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Deutsche Gesellschaft Für Onkologie e.V.

Editor:

You may recall the Laetrile affair which was 99.9% emotion and 0.1% serious consideration. Laetrile (laevo- (di?) -glucomandelonitrile) is no more, existing since about 1953. I still see two patients who had been treated in the 40s with amazing effect. However the apricot kernel which, for some genetic abnormality, produced 1-glucose-MN also seemingly does not exist anymore within reach.

In the early 70s Dr. Casati and his son, in Florence, experimented with 1-glucose (3000 USD per gram at that time). They found that most of the grafted and endogenous rodent tumors metabolize 1-glucose unlike non-malignant tissue. I had the Casati's invited to lecture before the German Society of Oncology when I was president.

Since we had no chance to make or get 1-glucose-MN I asked my late friend and colleague Dr. Franz Köhler (invented whole scale synthesis of acrylate,

Plexiglas, in 1935) to synthesize a series of mandelonitriles for me, among those the ureyl, the nicotiny, and the para-aminobenzoic MN.

These three substances I sent in about 1976 (75-77)? to the Sloan Kettering Institute (SKI) and they were so kind as to test them or at least to look after them.

We made then the following potion: 400 mgs of ureyl-mandelonitrile and 80mgs of nicotiny-mn. in 60% alcohol, 100 ml. (a 0.4 and 0.08 solution). Of this we gave in general 2-3 x per day 15-20 drops (ca. 0.7 ml).

This in addition to the other anti-malignant therapies we offer (partially chemotherapy, didrovaltrate, squalene ± ascorbate, thymus, bromelaine, often amygdalin 1.0 g p.d., benzaldehyde, acetaldehyde (primary brain tumors and melanomas).

About 8 years after the introduction of the ureylmandelonitrile, our directing nurse in the oncology ward in the hospital said: "In essence mandelonitrile is still the best." Two years thereafter from my nurse Monica in the outpatient office, extremely experienced, came: "Doctor, those mandelonitrile drops are still the best." Hodgkins, prostate cancers, chronic CLL and CML leukemias, etc. stay stable over the years as never seen before. Herpes manifestations disappear. And patients with MS feel better (I have seen more than 3200 multiple sclerosis patients since 1964). Pancreatic carcinomas (always Herpes IGG highly positive, unlike colon cancer) responds apparently extremely well. It also responds to very high pancreatin enzyme doses and to carnivorous plant extracts. Carnivora is very effective against herpes, too. However, 80 times more expensive than are the ureylmandelonitrile drops.

For ten years a pathologist and internist from Pisa, Italy comes here twice a week for working with me in the hospital and in the office, Dr. Bonucci. In the meantime he became a brilliant oncologist. Last spring he brought with him a series of X-ray documentations which show the dramatic regression and then remission of a vast adenocarcinoma of the right upper pulmonary lobe, with lymphangiosis, mediastinal enlargement, pleural effusion, right more than left. In this patient, chemotherapy had failed; it resulted possibly more, in the enhancement of the disease (Cis- platin, doxorubicin, cyclophosphamide, or etoposid).

The patient had received carnivora, (limited amount), squalene-ascorbate, thymus, and didrovaltrate. Good, but by

far not good enough to explain this result. It then turned out that Bonucci had given him ureylmandelonitrile at a three times higher dosage I normally recommended, and in a more frequent application. The remission of the disease took about 10 weeks.

I then went extensively over the Urea+ Oncology "handbook" which Dr. Amat had written in Spanish. A 750 page 3½ pound elephant. It gives fascinating insights into the urea metabolism and its implications. Considering the fact that the solubility of the said mandelonitriles is limited to about the indicated concentrations (in 60% alcohol) and that the avidity of malignant cells for urea must be relatively high, we turned to a more frequent and higher dosage: every 90 or 120 minutes - 20 drops, the entire non-sleeping time of the day. Toxic side effects are absolutely nil; due to the (rare) irritability of the gastric mucosa the drops are taken with health teas. Remarkable that there are also no side effects on the cardiac sinus knot and on the cochlear function.

What we continue to observe since we ran these higher doses are the most enjoyable results I have experienced in the last 40 years. Between our concepts and the attempts to 'rub in' toxic chemotherapy in order to obtain a short term result, there are light years.

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