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To explain to you what we are doing: The program is more or less the same in all conditions of malignancy whatever the finding and development is in the frame of medical and biological approach to the control of the disease. We try to re-enforce the host by activating the thymus gland which is responsible for the formation of lymphoid cells and I hope in your case, it hasn't already been affected by radiation.

This needs first the intake of important quantities of carrotene in the form of carrot juice, that's 3 or 4 big glasses, 8 oz. Galses, a day with a little bit of cream in it to absorb as much calcium as possible, because carrotene, or vitamin A, activates the thynus gland.

Then second, we need zinc for the activation of the host defense, since the enzymes which work on the lymphocytes are depended from zinc—like a spark plug. Most of zinc is very much excreted in this disease and has to be replaced in important quantities. When zinc drops beneath a certain level—we will check this—then, in your case, where depletion has started, there is no more defense; only by the lack of zinc. The spark plug, like in a car, dosen't work any more.

Another aspect is the formation of sufficient energy rich phosphates. You see, the organism runs like a Diesel electric. Food is convertd into energy and this energy is thus, transmitted to a battery system, which is a phosphate energy system. And, from there, through these to function.

And, now the recharge of this battery is mostly inhibited in your disease and it has to be strengthened agai. And this can be done by potassium magnesium aspartate and by phosphate, but we have to check the phosphate level and hold to that analysis. If it's low, I have to replace it.

This has all to do with the normalization and improvement of the host condition to insure the utmost in defense. In addition to this, comes in specific, vaccination with the help of BCG or "5-Flurouracil". I have already prescribed it for you—you bring it here tomorrow. I gave you a prescription. No? You go to the pharmacy here tomorrow morning, 150 yards to the left, and bring all the material here and just line it up and I will explain it to you.

Well, and, we have to see if we have to replace phosphate or phosphorous. And, in addition to this, specific vaccination, which gives certain protection, comes a third word, non-toxic cytostatic anti-cancer drugs like Laetrile, one of these. However, this works only under very special and certain conditions; do not expect feeding Amygdalin and be waiting for a miracle. Impossible. This Amygdalin, which is Laetrile, works only on early cancer cell formation and cancer cells having a high respiration. Either, if they are in early formation or under certain conditions, or if they are artificially conditioned to have higher respiration, directly or indirectly. Indirectly, for instance, with the improvement of the phosphate pool, with the pool of energized phosphate, and then with the help of thiamine, Vitamin B<sub>1</sub>, Chloride; and so, this we have to artificially create.

Now, in a few weeks from now, in our country, officially Laetrile will come on the market, but not just Amygdalin, but as an Amygdalin which is hooked to a carrier molecule which goes inside the tumor more easily than Amygdalin alone. It's 20 times more powerful. And, you will get this substance. Did I give you the number of the manufacturer? Not yet. You will get it. You telephone, and you have about 300 to 400 grams come to your residency, to your residency, to your pension or your hotel. It comes collect. And it is the easiest way and the cheapest way to get it. You will get this new, we call activate, Amygdalin. It's the same molecule. The molecule hasn't been changed, but it's hooked to a carrier molecule which goes more easily into a tumor cell. And, it's quite tricky.

Well, and, now most important, very important, is also a procedure which we call deshielding, enzymatic deshielding. This is a treatment where with the help of certain enzymes, mostly derived from the pineapple family, we decompose neocryptid layers, which layers, which are to be found superficially on tumor cells. And, once these are decomposed, the tumor cell antigen, membrane antigen, opens and can be recognized by the host. And, then, the tumor reverses. Also, the same material which has to be decomposed blinds lymphocytes, which already have been informed, they are informed to attack lymphocytes, but they are blinded, so they don't do it. And this material has to be decomposed, and for this we need certain enzymes. These enzymes are still under study, but we have certain preparations which are very helpful.

So, this is the entire bunch of the treatment. Now, in addition to this, it's easily feasible to do chemotherapy. Chemotherapy is toxic therapy. For instance, where you have the 5-F.U. But only, in my opinion, only to a level that would not interfere toxically into blood formation, for instance, into the host defense. So that's toxic formation on a lower level that's sufficient.

The discussion why Amygdalin is so widely discussed, is mostly not understood. It's because it has little effect, slight effect, compared to other drugs. However, it has no toxicity – it can be given for unlimited times, and therefore, the time taken for which it makes it to work for this, a long time perspective. So, once it has worked, it works, and continues to work indefinitely. This is very important. The only cancer drug we have

which has a time perspective – not regarding it's less effective, but it's important. This can be noticed entire, can be combined with any kind of chemotherapy, but this should not reach a toxic level. It can be combined with any kind of radiology, or any kind of surgery, of course, which is not his problem at the moment.

I have to explain this, but to my opinion, this biological or non-toxic or whatever you name it, the medical approach to the control of the disease, goes first, and for an unlimited time, and all the other treatments may be episodes. It's understandable.

Now, to the diet. He has to get enzymes which replace the lack of function of his pancreatic gland, of course. Very important. I have a few preparations for him. We have better preparations than there are on the market in the United States, especially for the replacement of pancreatic functions. I have it here. And, then in general, first, stay away from all hormone-injected meat. That's mostly chicken, veal. Take the oldest bull you can find, or lamb, or fish, that's much better. I like fish. Yeh. But don't forget, you need proteolytic enzymes which may lack artificial preparations to digest it, really. And then, stay away from all foods which may peak your sugar level in the blood; sugar, ice cream, pastries and cookies, and chocolate, and so on. I would give you the advice to cover your carbohydrate demand mainly from oats, oat flakes. With oats you have actually all that you need – minerals, fat and proteins, and carbohydrates, and the utmost of the combination, which is possible. Millet or buckwheat, if you can get them. Whole grain bread. Chew well, chew as long as possible.

Do you know anything about your values of gastric acidity? This we will have to check. That's very important to know because, you see, I have to keep in order the digestive function. It's an entire sequence, of course, as much as possible. The most important thing, you will have to chew well and long enough.

And then not too much Vitamin B<sub>12</sub> preparation. That's mostly for the doctor because everything in dosage which would exceed 40 or 50 gammas a day would potentially, or eventually, enhance stem tumor growth.

“I've been taking B<sub>15</sub>.

”That's O.K.

Well, no electric blankets, nor electric cushions. Very important. Because they knock out membrane charges by automatic, magnetic field. If you need warmth, just take the old rubber bottle.

Well, that's mainly what I have to stress.

Lady questions about the liver scans

Well, you see, whatever the mechanical, or the tumor finding is, this probe always stays more or less the same. That I change to certain findings which are mostly chemical.

Whatever the finding anatomically, it wouldn't effect to much my plan, unless certain mechanical problems, like loss of the pancreas or inhibition of bile flow, or these things would develop, then one has to take this into account.

Now, you have it on a tape. You can type it, or show it to any doctor, or you can just repeat it, for better understanding, you see. This is just normal medicine. It's not outlawed, it has all its scientific basis.

Well, now, I have to mail your whole blood analysis because I need the values of whole blood, and then I need the whole blood value for zinc, for instance. And the whole blood analysis for iron -- many things. That's very important, and you see how much this deviates only as a side effect, and I have to think of the impact of the disease on the organisms.

To normalize, this is very important and it is impossible to anticipate the values for phosphorus, for zinc, or for magnesium, or potassium—all I have to take into account. And, also how far malabsorption plays a role in the entire picture. I have to really know to come to the utmost of adjusting your condition. So you see, it's not just feeling later—far from that. But, it is a very helpful medicament. You see, it is helpful in a man who is entirely healthy—just that he develops disease. As a preventive, but if once an advanced disease, let's say it's smaller than one gram of tumor, from the pathological standpoint, it's advanced. From there, it becomes difficult, because then, if the disease interferes into the host, disturbs it, it can linger between tumor disease and host—gets worse and worse.

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