CANCER INCIDENCE AND CYTOMEGALO AND HERPES VIRUS

(Dr. Nieper's lecture transcribed from a 1997 FAIM Conference. Due to his German accent and the sound system, a few words or names were not clear. When this was the case a series of . . . dots are used to indicate the missing word or name.)

When I was at the Paul Ehrlich Institute in Freiburg, a very prominent virus research institute at that time in the late fifties, our chief of the institute said there, "Well, we had about 18 million people dying from virus infection, influenza, flu, at that time in 1918.

So it was thought, well the very poor times, the Revolution in Russia, World War I and so forth were accounting for this tremendous number of casualties, however the Swiss Army, which was well supplied, had the highest number, highest death rate for brain flu or cerebral flu, as we say. So, since then, whoever is an expert in virus research is horrified, is swept under the carpet, but viruses are one of the major challenges. Viruses are everywhere! The question is, do we have the resistance to fight against the virus challenge or do we get weakened, and if we continue to expose ourselves as we do so far to fluoride, to nerve gas, to pesticides, to insecticides, to detergents, we weaken our defense against viruses and then we will certainly feel the consequences out of this. Well, over the years, practically, I questioned, "Does virus play a role in the onset of malignancy, first? Has it an important causative role? What can be the therapeutic consequences of this? " And so we did an important research and are possibly the only ones in the entire world who did progressive virus research on a broad spectrum in clinical patients, outpatients and clinical patients. This was mainly facilitated by Dr. Krompertich. Dr. Krompertich., a very prominent lady of Croation descent was a virologist in Veterans Reserve University in Evanston, Illinois near Chicago and she's now in Hannover working for us. She did research, among others, that the cytomegalo virus or herpes II, also, those viruses which belong to the herpes group on which we focus for the time being, the cytomegalo virus goes also into the lymph cells, replicates there, leaves the genetic information in there and from there it goes into the tissue and then we are confronted with the fact like a virus in the computer. It sits there in the genetic system, maybe does not show up, but years later it may again show up and cause some trouble, a completely new concept.

So, as a matter of fact, we then entered into big studies about three years ago, four years ago to find out how often and to which extent were patients having cancer, but also other ailments, confronted to an aggression by these viruses. This can be determined by the so-called herpes or cytomegalo IgG, a complement binding

test which is a complement binding test which looks very much unlike IgM, into the past, so we can see, with the help of Dr. Krompertich, if somewhere between six or eight months ago back until about twenty years ago, there was an assault of viruses on the patient which left a print, like a dinosaur's print. It's there and it gives us the information that there was a collision and the result, what we have gained so far, our results are really, really overwhelming. I mean, there are prominent virologists all over the world who say, "Well, more than 10, more than 20, more than 30 percent of all malignancies have to do with respect to the onset, with a virus collision." ..... it's more than 90% to our opinion, and this is very much in agreement with prominent virologists, for instance in the German National Institute of Cancer Research in Heidelberg.

Now, what does this mean? I will first show you the original of the documents. May I have the first slide, please. It is small, but can you read it, just vaguely see it? Here you see that the cytomegalo virus IgG test, for instance in a Kuwert Type I multiple sclerosis patient is sky high, though this patient had the collision years ago with these viruses! Here, for instance in amyotrophic lateral sclerosis, again, sky high values for cytomegalo IgG years ago, also for Epstein-Barr, and for herpes II and so forth. You need not read these, I only want to show you the original documents, I have far more here in paper, or for instance here, Werlhof thrombocytopathic disease. Werlhof lived in Hannover and he worked only about 100 meters from my office and he invented, he followed the Werlhof thrombocytic disease, again tremendously high values. Parkinson's disease, again, tremendously high values which are out of range totally. We find this all the way. Here, ulcerative colitis, tremendously high values of cytomegalo. More than can be measured, 559 and also herpes I is very much elevated and Epstein-Barr also, but mainly cytomegalo viruses. Or, here, metastasizing colon carcinoma, sky high values for the IgG test for cytomegalo, for instance up there. It was measured 1,244. So, this patient had a collision with cytomegalo virus somewhere between one year and twenty years ago, not now, in the past. The values for today are normal. Here we have a non-Hodgkin lymphoma, values sky high, but for today, normal, but in the past they were high..... basal cell carcinoma, sky high values of this kind, and here glioblastoma, very high herpes I, herpes II sky high, cytomegalo is not so high in this case. I will come back to this. Endometrial carcinoma, sky high values for cytomegalo which belongs to the herpes group, herpes I , herpes II and also Epstein-Barr. Colon carcinoma with liver metastasization, sky high values of this kind. Or here, metastasizing melanoma, sky high values, out of range. Metastasizing squamous cell anal/rectal carcinoma, values sky high, cytomegalo as high as 825. Normal is up to 15. Here, primary pulmonary adenocar-

cinoma after Taxol and Cisplatin this patient went worse, sky high values again, cytomegalo 935, normal is less than 15, so this patient had the collision with these viruses years ago, not now, years ago. Or here, colon carcinoma with dormant kidney metastasis, sky high values and in this context it was herpes II. Here metastatic pancreatic carcinoma, Epstein-Barr 1280. Epstein-Barr is the fourth, herpes I, herpes II, cytomegalo, Epstein-Barr, an important virus out of the herpes group. Here is lymphatic breast carcinoma, sky high values of this kind, and metastasized mucoid colon carcinoma, CA negative, interestingly, a very prominent lady in Germany. She is living together with animals, I will come back to this, sky high values for herpes, cytomegalo 570 and so forth.

What does this mean? What we find (this is just a small segment of what we find and I could go on for hours with this) is that apparently the interaction of the virus played an important role in a causative sense in the introduction of the malignant derailment years ago and some misleading information went into the cellular system. Now, what does this mean? Does this mean that if we try to extinguish this information in the cell that we pull out the key out of the entire malignant disorder? I think this is a resonable approach. It is not only these herpes viruses on which I focus here, also other viruses which belong to the retrovirus for instance the Bittner-factor which seemingly plays a role in the onset of breast cancer. This is why we propose today in the case of breast cancer to remove both breasts, both sides in order to not permit the Bittner-factor to be harbored anymore in the breast tissue and several surgeons and gynecologist worldwide, here in Italy, follow my perposal. By this we have reduced the recurrence rate for breast cancer after surgery from 45% just lumppectomy, radiation, ... chemotherapy, 45% of these ladies are lost anyhow. We have reduced it to about nine persent, which is quite remarkable.

Look, our good old Linus Pauling, this was published in 1983 by Dr. Jerry ..... an Indian cooperator he had, and there he said already that human herpes virus, especially cytomegalo and herpes II play a role in the onset of malignancy. So again, Linus was about twenty years ahead of the time, also in this field. This is so important, ladies and gentlemen, because it gives us an access to better and more direct therapy, not only in the cancer field, also with other diseases like colitis, like rheumatoid diseases, like scleroderma, like "name-it", all kinds of diseases, multiple sclerosis, ALS in particular and so forth, we always come across these findings, or in other words, is it that these viruses in a way play the role of a common denominator in these diseases? Then we would come to a uniform therapy which ranges

from cancer as far as ALS and from scleroderma to colitis. It seems that it is so. So, this is historically most interesting.

Now, what can we do about this? I will go very rapidly over this. You can ask me then later. Oh, this is a tremendous field, I can only put a flashlight on this problem. We can try to inactivate the viral information which is not outside of the cell. You can take Zovirax (Retrovir) and treat your herpes. But, this is for the herpes manifestation outside of the cell. This is not the issue here. The problem is what can we do to extinguish the dormant information - the computer virus inside the cell. Can this be done? Squalene in combination with Vitamin C is converted into virus extinguishing factors. This can be seen in tests. For instance in a Pap Test in the female cervix, we can demonstrate this. This was an early bird to this direction. For instance, here you can see a squalene ascorbate is helpful in this. This is simple. Do you have access in this country to this? But, more important is that in general the entire group of the so-called aldehydes have extinguishing properties in front of these viruses inside of the cell. The oldest model of this is the old laetrile. Laetrile is no longer available (very much in contrast to what you believe) since the early '50's, because it is an l-glucose, mandelonitrile, which is specifically decomposed by tumor cells, and not by normal cells. Laetrile is no more available, but laetrile gives off benzaldehyde as an active principle. Now, benzaldehyde has been found as a virus extinguishing factor, so since laetrile is no longer available, we try to make synthetic derivatives. One of those is a compound where the mandelonitrile is carried by either urea or by amino acids. This, especially urea mandelonitrile, we have this now for about twenty years, is one of our mainstays in our attempt to extinguish latent virus information and thus cure diseases, for instance colitis and malignancy, especially in leukemia it is very useful. So, this was the next step. Dr. Kohler was the inventor of the whole synthesis of acrylic acid which led to Plexiglas in 1935 and we were old friends and we collaborated on this together. This is the so-called ureyl mandelonitrile which is not available in the United States but in Germany, which is one of our mainstays in the fight against this virus information. Here you see the list of our routine work which we did in this field. It is a lot of work; it has been a lot of work. However, why go to synthesis? Why spend so much money? Please tell the big industries, when the Lord up there had already created all the molecules you need, you only need to identify this like penicillin and amplify this, that's all you need to do. And believe me whatever is of interest in nature and in the fight of nature against disease and disorder has already been invented. There is no need for the industry to spend money in research and then have it returned by the insurance companies and by the patients. For instance, plants have the ability to repair their damages which they undergo by solar bom-

bardment. For instance the ..... plants do this or the Valerian plant in the Himalayas, and they produce also an aldehyde, didrovaltrate, which repairs genetic disorder which is caused by the solar bombardment, and this compound, didrovaltrate in the Valerian plant has been found by Dr. Anton in the University of Strasbourg, in France, with the Solvay concern, to work against malignancies. We use this for twenty years, especially in lipid rich tumors and tumors of the urogenital tract and kidney tract and so forth. This substance, however, is ineffective against viruses. For the Valerian plant there is no need to fight against viruses, there is only the need to fight against genetic damage and disorder, so it is this substance. It is different though for the ants or for the insects. Insects carry with themselves tremendous amounts of viruses, infecting all New York and more, all New York State potentially, but they themselves do not get sick from this, however they have no immune system. They are phylogenetically very old. They have only a repair system which extinguishes the virus information so that it cannot overwhelm the insect. This factor has been identified by a friend of mine in Hannover in the ant. It is the so-called iridodial. This substance is active, highly active, against all kinds of virus information inside the cell. Against the virus in the computer which sits there maybe since many years. As a result, we have started to look if these substances have a merit in the treatment of malignancy. It was first published, or at least reported by Dr. Deejay in the fifties that a preparation which he had made to treat rheumatoid disease based on this helps to reduce lung cancers! It was not published; it was just a report. Then, later on the preparation he made called RH50 was an admitted drug in Germany. We tried it and found that here or there tumors were regressing which were otherwise untreatable, in the lung for instance, adenocarcinoma of the lung, very well observable. However, we never had enough materials. This was only based on a few ants out of the forest in Austria. So, I mobilized the German Federal Anti-Cancer Health Organization on Biological Cancer Defense which is the lay organization of the German Society for Oncology, I was the president of, and we spent about 200,000 marks in trying to synthesize this material. This nepeta-lactone, is found in a plant which is found in America, catnip, and from there you can synthesize this. However the catnip is like varnish, it's difficult to handle, so one has to go to a total synthesis and for the moment we are stuck but I hope that a federal institute of the Federal Republic of Germany will take over so that eventually we will come to this. Anyway, in the meantime we had more of this material from ants imported from Australia, from Siam, from France, from Africa, from everywhere. This is a little bit borderline. It's in limbo because there is a species protection law for the preservation of ants. On the other hand there is a tremendous amount of ants everywhere. Even the entire city of Wingham, Australia was eaten up by ants recently. Well, anyway, we had more of these materials and in

the meantime we have an overlook of what this material can do to us and the results are very, very encouraging. (Referring to a slide) This is more for a professional lecture here, where all these compounds drop in. This is for instance again the factor which is found in the valerian plants, very similar to the ant factor, which was found as an anti-cancer agent in France. Here you see this; how this works.

In the meantime we have about twelve or fifteen patients who had advanced forms of malignancies and whom we were able to give a little bit more of the ant factor and this over a longer time and I just collected the data just before I came here, the data of most of the patients, and there is one cancer, a so-called signet-cell carcinoma, operated on but not entirely. These people are lost! This is in the lower esophagus, the cardia area. After one year of intake of the ant factor, this patient is cured! We had a lady here from New Jersey with metastasizing melanoma, liver metastases and so forth. After one year of the ant factor, of ant iridodial this all crumbled away. We have another patient, a German born, here from upstate New York, with a tremendous squamous cell carcinoma, absolutely incurable, untreatable. I arranged that he get irradiated a little bit, after two years of the ant factor this patient is completely cured. We have a few other patients, Germans, with metastasizing liver, metastases from lung cancer and this area, three or four of those, who did quite well over about eight months to a year and one-half at slowly, slowly, slowly improving and then we went out of the supplies and the patients declined very rapidly. So what this ant factor does, it seems to suffocate the malignancy very slowly, very slowly. Interestingly, this ant factor iridodial does not work in the testing tube against cancer cells or in testing models in animals! It needs a long, long time to really experience the suffocation of the malignancy, and this in my opinion speaks to the very slowly ongoing annihilation of the viral information in the tumor cell. This is slowly, slowly, slowly, slowly disintegrating and then with this we pull the key out of the disease. It is my theory, but it looks so, mostly I am right as you know, very much unlike the cancer officials. If we talk this, ladies and gentlemen, toxic chemotherapy, this is all so far behind! Please read the book which is written by Dr. Ralph Moss entitled, Questioning Chemotherapy, a horrifying lecture. I had this translated into German, I wrote a forward to this. Please doctors and please oncologists, read this book and preferably before your patient reads it. I hope they will follow. So, we have under these ant factors observed tumor regressions .....which otherwise are not obtainable, believe me they are not obtainable! This, for instance, is a metastasizing melanoma here, I think I showed this already here, and here we gave RH50 as much as we had. This was the preparation we had in Germany for the treatment of rheumatoid disease with the factor of two ants per vial, and then maybe three vials a day, very little. And even there, this tremendous

disease regressed. This agrees very well with the lady in New Jersey I mentioned, where the excessive metastasization just crumbled away. But you need one year to observe, and you need enough of the material, which mostly we did not have, or in leukemic disease we can observe the same situation, slowly the disease just suffocated, or in another case where there is recurrent colon cancer which we even could not suppress with benzaldehyde therapy, or Kochi therapy, where benzaldehyde is caught in a sugar basket, which is one of our programs which we have. With this we can slow down the progressiveness but really to extinguish it we need this ant factor. Everything else acts to slow down the malignancy.

Now there is a more important factor again, the cancer cell is a cell in the electromagnetic ..... You know I'm also a space physicist, and what we have observed is on the breasts, that the normal breast has a certain capacitance of 0.18 microfarad. It sounds very theoretic. It is a constant. When it is less we have fibrocystic breast development, and if it is less than 0.08, this is the range where malignancy is found. This tunes very much in to an observation tht bras may be related to the formation of breast cancer -perhaps you heard this.

Now, when we give Calcium AEP, we increase the condenser function of the cell membrane, and as a result the magnetic forces which are generated in the cell stabilize the cell and seemingly also supress the imminent disorder which is caused by viruses. We know that with AEP we can prevent flu infections to "take." I did this, it didn't work, but I was the exception. We have a big, big study on thousands of people. So the condition of the cell, to not permit the virus to get there is especially determined by its electromagnetic properties, or in other words, avoid exposure to frequency smog. We have to pull out of alternating current. And, in this context we observed the following, that when Calcium AEP is given, we suppress the upcoming of colon cancer recurrences. There are the so-called oncogenes in the colon cancers, in the colon cells, but by far not all of these cells develop cancer, become malignant. Another observation, namely that calcium l-dl-aspartate which collects to cell membranes, almost entirely suppresses the formation of breast cancer. This is the theme of tomorrow and we have a new idea how this can be explained. Well, anyway, you cannot do a double blind study with a therapy where you have to wait years to work, and with a therapy which is difficult to apply and so forth, and you need a lot of patients. In Germany, the prospective double blind study up there which is the rule in the United States is now no more primarily dominant, because when you do this you need very, very many patients to be followed for more than seven years, and then this entire system haywires, one patient went to Dr. Nieper, one to Dr. K....., one gets bank-

rupt and one got a different boyfriend or girlfriend and they are no more identical. You cannot study this. However, if you collect as an observer the information behind Uncle Henry got cured from his cancer by an ant, and, and, and, and collect this as an information narrative or retrospective, then this is far more valuable than a double blind study. Anybody, every businessman, everyone who works empirically and not with a double blind study, and in Germany now this form of investigation is legally equal to the double blind study, so this makes the picture completely different from the United States which also permits us to say more about this. Well, anyway, this is one of those aspects where we think that by generating larger amounts of the ant iridodial we can help the cancer patients to overcome their problems and to slowly suffocate the malignancy, especially when we do additionally by surgery, maybe by irradiation, even maybe by chemotherapy, and especially by the benzaldehyde donors, the other ones, we have an application...it would go too far to explain this here, if we could slow down the tumor, make it dormant, so that the ant iridodial factor has enough time to slowly suffocate the disease – a completely new concept. I mean, to my opinion, the Lord has sent with the ant a tremendous tool, a creature which is really helpful to help us in our dilemma. This is a very interesting aspect.

Another aspect which I mentioned is the cell membrane. The condenser which is represented by this cell membrane around every cell - it is one acre per body roughly. It carries a charge of about 90 kilowatts per centimeter. Incredible! So, we looked to see if we can repair the cell membrane and repair its condenser function. This was in the development of the AEP. Here you see this. Now, what has this to do with malignancy, again? When we safeguard the electromagnetic properties of the cell membrane, we safeguard the generation of magnetic forces into the cell and with this we safeguard the stability of the structure, and the ability to repair the viral information, which is undesired. (Showing a slide.) This is our cellular water. So, whatever we do to protect us from virus aggression is not only chemical, but also electromagnetical-physical, do whatever helps us to increase the magnetic forces in here, especially by Calcium AEP, protects us not only from disintegration from ageing, but also from virus assaults, thus for better longevity. This is where we can place the carriers which go to the cell membranes.

Now, this is the famous Calcium AEP. The AEP as a membrane component was first deciphered by Erwin Chargaff here in Columbia University in 1939, a very prominent biochemist, now 92 years of age. He also writes German once in awhile in the German press, and I took over in 1961 making the transport molecules out of this Erwin Chargaff's discovery, and to my opinion this cannot be overtaken

anymore. It is a final development. It is impossible to find something better so we have to learn to apply it more early and more readily. We will not find a better substance. For instance in the treatment of multiple sclerosis we have an improvement rate, a positive response rate of 82 percent. I have so far seen about 56 patients on Betaseron. One improved, three remained the same, all the others drastically worse, for a thousand dollars a month or more. Avonex, five, all five worse. Copolymer I, about ten, all the ten worse after one year, so this does not work. However, the membrane repair factors of this kind, not only are helpful in the treatment of disease, but also in the treatment of osteoporosis, where every membrane and the loss of electric charge is concerned, so we do not treat a disease, we just repair the body and bring about the original health state the body had before, to make it resistant, not only against these diseases, but also against malignancy. For instance, it was shown in electromicroscopy that the granules (which are from a peroxidase injection into a capillary), when those penetrate the membrane into the cell plasma, which you see there (in the slide he is showing), in the plasma, when this AEP is given, they bud here or there but they do not penetrate anymore through the membrane, so it's a membrane sealing factor which, however, permits the exchange of nutritive substances, but not of aggressive substances.

Now, this is what I showed you before for the breast, that the magnetic property of tissue determines the risk of the tissue to turn malignant. We can show this on the breast. We can discuss this later maybe in the discussion hour. So, it is interesting that in a normal population, in about 10,000 life years which have elapsed, about 45 patients show up with manifest malignancies. So, 10,000 life years produce about 45 patients with manifest malignancies. So, if they get AEP, roughly, we see this from the MS patients, 10,000 life years elapsed produce about one to two manifest malignancies. Is this a difference? Right.

I show this once in awhile. Ladies and gentlemen, you have in your body about twenty thousand miles of vessels. You do not have, however, a Cummins diesel in your chest. Most of the Americans do not. So, to pump the blood through this system, the blood floats on a magnetic cushion, friction free. This magnetic cushion is produced by the condenser charge of the cell membrane which we can increase with calcium AEP. As a result, no thrombosis, no coronary sclerosis and the heart is not a pump, the heart pumps only from here to there, one meter or so, and the rest 10,000 miles are taken over by electromagnetic flux or electromagnetic cushion. Please tell your cardiologist. This, of course, requires a completely different understanding of what cardiovascular function is and how this be treated, namely with membrane repair factors increasing the condenser function. So, this in

short terms is what I would explain to you today. Tomorrow, I will focus on malignolipin and what this is and what this means for our future and with this I hope I gave you some idea of what is coming about.

We are imbedded into an energy field, and we are in exchange with this energy field, and in order to get more health for not more, or much less money, we have to go to these avenues of understanding of biological function, of disease development and how this can be treated. Otherwise, the cost explosion will break apart the social structure in the United States as well as in Europe, and the President here or Mrs. Clinton or the government in Germany, they are all confronted with this problem. May I say, it is the orthodoxy in medicine which is responsible for this dilemma, not the politicians, nobody else. It is the doctors themselves who are responsible for this. Thank you very much for hearing.