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Book review and comments by

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"CANCER RESEARCH WITH SINGLE-CELL ALGAE"

"Krebsforschung mit einzelligen Algen"

by Dr. Heinz Doetsch

Medical Publisher, Dr. Ewald Fischer

Heidelberg, Germany

167 Pages, Price: 42 DM

Pragmatic science gained by experience and nevertheless successful

Editor, Raum & Zeit (Germany):

Leading internists called Dr. med Heinz Doetsch's book, "Cancer Research with Single-Cell Algae" a "medical sensation". Professor Dr. med Ferdinand Schmidt, Heidelberg, Germany, declares Dr. Doetsch's research work "a convincing example that even today, cancer research can be conducted without electro-microscopes, computer-tomographics and other sophisticated instruments".

Professor Dr. E. Bock, Tuebingen, Germany, described Heinz Doetsch's book "a medical sensation". Dr. med Hans A. Nieper acknowledges the work of Dr. Heinz Doetsch with the following article. Since Dr. Nieper's contribution amounts to considerably more than just a book review, we deliberately present it at the beginning of the 1987 first edition of "Raum & Zeit. The argumentative, yet engaging way Dr. Nieper summarizes the up-to-date accomplishments achieved in cancer research by so-called "orthodox medicine", we think, is not only convincing but its format will set an example of the contents of future articles to be presented in "Raum & Zeit". The following is Dr. Nieper's contribution: (Editor)

The treatment of cancer and cancer patients finds itself at a dead end. This opinion has long been expressed openly by supporters of the more biological and less orthodox medical community and at the same time acknowledged, in a round-about-way, by other supporters. The situation did not improve any, when the hierachy of the orthodox medical community claimed successes that were often totally unwarranted. This sort of behavior by the representatives of orthodox medicine as a whole, was even more offensive in the USA, than here in Germany.

A decisive turnaround began in 1986. The New England Journal of Medicine, in its June issue, published a paper by Bailar, a prominent analytical statistician, who pro-claimed that surgical methods, radiation treatments and toxic chemotherapy have reached their limits and in principal can no longer be justified. In the last twenty years, despite the use of the before-mentioned methods, the annual rate of cancer related deaths, compared to the national death average, has increased from one hundred sixty-five to one hundred eighty-two per 100,000 population. Other research has shown that the use of toxic chemotherapy applied in the orthodox way, that is, without additional biological support, has despite large financial expenditures, resulted in prolonging life expectancy of cancer patients by approximately two weeks.

BIOLOGICAL PREPARATIONS ARE MORE EFFECTIVE

In the fall of 1986, an additional paper was published

under the management of von Dold, in Munich, with the cooperation of other hospitals in Germany and especially with the help of von Douwes. Their research revealed that during treatment of patients who had incurable lung cancer, biological therapy not only doubled life expectancy of the cancer patients, but was also less expensive and at the same time less toxic than the chemotherapy of orthodox medicine. The basis of the biological therapy included: preparations of mistletoe, thymus, "Ney-Tumorin" (a German product) and other biological preparations, some of which were not considered the most current ones developed. Parts of the information made public by Bailar and von Dold, indicate that in some cases the application of the orthodox, toxic chemotherapy even shortened the life expectancy of the patients, compared to their life expectancy without any treatment at all.

The information emphasized here, will and must, without a doubt, lead to a turning point in the area of medicine, and should not be taken lightly. Its fundamental potential, could bring profound changes to the structure of the medical profession and especially in the procedure and political positioning of the various medical associations.

This long standing problem has been acknowledged for the past thirty years by progressive cancer researchers. The solution to getting rid of this medical catastrophy regarding the cancer problem, might be to investigate and imitate the mechanism, which the human body normally unfolds, to suppress and/or eliminate cancer cells and small tumors. Two concepts seem especially valuable to explore in this context: the so called immune-modulation and the immune-response modification and maybe even more important, the locating and examining of so-called, gene-repair substances.

THE GENE - REPAIR IMMUNE DEFENSE

It appears that the body's own defense against cancer is not like its defense against bacteria, but is handled in a totally different manner, namely gene-repair. Evidently, the genetic irregularities, which lead to autonomous and cancer building of the cells, can again be repaired, suppressed or extinguished. As of today we know of one hundred fifty substances which have the gene-repair-potential effect.

We know from many, previously conducted experiments,

that this anti-cancer effect can be achieved by application of thymus extracts. These applications are effective only when the amount of cancer cells under attack, are still relatively few, or where the targeted tumors are still very small.

The basis of this finding creates a second requirement. It is absolutely necessary to have a reliable diagnostic test, where one can detect in the body, as early as possible, a developing cancerous tumor. We know at this time, through modern diagnostic procedures that a cancer cell can be detected two to seven years before it develops into a full grown cancer tumor.

A scenario that seems obvious to an air force officer, is not understandable to a modern physician. Theoretically, the air force officer would be able to detect an enemy plane at an early stage and at the moment of detection, direct a heat-seeking missile against the other aircraft, programming it to destroy the aircraft at a predetermined point of impact, even though he could not see the enemy plane with binoculars. Today's orthodox medical-oriented physician can still be compared to airplane observers, who will, upon seeing the enemy plane through their binoculars, sound the alarm just minutes before the bombing attack. No wonder that reports on the lack of successes by orthodox medicine, furnished by statistician Bailar and others, look so absolutely devastating.

Until now, no test has been developed that can detect a cancer in its early state, let alone locate and pinpoint it. The most up-to-date provable tests include, the CEA-test, the various carcinoma-antigen-tests like 12-5, 19-9 etc., and the alpha-feto-protein-test. Whichever way tests might be described, they lack sufficient specificity, and sufficient sensitivity.

As a rule, these tests become positive only when the tumors are in their first phase of development, when they are already relatively large and when their structure has existed for years. Even the actions of the highly regarded monoclonal antibodies cannot, in principle (which can not be elaborated on at this time), bring about any changes.

EARLY WARNING TESTS ARE MISSING

Today, we have no early detection systems which can give an early, reliable warning of a developing cancer from which to form the basis of a start for biological therapy. To use military language, we have neither a far reaching radar detector, nor strategy to be able to effectively employ early biological defense weapons.

On a world wide basis there is only one procedure available that can not only isolate malignant structures but can specifically identify malignant cells. Kosaki, in Japan, discovered in the early 1960's that the membrane structures of mitochondria in every type of cancer cell, and also autotomic structures of the so-called extra-cellular oncogenic agent, which the cancer cell ejects, can be specificly marked with "Haematoporphyrin" and with "Coproporphyrin III". These structures, so marked, can be made visible using a fluorescent microscope. Even though this marking procedure could possibly be used on inflamed, non-malignant liver tissue, it can be flushed away with ether or with "Dioxan", which is not the case with specific cancer markings. Kosaki identified certain lipid or a changed lipid as the reason for the special ability to bond with porphyrine and named this particular lipid "malignolipin".

To bring the malignolipin presentation into clinical reality proved to be quite difficult. The reason being, that the identifiable sub-cellular oncogenic agent of the cancer cells, does not always appear in sufficient concentrations to protect itself against bonding with the prophyrine. This is the reason why a malignolipin blood test is difficult and requires a lot of energy to realize. The identification of cancer cells, which could be relatively simple, does not lend itself to an early diagnosis, because one is attempting to find an unknown tumor and not one previously identified.

Twelve years ago, former Professor Gertrud Werth, Professor of Biochemistry at the Medical Faculty in Homburg an der Saar in Germany, conducted clinical malignolipin testing very quietly with the encouragement of the reviewer. Unfortunately, Mrs. Werth died ten years ago and her research work has never been published.

SWEDISH FINDINGS

The examinations conducted by Mrs. Werth on patients at the clinic in Homburg an der Saar, showed in principle that malignolipin tests given to all of the patients diagnosed with cancer, tested positive. A large control group of patients who had no provable evidence of cancer, also tested for malignolipin, displayed positive test results which differed very little in numbers from those with diagnosed cancer. This fact could have caused a skeptical attitude toward such a test, had not the Institute of Pathology of the University of Lund in Sweden, published the following information shortly before the testing commenced. Of all those that died, including the portion of those patients in the process of developing cancer, 22 percent did die of manifested cancer, (this corresponds with the numbers expected for civilized countries). In approximately 18 percent of the patients who died a non-cancer related death, pathological tests revealed evidence of latent cancer cells and non-symptomatic malignant micro-tumors, which did not manifest themselves.

In other words: At the time of their deaths, approximately 40 percent of all people will display some form of cancer, but only 22 percent of them will die of manifested cancer. This information, provided by the University of Lund, was ofsignificant value in the interpretation of Mrs. Werth's malignolipin identification results.

Without a doubt many physicians are not aware of these facts and cannot appreciate the work done by Dr. Doetsch, which he published in his booklet. Dr. Doetsch's background is not that of a prominent research oriented physician, certainly not in a professional way. The basis of his work is the combination of practical experience of a general practitioner, with a healthy amount of common sense working in Cologne, West Germany. One has to keep this in mind, when reading his presentation.

It certainly speaks poorly of orthodox-oriented cancer research subsidized with hundreds of millions, if not billions of Deutsch Marks, when on the other hand a general practitioner from Cologne can, despite all contesting, all opposition, all denouncements and with limited financial

support, succeed in this very difficult scientific field, as Dr. Doetsch has done.

Even with insufficient accounts or conclusions, the fact can not be denied that the discovery made in cancer research by Dr. Doetsch, is of significant importance.

What is the basis of this possibly sensational result? Dr. Doetsch was interested early in his career with the effects of certain substances, for example "Strophanthin" (Ouabain) and its effect on living and growing biological systems, like plant sproutings. Because of this interest, he developed a system of examining patients' blood serum, especially those who had cancer, as to its effects on active biological systems. One of these examination systems for example, proved to be the green algae and the seeds of water cress. In the green algae research, the overall emphasis concentrated on the phenomenon, which the blood serum of cancer patients, using single cell green alga "Ankistrodesmus Braunii" and also single alga "Euglena Gracilis", created.

ALGAE ARE ABLE TO CHANGE

The alga Ankistrodesmus, can be stimulated to increase in size, activate its metabolism and increase its chloroplast structure through the presence of blood serum from cancer patients. In the presence of blood serum from cancer patients, the Euglena algae displays a zytopathological effect, rounding off and inactivating the algae and at the same time producing pores or holes in the membrane of these alga. The outer membrane of the Euglena alga is very thin, while the membrane of the Ankistrodesmus alga is relatively dense with a quasi felt-like structure (Murintexture). The young associates of Dr. Doestch, especially Dr. Benninghoff from Heidelberg and Dr. Moeller from Muenster, West Germany, examined a whole series of further phenomenon during research of these algae reactions. Of special interest in this connection is the considerable amount of activation of oxygen discharge by the Euglena alga through the effects of the cancer serum. It is on further interest, that the encompassing specific cancer factor which this phenonemon produces stands out because of its synergistic activity.

In principle, this phenomenon has been known for many

years, especially the example of the Euglena alga, through electro-optical examinations of the red blood cells of cancer patients. The changes in the red blood cells are caused by autogenous, oncogenic agents produced from cancer cells. It has been known for some time, that about ten to twenty five days before the death of a cancer patient, the activity phenomenon of the oncogenic agent in the blood of cancer patients will become negative. One attributes this to the collapse of the buffer action and the increase in the amount of lactic acid. This interpretation should still be valid today.

Interestingly enough, algae tests done immediately before clinical death of terminally ill cancer patients, per Doetsch, become negative, even "more negative" than the values in the blood serum of non-cancer patients. The question arises: Is the appearance of Doetsch's alga phenomenon not connected with the activity of oncogenic agents? This knowledge yields further aspects of considerably improving the valency of the tests by renewing the efforts to identify, for instance, the malignolipin.

Essentially, the importance of Doetsch's test is, that one no longer tries to identify a more or less specific structure derived from the metabolism and production of the cancer cell, as was the case with the previously mentioned antibody tests, CEA, Ca 12-5 or Ca 19-9 or with the recently publicized examination of lipid values that were conditional on the nuclear magnetic resonance analysis. Doetsch's procedure is different and more specific, because it does not attempt to identify a potentially malignant structure, but rather to prove the effects of a potentially malignant biological activity. With that, it is possible in principle to reach a different, higher specificity, and above all, to achieve a quantitative, extremely minimizable, cancer-like reaction.

Dr. Doetsch's book, "Cancer Research with Single-Cell Algae" contains a considerably large, highly interesting collection of pictures, unfortunately produced in black and white, but nevertheless, informative.

It is still necessary to continue scientific work on Doetsch's alga reaction, to advance his work as far as possible to the highest level. But the prospect of using Dr.

Doetsch's procedure to arrive at a truly early diagnosis of cancer, which could also be the basis for the beginning of an early "biological arrest therapy", appear, on the basis of these findings, quite good, and in my opinion, better than with any other presently known or publicized procedure.

PUBLISHER'S COMMENT

Special Explanation: Some particular one cell alga, described in this article, are obviously capable of attracting, and if indicated, enriching the oncogenic agent, which escapes as an autogenous structure from the cancer cells (and only from the cancer cells). In the process the algae metabolism and proliferation accelerates the so-called chloroplasts in the alga, in other instances, as in the case of the "Euglena Alga", the damaging effect is dominant. In the future, special enrichment and possible activation of the oncogenic agents in the alga must be more intensively examined. At this time, no concept for an early diagnostic discovery of cancer is known to rival the principle Dr. Doetsch discovered, in such a brilliant fashion.