.

## Use Polyerga® with confidence

Is Polyerga® safe? Doctors who practice strictly conventional medicine often act as though you're taking crazy risks to try an alternative treatment. I'm happy to report Polyerga® is completely harmless.

German lab studies of Polyerga® indicate it is perfectly safe at levels up to fifty times those typically used in treating cancer patients. These toxicity studies are conducted on rats and basically try to find out how much of the chemical it takes to kill the animal. The results are then adjusted for the much higher body weight of humans.

For instance, if a human weighs 200 times more than a rat it's assumed it would take 200 times as much to kill the human. The Polyerga® doses used in human cancer therapy are a tiny fraction of those believed to be dangerous, based on the animal studies.[10]

And further reassurance is provided by a Montreal investigation of 25 terminal cancer patients. These were unfortunate people for whom no other treatment had proved effective. While the researchers concluded that Polyerga® was little help for these very advanced cases, at least they observed no adverse side effects. The researchers concluded, "Polyerga® is safe. . ."[11]

## Combine Polyerga® with hyperthermia for even better results

I spoke with Holger Wehner, M.D., the medical director of a renowned German alternative cancer clinic in Wilhelmshaven. With my tape recorder running, he described great success in combining Polyerga® with whole body hyperthermia, the "body fever" therapy described in Chapter One of this Special Report.

Dr. Wehner told me that he has never encountered any treatment side effects or contraindications during his ten years of using these two therapies together.

"Among cancer patients taking treatment here at the Gisunt Klinik, 99 percent do experience some improvement in their symptoms," the doctor said. "It's rare that any individual might report not feeling or functioning better. . .This porcine spleen extract by itself brings about a five-year survival with incomplete cancer remission overall for 60 percent of my patients. . .

"Using Polyerga® not as the sole treatment but as adjunctive therapy with hyperthermia, I invariably find that the patient's result is improved markedly. Again, at this clinic, using the combined therapy, 80 percent of our patients undergo five-year survival from experiencing cancer remission. . .

"Unlike conventional cancer chemotherapy which directly attacks cancer cells, holistic type oncologists in Germany work to elevate the action of the patient's immune system. My belief is that most important for any cancer patient is to receive treatment that boosts the body's immunity. Polyerga® and whole body hyperthermia in combination achieve such a boost very well," Dr. Wehner concluded.

## Resources

Polyerga® is distributed throughout North America under a licensure agreement that comes from the product's German manufacturer, HorFerVit Pharma GmbH, located at Heinrich-Brockmann Strasse 81, or Post Office Box (Postfach) 2329; D-26131 Oldenburg, Germany; telephone 011-49-441-350-330 or 011-49-441-503-036; fax 011-49-441-506-610 or 011-49-441-350-3333; email: info@horfervit.de; website: www.horfervit.de/team_i.htm.

The porcine spleen injectables of Polyerga®, however, are not approved for North American distribution by either the Canadian Health Protection Branch or the U.S. Food and Drug Administration.

The exclusive licensee granted distribution rights for HorFerVit Pharma GmbH in the United States for Polyerga® Plus tablets and capsules is European Lifestyle Products, LLC, P.O. Box 1345, Gibsonia, Pennsylvania 15044; telephone 724-934-3068; fax 724-934-9181; email elp@zoominternet.net; website www.polyerga.net/index.htm.

Oncologist Holger Wehner, M.D. speaks some English but requires his daughter to interpret. He may be reached at the Nordwestdeutsches Hyperthermiezentrum or Gisunt Klinik for Integrative Medicine Northwest-German Hyperthermia Centre, Oldenburger Str. 87, D-26340 Zetel, Germany. Telephone 011-49-0-4453-9872-0; fax: 011-49-0-4453-9872-10; email: klinik@gisunt.de; website addresses are www.gisunt.de or www.comedverlag.de.

# Chapter Four
# *Shock Cancer Cells to Death: Galvanotherapy*
**A nine volt battery and a doctor who knows what he's doing may be all you need to treat cancer**.

German, Austrian, Dutch, Italian, French and Chinese physicians have been able to destroy solid malignant tumors by applying electric current to the body area invaded by cancer. European oncologists call the procedure ***galvanotherapy***.

Dozens of doctors, a series of international conferences and the clinical experience of more than 65,000 patients demonstrate that a mild electric current literally dissolves cancer tissue. Yet American and Canadian regulators continue to deny cancer patients this harmless alternative.

I contend they are making a terrible mistake. Galvanotherapy permanently gets rid of malignant growths more effectively than any conventional mainstream cancer treatment.

The overall, three-year survival rate exceeds 70% for all the thousands of patients worldwide who have undergone the treatment. (European medical authorities tend to reference three-year survival rates rather than the five-year time frame used in the United States.)

But you probably want to know, "Is it safe? And does it hurt?"

The answers, respectively, are "Yes" and "Sometimes."

The patient who receives the mild electric current is not exposed to any toxic strain and is never at any time in any danger. The voltage is usually no more than 9.5 volts and is always less than 10 volts—about the strength of a small flashlight battery.

As for pain, when the current is administered without anesthesia it may hurt in the form of stinging, but the physician usually can control the sensation with common local anesthetics such as lidocaine. Done properly, the procedure is painless and inflicts absolutely no harm. Be aware, however, that the skill of a galvanotherapy administrator determines whether or not it hurts.

The treatment is an inexpensive out-patient procedure that requires no surgery, leaves no scar, risks nothing like the dreadful side effects of chemotherapy and radiation therapy—and by all evidence is much more effective than those toxic treatments favored by the North American cancer industry.

## How galvanotherapy works

Put simply, a mild electric current works two ways: It actually destroys some cancer tissue, which is then devoured by your body's immune cells and carried away as waste matter. A portion of the cancer cells deteriorate and disappear almost at once, others more gradually. Eventually the tissue becomes lighter as seen on an X-ray film. There is no damage to healthy tissue.

The second way electric current works is to cause some cancer cells to "invert and revert." That is, some cancer cells are actually modified and re-integrate

the cancerous area back into the patient's natural organ or tissue or body part undergoing the treatment.

An Austrian physician, Rudolf Pekar, M.D., first began to treat tumors with electrical current in 1969 and began to publish his results in 1988. It was he who coined the term galvanotherapy, although he now prefers the term *percutaneous bio-electrotherapy* or PBE.

Dr. Pekar was 91 years old when I first got to know him in 1999, and he was eager to leave behind a legacy of healing. He therefore gave me permission to quote freely from a book he published in 1997, and I have done so here.[1]

Dr. Pekar's current method establishes an electric field with electrodes clipped to needles inserted within the skin under local anesthesia. The treatment is confined to the region that's actually cancerous. Cancer cells caught between the positive and negative poles depolarize, so they become permeable and accept various substances that are poisonous to them. These therapeutic agents are administered intravenously while the cancer site is under the influence of the electric current. In due course the tumor tissue can no longer remain stable.

The electrical field produces a kind of "melting" effect in the cancer cells. Solid tumors tend to implode into themselves and the dead cancer tissue becomes reabsorbed into the body's fluids as waste product. Over time, the body eliminates the waste tissue.

## Which cancer patients can benefit

A long list of cancers respond well to galvanotherapy (as I'm going to call it here to keep things simple). Breast, mouth, throat, lung, liver, skin, rectal and vaginal cancers have all been successfully treated, and that list is by no means complete.

Five other oncologists—from Denmark, Germany, Italy and China—have joined with Dr. Pekar to gather statistics on galvanotherapy as a cancer treatment.

Based on his own experience, Dr. Pekar says that galvanotherapy has achieved a 73 percent rate of remission for not less than three years when applied to any and all types of cancer. He does qualify that statement by adding, "It should be noted, though, that in my practice I have only been able to treat mild and moderate tumors."

Patients most likely to benefit are those with small primary tumors of less than 5 cm diameter; those with solitary metastases, especially in the skin and lymph nodes; those with recurrences in the region of an operation such as a mastectomy scar; and those afflicted with external but inoperable tumors.

## Hundreds of Chinese hospitals employ galvanotherapy

By 1993, 818 hospitals throughout China were performing galvanotherapy, having been introduced to the treatment in 1988 by a now-deceased Nobel Prize Nominee, Professor Bjorn E.W. Nordenstrom, M.D., Ph.D., of Stockholm, Sweden.

The Chinese took to galvanotherapy with enthusiasm and have conducted some of the largest and most persuasive studies. Chinese physicians have recognized the importance of Dr. Pekar's concept far in advance of North American physicians practicing conventional medicine.

In fact, the First International Conference of Bio-Electrotherapy (BET) for Cancer was held in Beijing in 1992. At that meeting, Chinese researchers unveiled a statistical breakdown of the results achieved in 2,500 cancer patients. In treating a wide variety of malignant tumors, the Chinese found complete remission in more than 35 percent of them. An additional 43 percent experienced partial remission. 15 percent report no change and a mere seven percent got worse.

*In short, 78 percent of cancer patients treated achieved a partial or complete cancer cure.*

The Chinese results are extraordinary and can't be ignored. There is absolutely no reason to continue to deny North American patients access to this life-saving modality.

## Second international conference reveals even more startling results

The next International Conference on Bio-Electrotherapy for Cancer took place the following year, this time in Stockholm, Sweden. *There Chinese oncologists reported a total partial and complete remission rate in excess of 80 percent in the course of treating 4,000 cancer patients.*

The three-year survival rate for Chinese cancer patients undergoing galvanotherapy is well above 70 percent. And worldwide, the estimated three-year remission rate is about 72 percent for most types of cancers treated with this therapy. These remission rates are far better than any other reported therapy for malignancies.

The poisonous, destructive radiation and chemotherapies preferred in North America by conventionally practicing oncologists are laughably inferior to galvanotherapy. The American Cancer Society admits that *only five percent* of cancer patients respond well to chemotherapy. Yet the ACS labels galvanotherapy "experimental. . .investigational. . .unconventional."

Although it's likely one would need to travel to Europe (Austria or Germany) to receive it, I strongly recommend this harmless and highly promising therapy to patients confronted with a cancer diagnosis.

## Resources

The book, *Percutaneous Bio-Electrotherapy of Cancerous Tumours*, by Rudolf Pekar, M.D., is available in English and German from its editor, Gerhard Grois, at Wilhelm Maudrich KG, medical publishers, Spitalgasse 21a, A-1096 Vienna, Austria; telephone 011-43-1-4024712-15; fax 011-43-1-4085080; or may be ordered from the publisher's website www.maudrich.com.

# Chapter Five

## *A fruit that's fatal to cancer cells: Noni Therapy*

**How a top exec's prostate cancer totally disappeared in 120 days.**

Using natural remedies, the chief financial officer of a Fortune 500 company became totally free of prostate cancer in only 120 days. Here are the details as related to me by his health care professional, Harvey Kaltsas, D.O.M., D. Ac., a Sarasota, Florida doctor of oriental medicine:

The executive had already been diagnosed with prostate cancer when he consulted Dr. Kaltsas. After carefully analyzing the case, Dr. Kaltsas put him on a combination of five alternative products including the extract of a tropical fruit called noni.

Ecomer® Shark Liver Oil, alkyglycerols and a Tibetan herbal remedy brandnamed Badmaev 269™ were among the additional ingredients.

After consuming the combination of nutrients for 60 days, the patient's symptoms disappeared. And in 120 days, his urologist told the executive that a biopsy he underwent indicated the cancer was totally gone. "The man then had this biopsy report confirmed with a sonogram of his prostate, and no cancer showed," Dr. Kaltsas advised me.

"I do a lot of nutritional consultation for cancer patients," he said, "and taking noni is my usual recommendation for such persons. Noni is highly beneficial for immune system stimulation, especially when it's employed synergistically with other herbals. . .

"For instance, I've seen a number of prostate cancer patients, a couple of lung cancer patients, a liver cancer patient, a peritoneal cancer patient, and a sarcoma patient all respond well to the ingestion of noni. . .I believe that noni is one of the most essential botanicals to be used to bring about recovery from cancer," says Dr. Kaltsas.

### Breast cancer patient was given five months to live, but amazed her doctor instead!

Mary Anne L. had suffered three recurrences of breast cancer in ten years. During the last recurrence, the cancer had spread to her liver. Chemotherapy was no longer working, and conventional oncologists gave her perhaps only five months to live.

Ms. L. was persuaded by a dear friend, a physician in Oregon named John D. Flaxel, M.D., to travel to Germany for treatment. At a clinic in Bad Aibling she was treated with hyperthermia and other cancer therapies including noni. This clinic uses a battery of anticancer remedies. One of the doctors there described to me how he selects the best alternative cancer remedy for each cancer patient. The doctor explained how to test the patient's response to the treatment with a computerized "lysis test" of cancer cells following the ingestion of an oral or injectable remedy.

The doctor told me during our one-on-one interview, that if the remedy is going to help the patient, the computerized test shows malignant cells going into a lysis state. This is essentially malignant cells falling apart or exploding. Noni is one of

the natural and nontoxic substances that cause cancer cell lysis in patients.

## An MRI showed liver tumors disappeared

I received a follow-up note from Dr. Flaxel in Oregon about how Mary Anne L., then residing in Paris, was responding. He knew that I was including her case history in this special report on effective anticancer remedies from nature. Dr. Flaxel wrote: "She has undergone basic care with detoxification and nutriceuticals [including noni therapy], so that her liver metastases have gone away. The liver tumors' disappearance was indicated by MRI. . .Our friend's tumor markers are now normal. Her neck mass has almost disappeared, too, and blood tests show themselves to have returned to normal. This woman looks and feels the best that she has in years. I hear from the family that the patient's French doctor can't believe it. I hold a recent medical report documenting her improvement, and it verifies her medical progress toward complete healing."

Dr. Flaxel even had urged her Parisian doctors to put Mary Anne on a higher dosage of noni.

A week later he mailed me another note from Oregon saying, "My friend's upward leap in improvement has been remarkable for those physicians who know her case. Noni is now part of a total program of treatment for this person, and you can use this case history to illustrate some of the adaptogenic healing offered by noni therapy."

## What is noni?

Noni (*Morinda citrifolia*) is well known in Hawaii, Fiji, Tahiti, and other islands on the Pacific Rim as coming from the "painkiller tree" or the "headache bush" with its anti-inflammatory properties. This fruit tree is not, in fact, native to Hawaii although the plant grows especially well in the islands' volcanic soil. Noni was carried there and indeed all over the Pacific Rim thousands of years ago by migrating Polynesians who prized its medicinal properties.

Traditional Polynesian healers for over two thousand years and to this day administer noni botanical remedies for a variety of health problems including arthritis, sinusitis, digestive disorders, colds, flu, headaches, microbial infections, menstrual problems, and more. These healers also recommend noni as a daily supplement.

With the surge of interest in natural medicine over the last twenty years, noni has received quite a bit of attention. My report in this chapter is based on the hard evidence I've been able to gather by going beyond supplement marketing hype and speaking with health caregivers who have clinical experience with noni. I have no connection to any noni manufacturers or marketers and I do not stand to profit if you decide to try it.

## All noni is NOT alike, doctors say

The doctors I interviewed were consistent in stressing that all noni is NOT the same and it's important you purchase a reliable brand. While all parts of the plant––leaf, flowers, root, and bark-- contain potentially healthful nutrients, it's the fruit that's used most frequently and provides nearly all the evidence for noni's therapeutic value.

Noni fruit ranges in color from a deep forest green when the pod is new and hard, to a light green as the still-hard fruit ripens, to a gold color at the peak of ripeness, and finally to a milky white as the

fruit ferments. The ripe fruit is notorious for its distinct odor, and the smell becomes downright foul when the fruit goes soft and begins to rot, as it does quickly, within a day or two of reaching its peak.

Doctors I interviewed recommend the noni capsules and noni juice of two American resources cited at the end of this chapter. These manufacturers/distributors selectively harvest the fruit in its golden color which offers the peak of enzymatic activity. The golden yellow fruit is superior to the whitish colored, fermenting noni. At this later stage, the fruit goes soft and a harvester's finger goes right through its skin or outer wall. Noni becomes mushy and unusable with age. The two suppliers I recommend will not accept the fermenting fruit.

But you should be cautioned that some noni juicing companies do accept such overripe fruit. What's more, the traditional drying process used by certain manufacturers—allowing the picked fruit to lie in the sun for a month—can allow bacterial levels to soar. The makers may then use deadly chemicals or irradiation to kill the bacteria.

In my view, the two sources I provide employ cleaner and safer technology to process noni. They use the whole fruit at the peak of ripeness. They crush the fruit for faster juicing or drying into powder for encapsulation and for lesser bacterial contamination.

## The capsules work as does the fruit's liquid

The two cited producers prepare and sell noni juice as well as noni powder from which water is the only substance that has been removed. They further certify that the product is free from herbicides, pesticides, irradiation, fumigation and fruit fermentation according to FDA standards.

The end product has never been heated to high temperatures that may destroy valuable nutrients, and it contains no binders or additives. It's clean, 100 percent fruit—minus the water in the form of powder or capsules. Giving their patients this safe, clean noni product, health practitioners have achieved some remarkable results.

## Victim of leukemia and lymphoma improves within weeks

Daniel Dugi, M.D., of Cuero, Texas, says he dispenses noni and other herbals extensively in his family practice, "but noni is the most essential ingredient that I use for alternative health care. It has become a routine part of my therapies for almost everyone. I employ it for the treatment of hypertension, cancer, inflammatory arthritis, systemic lupus erythematosus, and most other connective tissue diseases...

"A good example is the 56-year-old woman I will identify as Mrs. Gladys S. Gladys, whom I saw this morning, is the victim of both lymphoma and leukemia; I started her on noni therapy four weeks ago. Today, her swollen axillary lymph nodes which had been filled with malignant tissue are totally gone.

"Last week the oncologist who is taking care of Gladys telephoned me and asked, 'Dan, what have you recommended to be taken by Mrs. S. as a nutritional supplement? Her lymph nodes are just melting away.' Having observed this effect, the patient's oncologist is just amazed and wants to know more from me. In fact, this was the third recurrence for Gladys, and her doctors were running out of treatment options for her. . .

"Previously, I had been offered no opportunity to dispense noni with its associated botanical products, Ecomer® and Badmaev 269™, to Gladys but now this combination is saving her life by increasing her immune systems' response.

"*Morinda citrifolia* shows significant antitumor activity by means of a significant reaction from animal and human T-lymphocytes; it has a humoral response too, for I've seen immunoglobulins improve dramatically just by putting cancer patients on noni therapy. . .The noni acts as an adaptogen to rebalance malfunctioning systems and bring them back to normal. Also it affords an energy boost—modulating the body's energy...

## Dr. Dugi personally takes noni all the time.

"My father is a lung cancer survivor," Dr. Dugi continued. "I made the diagnosis when his tumor was only four millimeters in diameter. . .He had the area resected, and from taking noni for the past ten years my father has done exceedingly well.

"For me, too, noni has done a good job. Arthritic inflammation in the joints of both my hands along with movement limitations in my back disappeared after I took noni capsules for a mere three weeks. When I discontinued taking the noni for eight days, my inflammation returned swiftly, but upon returning to noni the inflammation went away within two weeks. So now I personally stay on the capsules all the time."

Dr. Kaltsas in Sarasota told me, "Noni in particular stimulates the production and activity of white blood cells and seems to aid in the leukocytes' more effective targeting of cancer cells." Speaking of his patients, he says, "These people are not supposed to get well from their cancers, but they do indeed by following the nutritional protocol that's known to work. . .Noni together with the other formula elements does work well to eliminate many types of cancer."

Steven Schechter, N.D., of Encinitas, California is the Dean of the Natural Healing Institute, a school approved by the State of California. He says, "I use noni to overcome several different conditions such as to reduce pain and cause it to be more manageable. . .I often combine noni juice capsules with other herbs such as feverfew for the treatment of headache. And noni offers endocrine-regulating effects for bringing down high blood pressure, correcting hypoglycemia, overcoming Type II (but not Type I) diabetes, and for creating a person's sense of well-being. Freeze-dried noni juice capsules from Hawaii help in the treatment of almost all cancers. And I've had great success in using it in powder form for relieving patients suffering from fibromyalgia."

## Resources

Manufacturer and distributor of noni capsules made from noni grown in Hawaii is William "Bill" Curry, President of American Nutriceuticals, Inc., 1920 Northgate Blvd., Suite A-5, Sarasota, FL 34234; telephone toll free 888-848-2548; email customerservice@888vitality.com; website: www.888vitality.com;

Another manufacturer and distributor of noni juice recommended by health practitioners I have interviewed is Pacific Island Imports, the importer into the United States of Tahitian Gold®, the Noni of Tahiti™, which comes out of the production forests of Pacific Natural Products, B.P. 231Maharepa, Moorea 98728 French Polynesia; telephone 689-77-

63-71; telefax 689-56-46-56. Manuata C. Martin is the president of Pacific Island Imports which is located at 23883 Madison Street, Torrance, California 90505; telephone 310-465-0856; telefax 310-465-0857. Email: info@pacificislandimports.com; website: www.pacificislandimports.com

# Chapter Six
# *The Miracle Mushroom: Coriolus versicolor*
### A Texas man shrank his liver tumor by 90%— after his doctor gave up on him.

Allen G. of Tyler, Texas describes his oncologist as "the most negative man I ever met." The doctor treated Mr. G. for liver cancer for six years, then gave him up as untreatable.

"After the chemo failed, he threw up his hands, shrugged his shoulders, wished me good luck, and said there was nothing else he could do," according to Mr. G. "And surgery couldn't be performed either, because the consulting surgeon saw that the tumor was wrapped around my vena cava blood vessel."

Allen G. told his oncologist, "I totally reject what you are telling me. I do not accept that nothing can be done to affect the outcome of this disease."

The doctor said, "Well, I know what I'm talking about when it comes to cancer. I'm a scientist."

Allen G. shot back, "Yes, but you're not God!"

Four years later the patient was healthy again after using the type of therapies known as CAIM (complementary/alternative/integrative medicine), especially including capsules containing the powdered extract of a mushroom, *Coriolus versicolor*. Allen G. learned about the remedy on the Internet and he can tell you all about it, having downloaded nearly 400 studies.

Amazingly, Mr. G.'s liver cancer reduced to less than ten percent of its original size. His CEA (carcinoembryonic antigen) cancer marker fell more than two-thirds from 296 to 97.9.

## What is Coriolus Versicolor?

Like all mushrooms, *Coriolus versicolor* is a fungus, one of more than a half million varieties worldwide. Many of them have been known for thousands of years to have medicinal properties.

And as you may know, gourmets the world over prize both wild and commercially grown mushrooms. Some European cookbooks even call them "flowers of the fall." Whatever you call them, certain mushrooms are a perfect food for staying trim and healthy. They have little or no fat and some species, like *Coriolus versicolor*, boast valuable therapeutic and nutritional benefits. But a few fungi are poisonous and we do not recommend that nonexperts attempt to harvest their own.

*Coriolus versicolor* goes by a number of botanical names, including *Trametes versicolor* and *Boletus versicolor*. "Versicolor" refers to the mushroom's various colors. In North America, the common name is "turkey tail," while in Japan it is called by a name meaning "mushroom by the river bank" and in China its name indicates it's a cloud fungus that grows best in the rain.

Over 400 clinical studies have shown that a purified extract derived from the mushroom *Coriolus versicolor* offers strong benefits for the immune system. Clinical studies indicate the extract's ingredients are especially effective against stomach, uterine, colon and lung cancer.

Anecdotal evidence and clinical experience suggest it also works well against prostate, breast, liver and colorectal cancer.[1,2,3,4,5,6,7] Studies of rats and mice show that this mushroom is effective against many experimental animal cancers such as sarcoma and hepatoma.[8]

## German doctors are world leaders in clinical use of mushrooms

Helmut Keller, M.D. makes the mushroom an integral part of his anticancer protocol. Dr. Keller and the other German holistic-oriented oncologists I met are perhaps the world's most knowledgeable experts on mushroom therapy—especially for the treatment of their disease specialty, cancer.

Dr. Keller buys the VPS® brand of Coriolus versicolor extract from an American supplier —JHS Natural Products Company in Eugene, Oregon. JHS offers the mushroom in the form of a concentrated and dehydrated extract, a brownish powder distributed in capsules and used in most of the studies and clinics discussed in this chapter.

Taken either alone or with conventional chemotherapy or radiotherapy for cancer, three or more grams per day of this brown-powdered extract, taken orally, result in antitumor activity.

## A record of safety

"Of all medicinal plants, *Coriolus versicolor* is one of the safest and most effective agents any doctor can use against chronic diseases. This mushroom places no metabolic demand on the liver or extenuating stress on the kidneys," says the American naturopathic doctor Steven Bailey of Portland, Oregon.

"So when one looks at treatment risks for all of the recognized phytochemical products, the *Coriolus versicolor* mushroom exhibits one of the lowest treatment imperilments [risks] for viral infection, malignant tumors, or immune system depression."

For more than 20 years, Dr. Bailey has taught courses in nutrition and other subjects at the National College of Naturopathic Medicine in Portland. He's been using *Coriolus versicolor* for years, not only to treat cancer but also hepatitis B and C, AIDS, herpes and general immune system problems. He doesn't view PSK [the active ingredient of *Coriolus versicolor*] as a "magic bullet" but as a valuable part of his broader nutritional protocol.

"I see the *Coriolus versicolor* as having a very high degree of reliability for boosting human and animal immune system function," says Dr. Bailey. "The JHS brand-named mushroom product, VPS®, does this in ways that are beneficial not only for the body's surveillance or destruction of tumors but also as a protector against secondary infection."

Dr. Bailey finds that the mushroom extract negates or decreases side effects connected with chemotherapy, surgery, and radiotherapy, as well as correcting immune system imbalances including autoimmune diseases.

## Martha I.'s lung cancers disappear

"Of course," says Dr. Bailey, "some cancer patients take *Coriolus versicolor* even while they engage in radiation treatment or chemotherapy. Or the patients don't submit to chemotherapy or radiotherapy at all but rely, instead, exclusively on nutritional therapies with the medicinal mushroom as the main treatment ingredient.

"For example, one of my patients, Martha I., a 34-year-old woman working in the health field, consulted me with a cancer spreading at two sites in her lungs. Orthodox treatment had been tried but no longer was effective. She discontinued her smoking of two cigarette packs a day and embarked on nutritional therapies. The nutrients included Martha's completing six months of taking Coriolus versicolor. After this half-year, radiological examination showed that all of her lung tumors had disappeared. Seeing her current progress, orthodox medicine probably would declare this patient to be cured."

## Blood tests show how the mushroom boosts immunity

I spoke with a doctor who measures natural killer cell (NK) counts and considers them a valuable cancer marker.

Kenneth Bock, M.D., is the medical director of two holistic medical clinics, one in Rhinebeck, New York and the other in Albany. "Because it increases natural killer (NK) cell activity, I think of using *Coriolus versicolor* mainly when I'm confronted with a patient suffering from cancer or a viral infection," he says.

"This mushroom is one of the main medicinal compounds I use to boost a diminished blood reading which records NK activity. The mushroom's active biological response modifier produces a marked improvement in NK cell function and number, something I monitor by blood testing. If the blood reading is low, my patient takes greater amounts of PSK capsules. And, although it's an expensive and sophisticated assay, I repeat my NK cell testing inside of a month or two. In a number of patients, I've seen some nice blood test improvement."

Dr. Bock finds that a few patients with advanced metastatic cancer see their NK counts jump from 2 or 3 to a normal 20 to 50.

## Patient's immune system recovers

"I can illustrate what I'm saying by providing a before-and-after case history plus the literature that backs my claim," Dr. Bock states.[9,10,11]

His patient was a white, married computer consultant named Marty E., sixty years old and suffering from high blood pressure and arteriosclerosis when he was also found to have polyps on his larynx. These were removed, with radiation therapy as a follow-up. But then Marty E. was also found to have prostate cancer.

"His blood test showed diminished natural killer cell activity at the level of 6 m/u," Dr. Bock states. "Still, Marty wanted no conventional therapy for prostate cancer. So I started him on alternative medical therapies for prostate cancer and to improve his deficient NK cell activity. *Coriolus versicolor* was a definite part of his treatment regimen.

"Within two months, the patient's NK cell activity elevated to 18 m/u. And two months after that his NK cell activity increased to a normal 31 m/u. Now the man is doing well physically, and he tells me he feels great! I would say this type of response to the VPS® brand of PSK therapy is usual; the patient's quality of life does improve dramatically and he or she feels a sense of well-being," according to Dr. Bock.

A naturopathic doctor named Tori Hudson told of her clinical experience using PSK for breast cancer patients during and after chemotherapy. "My impression is that patients taking *Coriolus versicolor* are experiencing less side effects from chemotherapy such as diminished fatigue,

less nausea (but not less hair loss), and more stable white blood cell counts. I have not measured natural killer cell counts," she states.

## Animal studies confirm what patients see for themselves

Animal studies show PSK is effective against a long list of cancers including melanoma, sarcoma, mammary cancer, colon cancer and lung cancer.[12] Studies also show it inhibits metastasis to other sites.[13] The studies indicate PSK enhances the immune system and battles cancer cells. It's been shown to prolong the survival time and stimulate the production of cancer antibodies in mice with cancer.[14,15]

PSK is also a potent antiviral remedy that may hold new hope for HIV-AIDS. It even lowers cholesterol in animals and speeds up recovery from burns in rabbits when used in combination with the herb *Astragalus membranaceus*.[16,17,18,19]

## Can be used in combination with conventional treatments

Human patients who have decided to stick with conventional chemotherapy and radiation therapy need to know that PSK renders these toxic treatments much more effective, as shown by a number of clinical studies.

A Japanese study looked at the effectiveness of 200 phytochemicals (plant substances) when used in combination with chemotherapy and radiation. *Coriolus versicolor* was found to be the best of the bunch.

The researchers suggest that this medicinal mushroom seems to protect the immune system from being suppressed by prolonged use of chemotherapy drugs and by the cancer itself.

Further investigations indicate a marked improvement in the survival rates of chemo and radiation patients taking the mushroom therapy when compared with those who did not. For patients with Stage I lung cancer observed over ten years, the tumor shrinkage and survival rate was 39 percent for those taking PSK compared to only 16 percent for patients receiving the toxic therapies without the mushroom extract. That's a huge difference—more than twice as many survived and/or improved with the help of PSK.

Those lung cancer patients with more serious Stage II cancer experienced a 22 percent tumor shrinkage and survival rate over ten years when they took *Coriolus versicolor* orally while being treated with chemo or radiation. Among the people who didn't take the herbal remedy the figure was a mere five percent.[20,21]

*From this study of 185 lung cancer patients it appears the mushroom extract can make the toxic therapies anywhere from two to four times more effective.*

A Japanese study of 262 gastric cancer patients tested the mushroom's efficacy following surgery. During a follow-up period ranging from five to seven years, the half who received the mushroom extract survived at substantially higher rates. The researchers concluded that PSK was a useful adjunctive therapy to surgery and chemo.[22]

A Japanese study of breast cancer patients found similar results: Those who received PSK along with chemotherapy had better outcomes than those who did not.[23] And a study of 28 patients suffering from acute leukemia—all on chemotherapy—showed an average survival time of 21 months for those who took the mushroom extract and 12 months for those who did not.[24]

## Resources

The VPS® brand of *Coriolus versicolor* (or PSK) is furnished without prescription by JHS Natural Products, P.O. Box 23936, Eugene, Oregon 97402; telephone toll-free 888-330-4691 or 541-344-1396; fax 541-344-3107; email: jhsinfo@jhsnp.com; website: www.jhsnp.com.

# Chapter Seven

## *Is Cancer Really a Disease? Induced Remission Therapy®*

**Nine out of ten patients invariably reverse cancer IF they manage to access this revolutionary but hard-to-get treatment.**

An expatriate Australian physician noticed something unusual about people who suffer from autoimmune diseases like rheumatoid arthritis, Crohn's disease, systemic lupus erythematosus and others: *They hardly ever get cancer*.

The unnoticed oddity in their immune systems could hold the key to a cancer cure for the rest of us. It could be there is some benefit to suffering from these serious health problems.

As I've said elsewhere in this Special Report, the human immune system does not easily recognize cancer cells, and that's why the disease is so virulent and incurable. One therapeutic approach is to change the appearance of cancer cells so the body's own immune system can destroy them and cure itself.

That's what Induced Remission Therapy® or IRT tries and usually succeeds in doing: It makes a malignancy look like something that is easy for the body to destroy.

### IRT helps immune system "see" cancer cells

To put a complicated subject as simply as I can, IRT takes a cancer cell that the body ordinarily cannot see and tags it with certain proteins that alter the cancer to look like mumps, measles or flu. The body is able to attack and fight these common infections. If a person's immune system identifies cancer as resembling one of the more common forms of illness, it will quickly attack and reject the deadly disease.

Janet I.'s breast tumor doubled in size within a matter of weeks and her life was in danger as she began to show symptoms of lymph and lung cancer. Her condition began to improve after she started Induced Remission Therapy® and six years later she was still alive with no lung cancer and with her breast cancer under control.

Rose C. suffered from a brain tumor that had failed to respond to both radiation therapy and chemotherapy. Her doctors thought she had very little time left, yet she was alive, happy and productive seven years later after embarking on Induced Remission Therapy®.

Althea M. was diagnosed with breast cancer and melanoma. She became wheelchair bound as a result of leg and back involvement with the disease. A year after her diagnosis, Ms. M. decided to try IRT, responded immediately to the treatment, and was disease-free five years later.

Doris M., a lung cancer patient with metastases to the liver, responded well to IRT. When she lost access to the therapy her cancer returned.

The therapeutic approach is based on a previously unknown immune response identified in people who are resistant to cancer—specifically people with those autoimmune diseases I mentioned earlier. Using this insight, researchers have been able to change the appearance of cancer cells. The body develops an altered immune response that goes into the cancer cell and genetically corrects the disease.

IRT effectively makes the cancer look like something that the body's immunity will attack and then provides that very same immune response to fight the disease.

## It started as a race to save his father

IRT was discovered and developed by an Australian-born, Jewish medical genius of Egyptian ancestry, named Samir Chachoua. He received his medical degrees in Australia and he's licensed to practice as a medical doctor there as well as in China, England, Mexico, India, Guatemala and those British Commonwealth nations that reciprocally recognize one another's medical licenses.

Dr. Sam's medical breakthrough originated from research he started as a teenager in a desperate (and unsuccessful) effort to save the life of his father, a physician himself, who was dying of bone cancer. Dr. Sam graduated from medical school at age 18 and presented his cancer therapy findings to a prestigious medical forum when he was only 19.

Although they didn't arrive in time to save his father, Dr. Sam's numerous medical discoveries are *now reversing cancer in better than nine out of ten patients who manage to gain access to the treatment.*

Dr. Helmut Keller stated that when he can he acquired a supply of the IRT vaccine from its developer and used it as part of his treatment protocol for people with almost any kind of malignancy. Other alternative-friendly anticancer doctors also use IRT.

## Is cancer a healthy immune system response?

Dr. Samir Chachoua has spent many years and more than $12 million of his own funds to uncover an enormous amount of information about how the human immune system responds to foreign invaders.

One of his more curious insights is that cancer may not be a disease at all but rather a response of our immune system. While conventional researchers believe cancer results from a random mutation, Dr. Sam describes cancer as a stimulating agent for a weakened immune system.

He has tried to draw the medical community' attention to an odd fact: As the cancer rate has tripled among the world's populations from one person in three hundred to one person in a hundred, there has also been a huge increase in life expectancy. Much of this is thanks to a decline in infectious diseases. As fewer and fewer people die of infections, more and more die of cancer.

In short, cancer cells may serve nature's purpose. They enable the human body to develop a sustained, long-term immune response that inhibits and destroys infectious "bugs" and allows people, especially those in the most developed countries, to live longer.

Dr. Sam states convincingly that cancer is not a disease. *It is a preprogrammed cellular response to the onset of disease.* Every one of the 80 trillion cells in the human body contains this programming from its birth. He's observed a lot of evidence. Each cancer behaves in the same way from one person to the next. Particular cancers strike the same kind of people repeatedly according to race, class, geographic area, or environmental factors. And when one type of cancer is eliminated, another kind often arises in its place.

It's not random. It's in response to a genetic plan.

## Cancer "cures" tetanus in animals

Dr. Sam believes that preprogramming in the cancer cells, rather than random mutation, goes a long way toward explaining these and similar observations. He's conducted rat experiments in which he showed cancer actually cured tetanus in animals given both diseases at the same time!

In a "healthy" cancer, the disease arises only for a short time to contain an invading organism until the body can put up an appropriate immune system response. Then the cancer cells "commit suicide" and leave the body as waste products.

Looking back to a period 200 years ago, Dr. Sam observed that patients undergoing spontaneous remission for cancer did so in response to an acute infection. In contrast, a chronic or long-term infection can actually cause cancer. That's because an acute infection stimulates the appropriate "good" immune response in cancer cells so that they commit preprogrammed suicide and melt away after they've done their job.

Because the immune system fails to recognize a cancer cell as dangerous, it can remain hidden from any immune response. Dr. Sam's technique is to tag the cancer cell with a common infection such as measles, mumps or the flu so that antigens are expressed on the cancer cell's surface for up to three weeks. This gives the immune system a "window of opportunity" to rush in and attack the tagged cancer. If, however, the cancer cell manages to defeat the common infection, the immune system becomes blind to the cancer once again.

IRT seeks to make optimum use of the immune system "time window" to correct the disease at the genetic blueprint level, target the cause of the disease, and then correct cell damage at the same gene level. Diseased tissue is removed as waste, and in due course the body returns to normal without surgery or toxic chemotherapy and radiation. The cancer goes into remission.

## How patients can access IRT

Dr. Samir Chachoua does not generally treat patients nor does he sell vaccine. Instead, he creates a vaccine appropriate for a particular person and dispenses it to the person's attending physician for use as treatment. Toward this end Dr. Sam trains practicing physicians in his treatment technology. He accepts no fees for such training or for supplying vaccine.

IRT is available in most Latin American countries, especially Mexico, Guatemala and Argentina, as well as in some Caribbean countries and the Bahamas. Where the law allows, Dr. Chachoua also makes it available under the Health Freedoms Act to physicians in the United States and Canada who accept training and responsibility in producing and administering the vaccine.

For basic IRT, which entails producing vaccine by use of the measles or mumps virus or an animal virus, the cost is just a few hundred dollars. More sophisticated forms of the vaccine designed to genetically affect cancer cells for a longer-lasting response may cost thousands. And the most complicated form can cost hundreds of thousands, although this may be covered by health insurance.

The Save-a-Life Foundation in Boulder, Colorado may, under certain circumstances, assist patients who cannot afford the more sophisticated IRT, but the foundation's main purpose is to fund further medical research on IRT.

## Legal dispute slows down Dr. Chachoua's work

Unfortunately, Dr. Sam's work was interrupted in the 1990s by a bitter falling out with the famous Los Angeles-based Cedars-Sinai Medical Center, University of California, Los Angeles School of Medicine, and Eric S. Daar, M.D., the director of the Cedars-Sinai AIDS and Immune Disorder Center. Dr. Chachoua had been doing research under their auspices.

Dr. Chachoua brought a lawsuit, alleging the institution breached its contract with him and failed to return proprietary anticancer and anti-AIDS vaccine cultures. Cedars-Sinai adapted Dr. Chachoua's research and has now patented its own version of the IRT program.

In an article published in a journal, *AIDS Research and Human Retroviruses*, Dr. Daar and four colleagues appeared to take credit for the discovery that autoimmune disease stimulates antibodies that cross-react with HIV infections.

Working in Mexico, Dr. Chachoua has slowly been able to reconstruct the work product he lost in the dispute. It's not my intention to go into the merits of the lawsuit, but to let you know some of the fascinating testimony that patients gave under oath at the trial in 2000. Witnesses spoke at some length on the usefulness of IRT in eliminating AIDS, chronic fatigue syndrome, fibromyalgia, and heart disease as well as cancer.

Michael P. of Denver, Colorado tested positive for HIV and had to leave his job because of chronic fatigue. He entered Dr. Sam's IRT program at Cedars-Sinai and testified at the trial, "Now I feel great, and blood tests I took at Cedars-Sinai Medical Center show results consistent with my good feelings. . .I have been taking Dr. Chachoua's vaccines and my health has improved dramatically."

Another AIDS patient, Terry D. of Atlanta, Georgia, testified, "Through my Atlanta physician, Dr. Richardson, since 1996 I have been receiving Dr. Chachoua's vaccines that come from Mexico. Within one week of taking Dr. Chachoua's vaccines my T-helper cell count rose from 168 to 962 and my PCR [marker that when elevated indicates HIV infection] dropped from 74,000 to 12,200. . .Dr. Chachoua's vaccines put me into remission."

A computer technician, George N. from Wixom, Michigan, testified, "I was receiving treatment for chronic fatigue syndrome, immune dysfunction, and fibromyalgia. . .Before taking IRT I was very sick, bedridden. But then the vaccines made me very well."

Arthur M., owner of United Technologies International, described on the stand how his heart disease responded to Induced Remission Therapy®: "I had been huffing and puffing and had to be carried up and down stairs. So it was suggested to me by my electrical engineering colleague, Walter, that I go and get some of Dr. Sam Chachoua's vaccines. So I flew out to see him [in Baja California, Mexico] and had a heart attack on the plane. I was in really bad shape. I was very skeptical when I was carried into his office, and I felt like leaving.

"But I stayed, thank God, and Dr. Chachoua started working with me at 2:30 in the morning by giving me a shot. . .and there he gave me six shots over six days. My whole life changed on that third day—I felt better—a big change. By the sixth day I felt an unusual amount of strength. I had blockage in five arteries, three of them were blocked by 87%, 62% and 31%.

But now [after IRT] I can do all kinds of things I could never do before. I do landscaping now but before I couldn't even lift a rake. Today I do it all. I just finished laying out 750 bags of fertilizer. I had gone to see Dr. Chachoua about my cardiovascular condition. I took an electrocardiogram six months later, and it showed total reversals of my heart and artery conditions."

## Resources

It is difficult to obtain further information about Induced Remission Therapy® or to speak with Dr. Samir Chachoua directly. Dr. Chachoua fears for his life. Three attempts have been made to kill him, very likely by agents of the commercial cancer industry who don't want any true cure for cancer to become readily available.

Before she became intimidated away from him, Dr. Samir Chachoua's Los Angeles-based part-time secretary had been Carol A. Barber, 4318 Glenroe Ave., Apt. 2, Marina Del Rey, CA 90292; telephone 310-373-1000; fax 310-306-1177.

Patients seeking to learn more about IRT or to enter a Mexican or Guatemalan hospital to receive IRT, as well as physicians who wish to take oncological/immunological training from Dr. Chachoua or to acquire a supply of Dr. Chachoua's cancer-reversing vaccine are urged to try the following:

Dr. Chachoua's sponsoring medical foundation is International Health News (IHN), 1320 Point Street, Victoria, British Columbia, Canada V8S 1A5; telephone 250-384-2524; website: www.yourhealthbase.com; email: editor@yourhealthbase.com. International Health News is a newsletter published by Hans R. Larsen. A compilation of its abstracts and research reports is published annually.

Biotechnologies International is a research organization that investigates the efficacy and/or legitimacy of Dr. Samir Chachoua's Induced Remission Therapy®. Its address is Biotechnologies North America, 3001 North Rocky Point Drive, Suite 200, Tampa, Florida 33607; telephone 813-281-5460; fax 813-289-7748; website: www.biotechnologiesinternational.com.

Dr. Chachoua's single-line phone/fax at his part-time residence in Baja California, Mexico is 011-526-630-8507.

Dr. Chachoua has two volunteers, American support persons who get messages to him while he keeps himself safe in Mexico. One of the volunteers is Gilbert Burciaga, whose voicemail is 310-229-5275 and who may also be reached at two email addresses, phbal@msn.com or dynamic10140@webtv.net. The other loyal Chachoua therapy volunteer is a very kind woman, Lucy Lasher, 8371 Blackburn Avenue, #9, Los Angeles, CA 90048; telephone 323-655-0271.

You may leave a voicemail message at Dr. Sam's Southern California business office by phoning 310-229-5275 but seldom is there a call-back. Or you might possibly obtain a response from Dr. Chachoua through his California attorney's email address: Nglaw@hotmail.com. His attorney's name is Henry Ng.

# Chapter Eight

## *New Supplement Fixes Damaged DNA Poly-MVA™*

### Why so many alternative physicians recommend this cancer breakthrough for their own family members who are in danger.

"The cancer is ravaging your bone marrow—you have less than three months to live unless you undergo chemotherapy," the oncologist told Kenneth Walker, a 67-year-old clergyman. Twenty months later the "dead man" was scuba diving in Aruba.

"Today, this same oncologist advises me that if I was visiting him for the first time, he would not suspect cancer had ever been present," says Mr. Walker. "The treatment I researched on my own saved me."

But things didn't look so hopeful at the start:

"I had this terrible bone pain in my head, spine, ribs, and all over. Then the doctor told me he had discovered holes in my skull the size of nickels and dimes. I felt just terrible pain and needed to sleep all the time to escape it. I took pain pills and assorted sleeping pills," he confides.

The cancer that struck Kenneth Walker was multiple myeloma, a disease that infiltrates bone and spreads to the entire skeleton. The medical profession considers it incurable. The standard treatment is chemotherapy. According to a respected reference source, 52% of patients die within three months of diagnosis and nine out of ten die within two years.[1]

Ken Walker beat those odds with one of the newest concepts in nutritional supplements, an organic "metallovitamin" and amino acid produced under three patents first issued by the U.S. government in October, 1995 to the inventor -- Merrill Garnett, Ph.D., D.D.S. of Islip, New York.

## Denver woman says "no" to the cancer industry

Sarah J. Jones of Denver, Colorado has a story much like Ken Walker's. In March 2002, she detected a lump in her left breast, and an ultrasound test confirmed her worst fears—the lump was potentially cancerous.

"The radiologist browbeat me to have a biopsy, which I refused because of what I had learned from my reading about the spread of cancer from biopsies," says Sarah Jones.

"Not then or now did I receive physician-administered cancer treatment. The physician who is supervising my Doppler-ultrasound evaluations, Ob-Gyn specialist Asela C. Russell, MD, keeps insisting that I must undergo biopsy, chemotherapy, and radiation. . ."

Fortunately for her, Sarah is married to cancer researcher Bob Jones, the renowned inventor of a diagnostic sonogram device for alternative, holistic dentists. "I have never undergone biopsy. Near the end of May 2002, after speaking on the phone about my breast cancer to Emmy McAllister, the director of Health Solutions Now!, Bob learned from her about the same anticancer substance containing minerals vitamins, and amino acids used successfully by Reverend Ken Walker. Then my husband did his own literature search on the substance, Poly-MVA™. Consequently, I added this liquid

amino acid metallovitamin to my nutritional supplementation, two teaspoonfuls four times a day taken in purified water. . .”

Sarah continues, “After she performed an examination of me on November 8, 2002, Dr. Russell wrote on her prescription pad: ‘Sarah Jones’ left breast mass is significantly smaller.”

Within six months of beginning her program of nutritional supplementation with Poly-MVA™, the ultrasound measurement showed her malignant breast tumor had shrunk by two-thirds from the original measurement in March, 2002.

## What is Poly-MVA™?

Poly-MVA™ represents a new principle in the nutritional treatment of cancer. It is an enzymatic complex of polynucleotide reductase that actually helps fix malfunctioning bits of DNA.[2,3]

To keep this as simple as I can, let me explain that a nucleotide is a single building block in the complicated “spiral staircase” of DNA. Nucleotides are the basic structures that control cell division and replication. The reductase enzyme that is part of the Poly-MVA molecule affects these individual building blocks in a way that helps the DNA molecule repair and restore itself.

Most of the time our DNA molecules are able to repair themselves when damaged by free radicals, pollutants, toxins or any number of other factors. It is believed that cancer follows when for some reason cells lose this ability to repair themselves. The newly-discovered lipoic acid palladium complex helps repair the abnormally altered gene that sets potential cancer mechanisms in motion.

The Poly-MVA™ molecule accomplishes this DNA-repair feat in several ways. The genius of Dr. Garnett’s discovery was to bind palladium to alpha lipoic acid—a common food supplement that aids in energy transfer within cells.

Alpha lipoic acid is able to travel anywhere in the human body, even though the blood-brain barrier—and take the palladium molecule with it. And palladium has a number of useful therapeutic effects, as Dr. Garnett explains in his highly technical but interesting book, *First Pulse: A Personal Journey in Cancer Research*.[4]

As reported in *An Alternative Medicine Definitive Guide to Cancer*, “Poly-MVA™ induces energy-dependent changes in the shape of DNA or RNA as a result of the new reduced state it induces in the nucleotides.”[5]

The Poly-MVA™ formulation includes other amino acids besides alpha lipoic acid, and in fact the term “poly” means “many, much, more than one”; the “M” in the name indicates “minerals,” the “V” signifies “vitamins,” and the “A” stands for “amino acids.”[6]

Poly-MVA™ is manufactured as a liquid for oral ingestion, although some physicians administer it intravenously. For therapy, a new and updated Poly- MVA™ protocol is recommended by the Advanced Medicine and Research Center of Chula Vista, California. The Center’s President, Albert Sanchez, Sr., Ph.D., Ed.S. wrote the protocol.[7]

## Doctor recommends it for his own son

While the science may be tough for the layperson, “the theoretical explanation of how it works makes sense,” says Stanley R. Olsztyn, M.D., a holistic

and homeopathic doctor in Phoenix, Arizona.

Dr. Olsztyn has reason to know. He recommended Poly-MVA™ to his own son Mark.

In 1993, Mark, then living in Boston, had a tumor the size of a walnut removed from the frontal lobe of his brain. Things seemed okay for five years, until a second tumor was found in the same location, and surgery revealed it was much more serious than the first one.

"The tumor showed as unencapsulated, highly malignant, growing rapidly, and infiltrating extensively," says his father. "In Boston, he took a full course of radiation therapy and then started on chemotherapy. Realizing that he was not going to live very long, Mark decided to return home to Phoenix expecting to die with his loved ones around him."

Instead, a sort of alternative medical miracle ensued. Dr. Olsztyn put Mark on a nutritional program including Poly-MVA™. He invited Dr. Garnett, the inventor, and Dr. Sanchez to lecture about it in Phoenix.

As time went by, Mark decided to stop chemotherapy because of the side effects and continue the Poly-MVA™ and nutritional program. "From mid-1998, the only contact Mark has had with conventional oncological medicine is for diagnostic MRIs. Poly-MVA™ is the only treatment he has taken, and for nearly five years there remains no visible evidence of tumor regrowth," said Dr. Olsztyn when I spoke with him in 2003. "My son is asymptomatic and semiannual MRI examinations are negative for brain cancer."

"I have recommended Poly-MVA™ to many people because of my extremely favorable impression of the Garnett concept from several viewpoints...the product is completely safe and definitely effective for healthy tissue..."

"Patients I've observed taking Poly-MVA™ have thrived," says Dr. Olsztyn. "Numbers of them are following its protocol now. In my opinion Dr. Garnett and Dr. Sanchez are providing a really well thought out, safe treatment for all types of malignancies. They should be commended."

## Nevada doctor recommends it to his father-in-law

A Nevada doctor recommended Poly-MVA™ to his father-in-law, who was diagnosed at age 69 with bladder cancer. "Hospitalized in a critical care unit for ten days with acute respiratory distress syndrome from his adverse reaction to chemotherapy, my father-in-law was no longer a candidate for cytotoxic therapy," says Robert D. Milne, MD, Medical Director of the Milne Medical Center in Las Vegas.

With chemotherapy out, the patient started on a course of 500 mg. daily of Poly-MVA™ plus coenzyme Q10 and pancreatic enzymes. The treatment was a success. A six-month follow-up to his original tumor biopsy showed there was no cancer. A CAT scan revealed "No evidence of the tumor in this patient's bladder."

"I believe the Poly-MVA™ adjunct for this patient was exceedingly helpful," Dr. Milne enthuses, "and the work of Dr. Merrill Garnett is truly remarkable. It's different from any other therapy that has ever been done against cancer. Based on

my father-in-law's excellent result and the results experienced by many others, I truly believe that Poly-MVA™ is worth trying by any person who has cancer or wants to prevent its onset."

## Good for prevention

The late Rudy Falk, an M.D. in Barrie, Ontario, Canada, was one of the first practicing doctors to take up Dr. Garnett's discovery. After years of research, Dr. Falk firmly believed that ingesting 1⁄2 tsp. daily of Poly-MVA™ would prevent cancer. "The greatest use of Poly MVA™ is as a cancer prophylactic," he said. Today there is a 20-year Practitioner's Study of Poly-MVA™ in progress to find out if Dr. Falk's hunch was right.

Dr. Ahmad Nasri, MD, arrived from the Dominican Republic to take over Dr. Falk's Ontario practice when Dr. Falk died. In addition to hyaluronic acid, low-dose chemotherapy, high dose vitamins, hydrogen peroxide, minerals and vaccines, Poly-MVA™ is a vital element in the anticancer protocol.

"With Dr. Falk working in Canada and me having administered Poly-MVA in the Dominican Republic, we achieved excellent results against most cancers," says Dr. Nasri. "We observed tumor shrinkage, cancer down staging from Stage 4 to Stage 2, pain reduction, and additional therapeutic effects. Cancer patients we had started on this protocol even eight years ago remain in good health. . .Today I can definitely offer at least six cancer case histories of patients who stay in good shape from their taking Poly-MVA™."

## Resources

Further information about Dr. Merrill Garnett and his work may be found at his website, www.electrogenetics.net. Email: Newcode@aol.com.

There is an informative Poly-MVA™ product website at www.polymva.com.

To acquire a contact list of cancer survivors who have benefited from Poly-MVA™ and for a second list of over 150 health professionals who provide patients with the therapeutic cancer product, visit www.polymvasurvivors.com.

The CEO of the Advanced Medicine and Research Center (AMARC Enterprises) is Albert Sanchez, Jr. Persons wishing to acquire a supply of oral Poly-MVA™ may contact the primary commercial source in North America, AMARC Enterprises, Inc.; 1339 Broadway, El Cajon, California 92021; telephone: 866-poly-MVA (866-765-9682); email: info@polymva.com.

# Chapter Nine
# *A Native American Cancer Remedy: Essiac*
### A Canadian nurse successfully treated thousands of cancer victims with this Ojibway Indian herbal blend.

In 1922, an elderly patient at a hospital in Ontario, Canada gave Rene Caisse, the head nurse, the formula for a tea brewed from eight herbs. The woman told the nurse that she'd been cured of breast cancer some 30 years before by drinking the brew. The formula had been given to her by an Ojibway Indian medicine man who showed her how to turn the herbs into a healing beverage.

Not long after, one of Rene Caisse's aunts, Mireza Potvin, was diagnosed with stomach and liver cancers. After undergoing exploratory surgery, she was told she had six months to live. Seeing no real alternative, the attending doctor gave Nurse Caisse permission to administer the herbal tea to her aunt.

*A year later, the patient was fully recovered and declared cancer free. She lived another 21 years.*[1]

That simple incident launched a Canadian legend. Rene Caisse spent the next five decades in selfless devotion to cancer victims, refusing payment for her services and instead accepting voluntary contributions such as farm-fresh eggs and vegetables or hand-knit sweaters. She became beloved all over Ontario for her acts of charity, her dedication to spreading the word about the herbal remedy, and her refusal to profit from its sale.

Her efforts brought partial or full remission to hundreds of cancer patients, many of them abandoned as "hopeless" or "terminal" by conventional medicine. Among those who did not achieve a cure, many found pain relief and prolonged life.

## Prostate patient cured

Rene Caisse died of a heart condition in 1978, at the age of 90, but she arranged for her work to go on. One beneficiary was Ian Coopersworth, a grocer from Calgary, Alberta who was told in 1992 that his cancerous prostate would have to come out.

This 66-year-old man refused and started looking instead for alternative therapies. He had the help of his son-in-law, a family practice specialist in the Toronto area who dabbled in wholistic medicine. One of the remedies the son-in-law recommended was the mixture of herbs called Essiac ("Caisse" spelled backwards)––Rene Caisse's herbal formula.

Ian Coopersworth began brewing and drinking two ounces of the tea, twice daily, mixed with purified water. He found that his PSA test—the common marker for prostate cancer—dropped from an extremely high 68.4 down to 24.5. (A reading of less than four is considered healthy.)

Seeing that he was getting somewhere, Ian upped his dosage of Essiac tea to three ounces, three times a day. Four weeks later, he was shocked to find soft, dark, gel-like flakes in his urine. There was no blood, just urine and black flakes. He told his wife, who had the presence of mind to scoop up the strange discharge and have it sent to a lab.

The pathology laboratory advised Ian that the material in his urine was necrotic (dead) human canceroid prostate tissue. Following this incident, the patient's PSA reading dropped to less than 0.1—for all practical purposes to zero. Further medical examination showed no evidence at all of cancer in his prostate.

This is just one example of many cures that were probably due to Essiac.

## A missed chance for medical acceptance

Were it not for Rene Caisse herself, the medical establishment today might accept Essiac as a legitimate cancer treatment. In 1935 thousands of citizens petitioned the Minister of Health for the Province of Ontario to accept the herbal formula as a mainstream medical treatment.

That petition was followed a year later by a second one signed by nine practicing medical doctors, urging the Health Minister to "take immediate action to make this treatment available for all cancer sufferers, and keep it a Canadian discovery." And in fact some Ontario physicians had submitted a similar petition a decade before, in 1926. The local doctors, in trying to cope with patients' needs, had witnessed the medical success of Essiac as a cancer treatment.

The Health Minister did take action. He enlisted the help of Sir Frederick G. Banting, M.D., the co-discoverer of insulin and one of the most distinguished physicians in the world at that time.

As it happens, Dr. Banting had had some experience with Essiac. Ten years before, he had consulted with another M.D., J.A. McInnis, regarding the case of a diabetic woman with advanced cancer. Dr. McInnis permitted Rene Caisse to treat the patient with Essiac injections, and during the Essiac therapy insulin injections were stopped at Ms. Caisse's request.

*Dr. McInnis later told Dr. Banting that the woman had completely recovered from the cancer—and no longer required insulin for diabetes, to boot!*

Both of her health problems were gone! In repeated consultations with Dr. McInnis and Ms. Caisse, and from examining the patient X-rays and other evidence, Dr. Banting concluded that "Essiac must actuate the pancreatic gland into normal functioning."[2]

So when the Health Minister asked his advice nearly a decade later, Dr. Banting was receptive to working with Rene Caisse toward the goal of making Essiac an accepted, mainstream therapy. He assured her, "Miss Caisse, I will not say you have a cure for cancer, but you have more evidence of a beneficial treatment for cancer than anyone in the world."

But all her life, Rene Caisse had marched to a different drummer, and this time was no exception. Dr. Banting requested that she work under his supervision at his research facility, the Banting Institute, lodged in a building at the University of Toronto. They would begin with animal experiments and in the meantime use of Essiac on humans was to stop.

Rene Caisse objected that she had conducted her own extensive tests on lab animals, with good results, and was already saving human lives with her treatment. By moving to Toronto she would be abandoning 600 patients who were visiting her clinic every week. It was her decision to decline Dr. Banting's offered, although he replied kindly to her refusal and left the door open if she should change her mind.[3]

That was 1936. Until the 1970s, Rene Caisse was the only person to administer her Essiac injections and herbal drink to patients—sometimes observed or supervised by physicians, sometimes not. When she died in 1978, it's reported she felt she had made a mistake in not seeking acceptance by the medical establishment. She continued to feel a warm regard for Dr. Banting and considered his supportive comments one of the highlights of her life.

## What is Essiac?

Working with R.O. Fisher, M.D., a Toronto physician, Rene Caisse reduced Essiac from its original eight ingredients to four actual therapeutic components. These four herbs are sheep sorrel herb (*Rumex acetosella*), burdock root (*Arctium lappa*), slippery elm inner bark (*Ulmus fulva*), and Turkey rhubarb root (*Rheum palmatum*). All are common and easy to find, and each is loaded with an array of healing phytochemicals. One of the components, burdock root, is found in the Hoxsey herbal remedy, another popular treatment.[4]

Shortly before she died, Rene Caisse sold her Essiac formula for one dollar Canadian to the Resperin Corporation. So her lifesaving work continued, but with significant strings attached. In Canada, a willing doctor can obtain the product and administer it by prescription to a specific patient only after receiving written permission from a government health agency. In the United States, the treatment simply isn't recognized by the FDA or mainstream medicine.

No matter. You can purchase Essiac over the counter, without a prescription, in the United States and Canada.

## Dosage and safety issues

There are no serious adverse side effects from the herbal drink, although it's not recommended for pregnant or lactating women. Taking too much of the remedy may result in temporary dizziness, headache, and/or nausea.

For cancer patients, the recommended dose is usually two ounces, twice a day, combined with an equal amount of purified hot water. Sip the tea slowly—taking at least four minutes -- on an empty stomach. An hour before breakfast and again in the evening two hours after the last meal of the day would be good times.

A patient suffering from severe cancer may want to add a third two-ounce dose for a twelve-week period. If the patient is seeing good results, he or she may wish to continue the higher dose—it's a judgment call, and the consequences of higher doses over a longer period are not known.

People do take Essiac for prevention—anywhere from one ounce per day to one ounce per week—but no one knows whether this is effective. Rene Caisse never perfected a prevention program using Essiac.

## JFK's personal physician cured himself with Essiac

While the medical establishment has never accepted Essiac, it is less controversial than it was thirty or forty years ago. President John F. Kennedy's personal physician and trusted friend, Charles Brusch, M.D. (now deceased) provided Essiac at his Massachusetts clinic.

In 1990, Dr. Brusch signed an affidavit describing his experiences in administering Essiac: "Clinically, on patients suffering from pathologically proven cancer, it reduced pain and caused a recession in the growth. Patients gained

weight and showed a great improvement in their general health. Their bowel elimination improved considerably and their appetite improved. Remarkably beneficial results were obtained even on those cases at the 'end of the road' where it proved to prolong life and the 'quality' of life.

"I endorse this therapy even today for I have in fact cured my own cancer, the original site of which was the lower bowel, through Essiac alone. My last complete examination, where I was examined throughout the intestinal tract while hospitalized (August, 1989) for a hernia problem, no sign of malignancy was found. Medical documents validate this," concluded Dr. Brusch. "I have taken Essiac every day since my diagnosis (1984) and my recent examination has given me a clean bill of health."5

Elsewhere, Dr. Brusch affirmed, "The results we obtained with patients of various races, genders, and age with all types of cancer definitely proves Essiac to be a cure for cancer."[6]

The late Robert C. Atkins, M.D., of weight-loss fame, said, "Essiac is a therapeutic tea that all cancer patients can benefit from. Such benefits may be mild in advanced-stage cancer therapy, but they can also contribute to feelings of well-being which in turn influence the patient's quality of life and potential for recovery."[7]

Victor A. Marcial-Vega, M.D., of Coconut Grove, Florida, believes the success of a cancer treatment program, and perhaps of a prevention program, depends on the health of the immune system. He uses a multifaceted nutritional and herbal supplement program that includes Essiac. For cancer therapy, Dr. Marcial-Vega recommends taking three ounces of Essiac three times per day on an empty stomach.

Dr. Marcial-Vega has observed that Essiac tea placed on top of cancer cells on the skin will dissolve the cells.[8]

Julian Whitaker, M.D., editor of the popular *Health & Healing* newsletter, writes, "Rene Caisse never claimed that Essiac was a cancer cure, nor that it would help everyone. But neither should we dismiss it as just another old folk remedy—its history is too solid to ignore. The individual herbs in Essiac tea have all been shown in recent years to have anticancer activity, and thousands of cancer patients in the past 70 years have claimed to have been helped by Essiac tea."[9]

## Acknowledgement

I am indebted for much of the information in this chapter to freelance writer Sheila Snow, author of the book *The Essence of Essiac*. Sheila Snow performed extensive research including meetings with Rene Caisse and the nurse's close associate, Mary Martha McPherson.

## Resources

Those who wish to acquire more information or to purchase a supply of essiac should contact any health food store. Essiac—the herbal combination of sheep sorrel herb, burdock root, slippery elm bark, and Turkey rhubarb root—is a commonly available nutritional supplement. It is also purchasable as an herbal extract and as gelatin capsules filled with the ground and powdered herbs.

# Chapter Ten
# *Diet and Detoxification*
## The Gerson Therapy
## 85 years of experience show that what you eat DOES matter.

I'm going to reveal what may be one of the cheapest and most effective cancer remedies on earth, but you have to promise not to giggle. And you need not take it with cream and sugar.

The therapy is regular coffee enemas, administered several times a day—perhaps as often as every four hours, day and night, at the beginning of treatment.

This strange-sounding concept was pioneered by a German physician named Max Gerson, M.D., who began his work in 1919, emigrated to the United States in the 1930s, and continued to expound on the benefits until his death in 1959. As you'll learn in this chapter, coffee enemas are anything but wacky and may be one of the most effective things you can do.

But coffee enemas aren't the whole story. The Gerson approach is divided into two primary components: (1) *An intensive program of nourishment with organically grown foods*, and, (2) the *detoxification of wastes and metabolic poisons* that interfere with healing and normal metabolism.[1]

The most complete presentation of the Gerson Therapy program can be found in two published books. One of them was written by Dr. Gerson himself, and the second is selling actively in bookstores everywhere, coauthored by myself and Dr. Gerson's daughter, Charlotte. The title of Dr. Gerson's book is *A Cancer Therapy: Results of Fifty Cases*.[2] The title of my coauthored book is *The Gerson Therapy: The Amazing Nutritional Program for Cancer and Other Illnesses*.[3]

I'll tell you more about the diet and the detox specifics in a moment, but first let's consider some evidence.

### Full recovery from "untreatable" melanoma

Gerald F. Fullerton (a pseudonym) was 54 years of age in 1982 when his doctor told him he had a malignant melanoma—the most serious type of skin cancer—on his right temple. "Within ten days of the biopsy," he says, "the site of excision turned black under the skin. Twenty to thirty red spots appeared on my chest and back and another mole similar in appearance to the one removed from my temple appeared on the lower left chest."

Mr. Fullerton consulted with several doctors. One doctor told him that surgery is useless after melanoma has spread to secondary sites. The patient believed him and declined further surgery. Instead, he started the Gerson Therapy at home. Then, after a few months, he decided to receive concentrated Gerson treatment for two weeks at a clinic in Tijuana, Mexico. He returned home and stayed on the full program for several more months and a modified program for one year.

At the end of the first year he experienced some rectal bleeding and returned to the full program for the second year. Thereafter he had no significant health problems.

Fourteen years after his diagnosis he was still alive with no sign of a return of the

melanoma. He said he felt well and credited the Gerson program with saving his life.[3]

## 88 percent of "spontaneous" cancer remissions happened to vegetarians

The notion that good nutrition can cure cancer just won't go away, in spite of being trashed and attacked decade after decade by the medical establishment. If you do much reading in the field of alternative cancer treatments, you will come across many stories of people who recovered after improving on the way they eat.

Millions of people continue to believe, with good reason, that the things we eat are killing us and that we'd eliminate a lot of our problems with proper nutrition. And right alongside that belief is the sound idea that we need to rid ourselves of the toxins we've accumulated from years of bad habits and environmental pollution.

In 1988, a Canadian M.D. named Harold Foster analyzed the cases of 200 cancer patients who had experienced so-called "spontaneous" remissions. Each had utilized some type of alternative therapy.[5]

*Dr. Foster found that fully half the "cured" patients had used some form of detoxification such as coffee enemas, castor oil enemas, high colonic irrigation, saunas or fasting.*

*And a whopping 88% of the patients had incorporated vegetarianism into their diet programs. 65% took supplements.*

Dr. Foster wrote that "spontaneous" regressions "tended to occur most frequently in vegetarian nonsmokers, who did not use table salt, white flour, or sugar and who avoided canned, smoked, or frozen foods. . .Many took vitamin and mineral supplements together with various herbs. The time spent by patients eating such special diets varied from one month to 15 years, the median time period being forty-one months [meaning half the patients spent more than 41 months on a special diet]."

If Dr. Gerson had lived to see the study, he wouldn't have been surprised. He repeatedly stated that cancer regression does not happen spontaneously but that some specific improvement in the patient's physiology causes the cancer to react. Dr. Foster agreed: "There is really no such process as spontaneous regression."

## The Gerson Diet in Brief

Dr. Gerson's diet is a low-fat, salt-free program that supplies the body with easily assimilated nutrients that strengthen its natural immune defenses. It may be the ideal way to eat if you want to prevent almost any degenerative disease. In spite of the medical establishment's relentless attacks, the Gerson approach is not that different from the "heart healthy" diet of the American Heart Association.

Organically grown fruits and vegetables and 13 glasses of freshly squeezed juices per day, taken hourly, make up the core of the Gerson diet. The doctor said to always prepare fresh juices and don't attempt to prepare the whole day's supply in the morning.

This menu provides vast amounts of familiar antioxidants like vitamin A and C, plus a whole battery of additional phytochemicals and bioflavonoids (plant nutrients).

It seems hardly a day goes by without scientists identifying some new plant nutrient such as rutin or lycopene. Decades before anyone identified or named them, these less-well-known phytochemicals were abundantly present in Dr. Gerson's diet.

Patients who follow the diet may also eat salt-free whole wheat or rye bread, preferably from flour refined as little as possible. Potatoes are allowed, preferably baked. Berries, pineapple, nuts, avocados and cucumbers are NOT permitted, but most other fruits and vegetables are included.

Gerson Therapy patients also receive supplements such as thyroid extract, potassium iodide, liver extract, pancreatic enzyme and niacin. No meat is allowed, no salt, nothing frozen, nothing out of a can, but—some good news—brown sugar, honey and maple sugar are okay. All animal protein is omitted for the first six to twelve weeks, then kept to a minimum.

The diet is largely fat-free but includes some nonfat yogurt, nonfat and unsalted pot cheese, cottage cheese, and churned buttermilk. After two years on the strict diet, cream and ice cream are allowed a few times a year. Dr. Gerson also recommended flaxseed oil. Research published by Johanna Budwig, Ph.D., shows that omega-3 fatty acids in flax kill human cancer cells in tissue cultures without damaging normal cells.[6]

## The importance of avoiding salt

One of Dr. Gerson's key concepts was that increasing potassium and reducing sodium in the diet helps prevent tumor formation. He conducted research on the subject at the University of Munich before emigrating to the United States.[7,8]

Freeman Cope, M.D., writing in *Physiological Chemistry and Physics*, said, "The high potassium, low sodium diet of the Gerson Therapy has been observed experimentally to cure many cases of advanced cancer in man, but the reason was not clear. Recent studies [this was in 1978] from the laboratory of Ling indicate that high potassium, low sodium environments can partially return damaged cell proteins to their normal undamaged configuration. Therefore, the damage in other tissues, induced by toxins and breakdown products from the cancer, is probably partly repaired by the Gerson Therapy through this mechanism."[9]

## Want to *prevent* cancer? The diet becomes a little easier.

Dr. Gerson was realistic about the temptations of modern life. So people following his diet for *prevention*, not cure, can eat foods of their own choice up to one-fourth of their total food intake. The healthy should keep coffee, tea and alcoholic beverages to a minimum, but patients being treated for cancer should avoid them altogether.

This ambitious diet aims to rebalance a patient's entire physiology and reverse the conditions that nurture cancer cells, but Dr. Gerson never promised miracles. He claimed a 30% remission rate among terminal cancer patients. Other doctors using the method have claimed higher success rates.[10] The Gerson Therapy works best against lymphoma and melanoma and seems to be less useful for leukemia and other blood cancers.

## Diet caused remissions

Among the 200 "spontaneous" remissions in his study, Dr. Foster found persons who followed the Gerson protocol and recovered from brain tumors, lymphosarcoma, basal cell carcinoma, kidney sarcoma, spreading melanosarcoma, breast cancer, spinal cord tumor, metastasized testicular cancer, and pituitary gland cancer. Dr. Foster said Gerson followers were heavily represented among those cancer patients "who exceeded their anticipated lengths of survival by at least a factor of ten."[11]

Detoxification is the second pillar of the Gerson program, and coffee enemas are central. The treatment had its origin in Germany during World War I, when military hospitals experienced a desperate shortage of morphine because of the Allied blockade. Often there was just enough anesthetic to get a soldier through surgery and none at all for post-surgical pain.

As far as can be determined, what happened is that some German nurses tried putting coffee into the wounded soldiers' enemas in the desperate hope it would have some therapeutic effect.

Surprisingly, the soldiers reported pain relief.

Following the war, German scientists during the 1920s conducted animal experiments and found that caffeinated enemas caused the animals' bile ducts to open. Max Gerson, then a young doctor, tried the technique in his practice and found that actual coffee was more effective than pure caffeine dissolved in water.[12]

Enemas made from drip-ground boiled coffee have since proved useful as a means of restoring a dysfunctional liver. "This treatment should be followed strictly, both in the clinic and later at home, for at least two years. . .The liver is the main organ for the regeneration of the body's metabolism for the transformation of food from intake to output," wrote Dr. Gerson.[13]

## How does it work?

According to Dr. Gerson's observations, caffeine taken rectally stimulates the action of the liver, increases bile flow, and opens the bile ducts so that the liver can excrete the toxic products of tumor breakdown more easily. As a further aid to detoxification, Dr. Gerson suggested the use of orally and rectally administered castor oil every other day.[14]

Enzyme systems in the liver and small bowel are responsible for conversion and neutralization of the four most common toxins: polyamines, ammonia, toxic-bound nitrogen, and free radicals, all of which can cause cell and membrane damage. Coffee enemas massively increase the protective liver and gut systems.

While the coffee enema is being retained in the bowel for a period of twelve to fifteen minutes, all of the body's blood passes through the liver several times. The resulting physiological changes are more complicated than most laypersons will probably want to know, but the end result was summed up in an article published in a scientific journal, *Physiological Chemistry and Physics*: "Caffeine enemas cause dilation of bile ducts, which facilitates excretion of toxic cancer breakdown products by the liver and dialysis of toxic products from blood across the colonic wall."[15]

At a Senate Select Subcommittee hearing on cancer research in 1946, "five independent medical doctors who had had personal experience with patients treated by Dr. Gerson, submitted letters indicating that they had been surprised and encouraged by the results they had seen, and urged a widespread trial of the method [taking coffee enemas]." One of these doctors claimed that "relief of severe pain was achieved in about 90% of cases."[16]

The enema stimulates as much as a seven-fold increase in the bowel of an enzyme called glutathione-S-transferase (GST). The enzyme blocks and detoxifies carcinogens and helps neutralize and eliminate free radicals. Writing in 1984, an Austrian surgeon named Peter Lechner stated, "Coffee enemas have a definite effect on the colon which can be observed with an endoscope." Dr. Lechner was highly enthusiastic about the huge increase in GST levels brought about by the enemas and their

beneficial effect in ridding the body of toxins.[17]

Research conducted during the 1970s by a biochemist, Lee W. Wattenberg, Ph.D., identified two substances present in coffee that act as potent intensifiers of GST and turn the enzyme into an important mechanism for cleaning away any existing cancer cells.[18,19,20]

This detoxifying of cancer cells has been proven many times by experiments on laboratory mice where detoxification of the liver increases by 600% and the small bowel detoxifies by 700% when coffee beans are added to the animals' diet.[21,22,23]

In short, and to keep things simple, the coffee enema has a very specific purpose in the treatment of degenerative diseases. As stated by Dr. Peter Lechner, it lowers the quantity of blood serum toxins, literally cleaning poisons out of fluids that nourish normal cells.

## Will drinking coffee have the same effect?

You may wonder whether you can reap the benefits by just drinking coffee. Alas, no! Drinking coffee virtually insures that toxic bile is reabsorbed. It's a physiological fact that bile is normally reabsorbed up to ten times by the body before working its way out of the intestines in feces. While there are many agents besides coffee that *stimulate* bile flow, unfortunately most don't contribute to its *elimination*. The enzyme-intensifying ability of the coffee enema is unique among bile-stimulating agents. It does not allow reabsorption of toxic bile through the gut wall and back into the liver. That makes it an effective way to detoxify the blood through the natural enzyme systems that already exist in your body.

The coffee enema should be classified in the medical literature as the only non-reabsorbed, effective, repeatable agent to simulate bile flow. Clinical practice has shown doctors that patients tolerate the enemas well as often as every four hours.

## Another "terminal" cancer patient lives on

One more story may help you overcome any lingering doubts. Kent Gardner was a taxidermist, age 46 and living in Phoenix, Arizona, when his doctor told him he had only eight chances in a hundred of living another five years. The reason was a malignant throat tumor the size of a golf ball.

"I bought the original Gerson Therapy book authored long ago by Max Gerson, M.D., read it two times in less than 20 days, and asked myself, what do I have to lose? I knew I was dying. The coffee enemas included in this nutritional program were a mental hurdle I had to overcome, but once I experienced one of them, I could feel a difference in the boosting of my health and realized their importance," Kent Gardner wrote for the *Gerson Healing Newsletter*...

"After about one-and-a-half months, my throat swelling was way down, and the tumor was dead," he continues. "Reducing in size weekly, it was rotting in my throat…"

The decay of the tumor was not pleasant, but things got even worse when it suddenly came loose and Mr. Gardner swallowed it. As he later realized, he should have induced vomiting to get rid of it, but he was in a public place at the time and felt embarrassed. As a result he became very sick. "I took three coffee enemas a day; my wife helped me, doing all that was necessary. The tumor's toxic effects were manifold—headaches, vomiting, bad

abdominal cramps. . .and many other troubles. I was in an awful state!"

"But on the sixth day I felt better and was able to walk around. Because of that experience, I have done my homework and am experientially educated far beyond my IQ concerning the human body and nutrition," he writes. "You can't trash and pollute your body and expect to have perfect health. What all of us need are daily coffee enemas, something I do on a regular basis—cancer or not."

## Resources

For more information about the Gerson Therapy, contact The Gerson Institute/Cancer Curing Society, 1572 Second Avenue, San Diego, CA 92101. Mailing address: P.O. Box 430, Bonita, CA 91908; phone: 619-585-7600, 619-585-7610 and 619-685-5353; fax: 619-685-5363; email: infor@gerson.org; website: www.gerson.org.

Dr. Gerson's 1958 book, *A Cancer Therapy: Results of Fifty Cases*, may be purchased from the Gerson Institute. The 2001 book by Charlotte Gerson and Dr. Morton Walker, issued by the Kensington Publishing Corporation, *The Gerson Therapy: The Amazing Nutritional Program for Cancer and Other Illnesses,* may be purchased from The Gerson Institute, any book store, and many health food stores.

# Chapter Eleven
## *Early Detection and Monitoring*
### Cancer Marker Tests
**Early detection vastly increases your chances of beating cancer. Here are some cancer marker tests that few North American doctors use.**

Whether you choose conventional or alternative therapies, there is no question that early detection is half the battle in defeating cancer. The earlier you discover cancer and begin treatment the better your chances of survival.

This chapter will describe some biomarker tests that are little-known in North America. They can be used by themselves or in conjunction with each other, or along with additional cancer detection examinations such as biopsy, X-rays, endoscopy, cytology, ultrasound, computerized tomography, and more.

First and most important, I want to introduce you to the anti-malignin antibody in serum (AMAS) cancer marking test that is popular among holistic oncologists and enlightened preventive medicine physicians. The AMAS test is an extremely valuable diagnostic tool because it can recognize cancer years earlier than do the more common lab tests—and long before cancer's ravages become apparent in your body.

### A test that spots almost any cancer, early

The North American medical establishment at present does not believe cancer can be predicted. Instead, a patient must wait until a malignant disease can be measured as a morphological phenomenon––that is, when it's readily apparent. Only then will insurance companies pay for treatment. But by that time the cancer may be well advanced.

In contrast to this too-little-too-late approach to cancer monitoring and treatment, the AMAS test looks for an antibody your immune system uses to fight almost *any kind* of malignant cells as soon as they appear. Malignin is a polypeptide that often becomes part of the malignant cell's mutagenic process. Your body attempts to fight it by forming the *anti-malignin antibody*—the "AMA" in the AMAS test.

If your immune system is battling cancer cells, this anti-malignin antibody will become elevated in the blood serum. What's more, AMA becomes elevated for a wide range of malignancies regardless of where the cancer is located or what type it is.

The anti-malignin antibody is not specific to one particular type of cancer. A rise in AMA levels can show up early in the patient's disease—as early as 19 months before clinical detection. If the test is properly administered the false negative and false positive rates are less than one percent.[1,2] The test is an excellent way to predict whether cancer is coming on. And early detection hugely increases your ability to fight back and win by strengthening your immune system.[3]

### You have to test for more than cancer cells

The AMAS test doesn't directly detect cancer but instead detects the immune system's response to it. It's a good example of the core philosophy of most alternative oncologists. They go beyond merely identifying evidence of cancer cells or

tumors. They emphasize the body' own immune system as the best means of repelling cancer, and for this reason they monitor a wide range of markers that signal the health of the immune system.

The human body contains an average of 1.5 kilograms (3.3 pounds) of immune-competent cells, including white blood cells (T-lymphocytes and B-lymphocytes) which are natural killer cells, and plasma cells.

What's more, the immune system has a mechanism—T-suppressor cells—to keep the killer and scavenger cells from destroying your normal, healthy tissues and organs. Suppressor cells have the power to increase the body's ability to kill disease organisms, and they work in conjunction with T-helper cells to balance the immune system responses.

The ratio between the suppressor and helper cells determines how powerful the body's self-defense system is at any given time.

According to holistic oncologist Helmut Keller, M.D., "The suppressor-helper cell ratio acts as an indicator of the body's self-defense capacity and can be used to evaluate and monitor the immune system's health."

All human beings inherit these regulating mechanisms as part of our genetic makeup. But immune defenses can be diminished in persons with a history of health problems. Even in healthy persons, the immune system can be compromised by environmental factors, smoking, stress and poor diet.

In contrast to cancer diagnostic practices in the United States, German oncologists such as Dr. Keller, Dr. Holger Wehner and others rely on a wide variety of cancer marker tests to not only identify malignancy but also to find a patient's physiological
flaws and identify what is needed to reverse the underlying reason the tumor grew in the first place.

## A menu of alternative cancer tests

The following medical tests—some considered experimental—are used by various alternative doctors to monitor the immune status of his patients under treatment for cancer and other diseases as well.

**AFP (alpha-fetoprotein).** An enzyme immunoassay that measures a protein associated with fetal tissue and malignancy. It is elevated in primary tumors of the liver and in certain testicular germ cell tumors.

**B2M (beta-2-microglobulin).** A radioimmunoassay detecting the light chain of surface antigens on nucleated cells. B2M is the best single prognostic indicator of patient survival in multiple myeloma. The marker is useful in monitoring leukemia and lymphoma.

**CA 15-3 (breast antigens 115D8/DF3).** An immunoradiometric assay using monoclonal antibodies to breast cancer cell line MCF-7. Preliminary data indicate a sensitivity of 57% in primary breast tumors before surgery and 79% in metastatic breast cancer.

**CA 19-9 (carbohydrate antigen 19-9).** An immunoradiometric assay using a monoclonal antibody against a blood group substance useful in pancreatic, gastric, hepatic, and recurrent colorectal cancers.

**CA 125 (cancer antigen 125).** An immunoradiometric assay using a monoclonal antibody with 88% sensitivity in detecting certain epithelial ovarian

carcinoma and 60% sensitivity n detecting cancer of the uterus.

**CEA (carcinoembryonic antigen).** An enzyme immunoassay using a monoclonal antibody against glycoprotein produced by immature and/or malignant cells in the gut. Elevated values are associated with carcinomas of the rectum, colon, lung, and breast.

**Ferritin.** A radioimmunoassay measuring an ironstorage protein containing sialic acid. In head and neck cancers, falling ferritin levels indicate therapy is working. In neuroblastoma, ferritin levels are used to monitor the course of the disease.

**HCG (human chorionic gonadotropin, beta subunit).** An enzyme immunoassay measuring hormone ordinarily made by the placenta during pregnancy. HCG is also produced by tumors of germ cell origin, such as testicular and ovarian as well as some lung cancers.

**IAP (immunosuppressive acidic protein).** A radial immunodiffusion assay that measures a type of acidic protein. Sensitivities of 84% or greater are found in adenocarcinoma of the lung, pancreas, and ovary as well as leukemia and lymphoma.

**IL-2R (interleukin-2 receptor).** An enzyme immunoassay for detecting soluble IL-2 receptors derived largely from activated malignant cells of certain blood disorders including hairy cell leukemia.

**LASA-P test (lipid-associated sialic acid in plasma).** A biomarker, useful in a wide range of malignancies, that reflects alteration in the surface membrane of malignant cells.

## Resources

For information about the AMAS test, contact the test's developer, Samuel Bogoch, M.D., Ph.D., chairman of the board of Oncolab, Inc., 36 The Fenway, Boston, MA 02215; telephone 800-9CA-TEST or 800-922-8378 or 617-536-0850. The AMAS test must be performed within twenty-four hours of blood drawing, and to further this, Oncolab, Inc., provides the collection tubes plus the container for serum delivery.

## Notes

## Chapter One

1. Moffat, F.L., et. al. "Hyperthermia for cancer: a practical perspective." *Seminars in Surgical Oncology*. 1: 200-219, 1985.

2. Coley, W.B. "Late results of the treatment of inoperable sarcoma by the mixed toxins Erysipelas and *Bacillus prodigiosus*." *American Journal of Science*. 131: 375-388, 1906.

3. Selawry, O.; Goldstein, M.; McCormick, T. "Hyperthermia in tissue-cultured cells of malignant origin." *Cancer Research*. 17: 785-791, 1957.

4. Crile, Jr., G. "Heat as an adjunct to the treatment of cancer." *Experimental Studies, Cleveland Clinic Quarterly*. 28: 75-89, 1961.

5. Crile, Jr., G. "Selective destruction of cancers after exposure to heat." *Annals of Surgery*. 156: 404-407, 1962.

6. Overgard, K. "Ueber Warmtherapie boesartiger Tumorem." *Acta Radiolo. Therap.* (Stockholm). 15: 89-100, 1934.

7. Warren, S.L. "Preliminary study of the effect of artificial fever upon hopeless tumor cases." *American Journal of Roentgenology*. 33: 75, 1935.

8. Robinson, J.E. "Hyperthermia and oxygen enhancement ratio." In: *Proceedings of the International Symposium on Cancer Therapy, Hyperthermia and Radiation.* Washington, D.C.; American Cancer Society, 1976, pp.66-74.

9. Mendecki, J.; Friedenthal, E.; Botstein, C. "Effects of Microwave-induced local hyperthermia on mammary adenocarcinoma in C3H mice." *Cancer Research*. 36: 2113-2114, 1976.

## Chapter Three

1. Maar, K. "Patient K, recurrent rectal carcinoma." *Complementary Oncology Forum & Immunobiology Forum*. 2: 32, May 1999.

2. Klose, G., and Mertens, J. "Long term results of post-operative treatment of carcioma of the stomach with Polyerga." *Therapiewoche*. 27: 5359-5361, 1977.

3. Berressen, P.; Frech, S.; Hartleb, M. "Additional therapy with Polyerga improves immune reactivity and quality of life in breast cancer patients during rehabilitation." *Tumor Diagnosis and Therapy.* 16: 45-48, 1995.

4. Borghardt, E.J.; Rosien, B.; Frech, S.; Hartleb, M. "Polyerga as supportive therapy could improve quality of life in head and neck cancer patients during chemotherapy." *Supportive Care in Cancer.* 3(5): 96, September, 1995.

5. Zarkovic, N.; Hartleb, M.; Zarkovic, K.; Borovic, S.; Golubic, J.; Kalisnik, T.; Frech, S.; Klingmuller, M.; Loncaric, I.; Bosnjak, B.; Jurin, M.; Kuhlmey, J.; "Spleen peptides (Polyerga) inhibit development of artificial lung metastases of murine mammary carcinoma
and increase efficiency of chemotherapy in mice." *Biotherapy & Radiopharmaceuticals.* 13(1): 25-32, 1998.

6. Jurin, M.; Zarkovic, N.; Ilic, Z.; Borovic, S.; Hartleb, M.; "Porcine splenic peptides (Polyerga) decrease the number of experimental lung metastases in mice."

*Clinical and Experimental Metastasis*. 14: 55-60, 1996.

7. Vassilev, M.; Antonov, K.; Theocharov, P.; Krastev, Z. "The effect of low molecular weight glycoproteins in Chronic hepatitis B." *Hepato-Gastroenterology.* 43: 882-886, 1996.

8. De Ojeda G.; Diez-Orejas, R.; Portoles, P.; Ronda, M.; Del Pozo, M.L.; Freito, M.J.; Hartleb, M.; Rojo, J.M.; "Polyerga, a biological response modifier enhancing T-lymphocyte-dependent responses." *Research and Experimental Medicine.* 194: 261-276, 1994.

9. Diamond W.J.; Cowden, W.L.; Goldberg, B.; *An Alternative Medicine Definitive Guide to Cancer*. Tiburon, California: Future Medicine Publishing, 1997, pp. 70 and 72

10. Hartleb, M., and Leuschner, J. "Toxological profile of a low molecular weight spleen peptide formulation used in supportive cancer therapy." *Arznein Forschung/Drug Research*. 47(11): 1047-1051, 1997.

11. Chiarotto, J.; Thirmall, M.; Trudeau, M.; Skelton, J.; Boos, G.; Viallet, J. "Phase I-II trial of an unconventiional agent, Polyerga, in patients with advanced cancer." *Weekly Cancer Researcher*. March 7, 1994.

## Chapter Four

1. Pekar, R. *Percutaneous Bio-Electrotherapy of Cancerous Tumours: A Documentation of Basic Principles and Experiences with Bio-Electrotherapy.* Vienna, Munich, Berne: Verlag Wilhelm Maudrich, 1997.

## Chapter Six

1. Itoh, I.; Sakai, T.; Mori, T. "aspects of immunological antitumor agent and its clinical use of PSK." *Japanese Journal of Cancer Chemotherapy*. 6:681, 1994.

2. Kumashiro, R.; Hiramoto, Y.; Okamura, T.; Kano, T.; Sano, C.C.; Inokuchi, K. "Postoperative longterm immunostimulatory protein-bound polysaccharide Kureha (PSK) therapy for advanced gastric cancer." In: Torisu, M.; Yoshia, T. (eds.). *Basic Mechanisms and Clinical Treatment of Tumor Metastasis*. New York: Academic Press, 1985, p. 523.

3. Mitomi, T. and Ogoshi, K. "Clinical study of PSK as an adjuvant immunochemotherapeutic agent against gastric cancer." *Japanese Journal of Cancer Chemotherapy.* 13: 2532, 1992.

4. Nakazato, H.; Ichihashi, H.; Kondo, T. "clinical results of a randomized controlled trial on the effect of adjuvant immunochemotherapy using Esquinon and Krestin for patients with curatively resected gastric cancer." *Japanese Journal of Cancer Chemotherapy.*
13:308, 1993.

5. Nimoto, M.; Toge, T.; Nakano A.; Yanagawa, E.; Oride M.; Hirano, M.; Nakanishi, K.; Nosou, Y.; Yamada, Y.; Hattori, T. "Adjuvant immunochemotherapy in patients with gastric cancer." *Japanese Journal of Gastroenterological Surgery*. 14:704, 1990.

6. Shiraki, S.; Mori, H.; Ito, A.; Kadomoto, N.; Yamagiwa, S.; Yamada, Y.; Noda, K. "Adjuvant immunotherapy for carcinoma of uterine cervix with PSK." *Japanese Journal of Cancer Chemotherapy*. 9:1031, 1994.

7. Ikeda, T.; Sakai, T.; Saito, T.; Kosaki, G. "Evaluation of postoperative

immunochemotherapy for lung cancer patients." *Japanese Journal of Cancer Chemotherapy.* 13:1044, 1991.

8. Ohno, R.; Imai, K.; Yokomaku, S.; Yamada, K. "Antitumor effect of protein-bound ppolysaccharide preparation, PS-K, against the 3-methylcholanthrene-induced fibrosarcoma in C57BL/6 mice." *Gann (*Japan). 66:679-681, 1975.

9. Itoro, S. "Enhancement of antitumor cell toxicity for hepatic lymphocytes by oral administration of PSK." *International Journal of Immunopharmacology*. 16(2): 123-130, 1994.

10. Etoe, K.; "Activation of human nataural killer cells by the protein-bound polysaccharide PSK independently of interferon and interleucin II." *Imunology Letters.* 31:241-246, 1992.

11. Ebihara, M. "Peptide effect of biological response modifiers on murine cytomegalovirus infection." *Journal of Virology*. 51(1): 117-122, July 1984.

12. Tsukagoshi, S., et al. "Krestin (PSK)." *Cancer Treatment Reviews*. 11:131-155, 1984.

13. Ebina, T. "antitumor effect of PSK. (2) Effector mechanism of antimetastatic effect in the 'double grafted tumor system'." *Gon to Kagaku Ryoho*. 14:1847-1953, 1987.

14. Zhu, D. "Recent advances on the active components in Chinese medicines." *Abstracts of Chinese Medicines*. 1:251-286, 1987.

15. Nomoto, K., et al. "Restoration of antibody-forming capacities by PS-K in tumor-bearing mice." *Gann.* 66:365-374, 1975.

16. Tochikura, T.S., et al. "A biological response modifier, PSK, inhibits human immunodeficiency virus infection in vitro." *Biochemistry, Biophysics Research Communications*. 148:726-733, 1987.

17. Ebina, T., et al. "antitumor effect of PSK. (1) Interferon inducing activity and intratumoral administration." *Gon to Kagaku Ryoho.* 14:1847-1853, 1987.

18.Yagashita, K., et al. "effects of *Girfola frondosa, Coriolus versicolor*, and *Lentinus edoces* on cholesterol metabolism in rats." *Nihon Daigaku No-Juigakubo Gakujutsu Kenkyu Hokoku*. 34:1-13, 1977.

19. Liu, B., et al. "A new species of the genus Cordyceps." *Journal of Wuhan Botanical Research*. 3:23-24. In: *Abstracts of Chinese Medicines*. 1:248, 1985

20. "Anticancer botanicals that work supportively with chemotherapy." *Alternative Medicine Digest*. 19:84, August/September 1997.

21. Yakawa, K.; Mitsuhashi, N.; Saito, Y.; Takahashi, M.; Katano, S.; Shiojim, K.; Furuta, M.; Niibe, H. "effect of Krestin (PSK) as adjuvant treatment on the prognosis after radical radiotherapy in patients with non-small cell lung cancer." *Anticancer Research*. 13:1815-1820, 1993.

22. Nakazato, H.; Koike, A.; Saji, S.; Ogawa, N.; Sakamoto, J. "Efficacy of immunochemotherapy as adjuvant treatment after curative resection of gastric cancer." *Lancet.* 343:1122-1126, 1994.

23. Iino, Y.; Yokoe, T.; Maemura, M.; Horiguchi, J.; Takei, H.; Ohwada, S.; Morishita, Y. "Immunochemotherapies versus chemotherapy as adjuvant treatment after curative resection of operable breast cancer." *Anticancer Research.* 15:2907-2912, 1995.

24. Nagao, T.; Komatsuda, M.; Yamauchi, K.; Nozaki, H.; Watanabe, K.; Arimori, S. "Chemoimmunotherapy with Krestin in acute leukemia." *Tokai Journal of Experimental Clinical Medicine*. 6(2):141-146, 1981.

## Chapter Eight

1. *Diseases,* 2nd Edition. (Springhouse, Pennsylvania: Springhouse Corporation, 1997), pp. 362-364.

2. Garanett McKeen Laboratories: *Nucleotide reductase.* U.S. Patent No. 557, 637 (October 31, 1995).

3. Diamond, W.J.; Cowden, W.L.; Goldberg, B. *An Alternative Medicine Definitive Guide to Cancer*. (Tiburon, California: Future Medicine Publishing, Inc., 1997), p. 506.

4. Garnett, M. *First Pulse: A Personal Journey in Cancer Research*, Second Edition. (New York, New York: First Pulse Projects, Inc., 2001).

5. *Op. cit.* Diamond, Cowden, Goldberg, p. 506.

6. Sanchez, A. *What You Must Know to Overcome Cancer.* (Chula Vista, California: AMARC, 2001), pp. 51-54.

7. *Poly-MVA Cancer Breakthrough*: Palladium Lipoic Complex. (Chula Vista, California: AMARC, 2001), p. 4.

## Chapter Nine

1. Snow, S. *The Essence of Essiac*. (Port Carling, Ontario: Sheila Snow, 1996), pp. 116-117.

1. Snow, S., personal communications by tape recording, mail, and telefax.

2. Caisse, R.M. *I was "Canada's Cancer Nurse"* (New Action Products: Buffalo, New York, 1996)

3. Op. cit. Snow, *The Essence of Essiac*.

4. Thomas, R. *The Essiac Report.* (Los Angeles: The Alternative Treatment Information Network, 1993), Appendix, Exhibit Four.

5. Lewis, J. and Berger, E.R. *New Guidelines for Surviving Prostate Cancer.* (Westbury, New York: Health Education Literary Publisher, 1997), p. 362

6. Diamond, W.J.; Cowden, W.L.; Goldberg, B. *An Alternative Medicine Definitive Guide to Cancer.* (Tiburon, California: Future Medicine Publishing, Inc., 1997), p. 38

7. *Ibid.*, pp. 270 & 271.

8. Whitaker, J. *Dr. Julian Whitaker's Cancer Beater.* (Potomac, Maryland: Phillips Health, LLC, 2003), p. 7.

## Chapter Ten

1. Moss, R.W. *Cancer Therapy: The Independent Consumer's Guide to Non-Toxic Treatment & Prevention.* (New York: Equinox Press, 1992), p. 189.

2. Gerson, M. *A Cancer Therapy: Results of Fifty Cases*, 3rd Edition (Del Mar, California: Totality Books, 1977).

3. Gerson, C. & Walker, M. *The Gerson Therapy: The Amazing Nutritional Program for Cancer and Other Illnesses* (New York: Kensington Publishing Corp., 2001)

4. Hildenbrand, G.L.; Hildenbrand, L.C.; Bradford, K.; Cavin, S.W. "five-year survival rates of melanoma patients treated by diet therapy after the manner of Gerson:

A retrospective review." *Alternative Therapies* 1 (4): 29-37, September 1995.

5. Foster, H.D. "Lifestyle changes and the 'spontaneous' regression of cancer: an initial computer analysis." *International J. Biosocial Research* 10(1):17-33, 1988.

6. Budwig J. *Flax Oil as a True Aid Against Arthritis, Heart Infarction, Cancer and Other Diseases* (Vancouver, B.C.: Apple Publishing, 1994)

7. Regelson, W. "The 'grand conspiracy' against the cancer cure." (Commentary), *JAMA* 243:337-339, Jan.25, 1980.

8. Ward, P.S. *History of the Gerson Therapy*. U.S. Office of Technology Assessment; 1988.

9. Cope, F.W. "A medical application of the Ling association induction hypothesis: the high potassium, low sodium diet of the Gerson cancer therapy." *Physiol. Chem. Phys. Med. NMR*. 10:465-468, 1978.

10. Haught, S.J. *Cancer? Think Curable! The Gerson Therapy* (Bonita, California: Gerson Institute, 1983)

11. *Op. cit.* Foster

12. Gerson, M. *A Cancer Therapy: Results of Fifty Cases*, 6th Edition. (Bonita, California: Gerson Institute, 1977), Appendix II, pp.407-408.

13. *Ibid.*., p. 247.

14. Walters, R. *Options: The Alternative Cancer Therapy Book* (Garden City Park: Avery Publishing Group, 1992), p. 190.

15. Gerson, M. The cure of advanced cancer by diet therapy: a summary of 30 years of clinical experimentation. *Physiological Chemistry and Physics.* 10(5):449-464, 1978.

16. Subcommittee of the Committee on Foreign Relations of the United States Senate, 1946. Seventyninth Congress, Second Session, Hearings on Bill S. 1875, pp. 95-126. (Washington, D.C.: United States Government Printing Office, July 1,2, and 3, 1946).

17. Lechner, P. Dietary regime to be used in oncological postoperative care. Proceedings of the Oesterreicher Gessellschaft fur Chirurgie. June 21-23, 1984.

18. Chasseaud, L.F. The role of glutathione S-transferases in the metabolism of chemical carcinogens and other electrophilic agents. *Advanced Cancer Research*. 29:175-274, 1979.

19. Jakoby, W.B. A group of multifunctional detoxification proteins. *Advanced Enzymology and Related Areas of Molecular Biology*. 46:383-414, 1978.

20. Sparnins, V.L. and Wattenberg, L.W. Enhancement of glutathione S-transferase activity of the mouse forestomach by inhibitors of benzo[a]pyreneinduced neoplasia of forestomach. *Journal of the National Cancer Institute*. 66:769-771, 1981.

21. Sparnins, V.L. Effects of dietary constituents on (G-S-T) glutathione S-transferase activity. *Proceedings of the American Association of Cancer Researchers and the American Society of Clinical Oncologists*. 21:80, Abstract 319, 1980.

22. Sparnins V.L.; Lam L.K.T.; Wattenberg, L.W. Effects of coffee on glutathione S-transferase (G-ST) activity and 7-12-dimethylbenz(a)anthracene (DMBA)-induced neoplasia. *Proceedings of the American Association of Cancer*

*Researchers and the American Society of Clinical Oncologists*. 22:114, Abstract 453, 1981.
23. Lam, L.K.T.; Sparnins, V.L.; Wattenberg, L.W. Isolation and identification of kahweol palmitate and cafestol palmitate as active constituents of green coffee beans that enhance glutathione S-transferase activity in the mouse. *Cancer Research*. 42:1193-1198, 1982.

## Chapter Eleven

1. Bogoch, S.; Bogoch, E.S.; Faver, C.A.; Harris, J.H.; Ambrus, J.L.; Lux, W.E.; Ransohoff, J.A. "Determination of anti-malignin antibody and malignin in 1,026 cancer patients and controls: relation of antibody to survival." *Journal of Medicine*. 13:49-69, 1982.

2. Bogoch, S.; Bogoch, E.S.; Antich, P.; Dungan, S.M.; Harris, J.H.; Ambrus J.L.; Powers, N. "Elevated levels of anti-malignin antibody quantitatively related to longer survival in cancer patients." *Protides Biological Fluids*. 31:739-747, 1984.

3. For further information about the AMAS test, see the published article by Dr. Morton Walker on pages 462-464 of the June 1992 *Townsend Letter for Doctors and Patients*, "The anti-malignin antibody in serum assay."