

SUPPRESSION OF CELLULAR MALIGNIZATION BY CALCIUM COLAMINE PHOSPHATE AND BY CALCIUM-1-dl- ASPARTATE

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Since 1965 we treat cyclic pain in fibrocystic breasts with Calcium 1-dl-Aspartate, 350-700 mgs. per day. The effect on the formation of pain is very striking. However, in addition to this we have observed that in 78 patients thus treated only one carcinoma in situ had developed, in an observation time of 30 years.(1) Normally the cancer rate out of fibrocystic breast tissue is 1.9 times the mean cancer incidence of the female breast. Aspartic acid salts are known as membrane conductivity enhancers (Pressman). Ca-1-dl-Aspartate settles at the zinner side of the outer cell membrane, (Nieper) (2,3) fixing a calcium lining there. It enhances the condenser function of cell membranes.

Since 1964 we have treated an important number of patients with multiple sclerosis (>2800) with CaEAP, i.v. and orally. This product is officially declared as a M.S. therapy in Germany, the positive response rate is in the range of 82% (Morrissette Study, 284 patients, retrospectively). CaEAP settles at the outer side of the cell membrane and enhances the condenser function of cell membranes.

In 1988 we became certain that the patients such treated "fail to get cancer." I expressed this finding for the first time at the NNFA congress in Anaheim, and in a Hiroshima University Lecture, in February, 1993. Only one breast malignancy was seen to develop under the CaEAP therapy, cured then by surgery. In five patients a prostate malignancy was found before the onset of the MS-therapy, in three a breast malignancy, and in one an exploding pulmonary-pericardial-adenocarcinoma.

We have, therefore, started to apply CaEAP as a cancer protection substance in patients other than with MS (1989). Our aim is mainly the suppression of cancer recurrences of breast cancer, prostate cancer, and most importantly colon cancer. The study will still run for another two years or more. However, the results so far observed with colon cancer and also colon polyps are spectacular: In six of six cases of three to four times recurrent colon cancer - with increasing speed of recurring - a complete suppression of recurrences which should have been due since more than three years has been observed. This also applies to the formation of benign but potentially risky colon polyps. The so far observed results in the protection from breast tumor recurrences and of prostate carcinomas move in similar direction.

In forty years of clinical oncology I have never observed a malignancy suppression likewise effective. Not with beta-carotene (the discovery of the protective effect is ascribed to me in Germany), not with Squalene-Ascorbate, not with carnivorous plant extracts, not with mistletoe factors, and certainly not under any form of (toxic) chemotherapy. The cancer-suppressive dose of CaEAP is 1.5 to 2.5 grams per day, orally, vortex micro-coated granulate in capsules.

The principle of action has to be seen in an enhancement of the cell membrane capacitance through CaEAP (also called Membrane Integrity Factor, Vitamin Mi). We have measured this effect in MS patients, under the effect of CaEAP, 3.5 grams daily orally. MS patients feel warmer when under therapy with CaEAP.

We have, furthermore, found that the 'C' capacitance (in microfarad) of the female breast is lowered in the presence of fibrocystic induration, even more in connection with cancer, also very often on the tumor-free contralateral side, and the most with spread malignant tumor and after radiation.

I suspect that the important findings of Singer and Grismaijer (Dressed to Kill, Avery, NYC) have to do with a mechanically and/or electrostatically induced membrane impairment of the breast gland cell membranes. The authors have reported on a spectacular increase of the breast cancer incidence in relation to different modalities of carrying a bra. Smiling or joking on this finding does not help. This is a true challenge for modern scientific oncology.

Then there is another finding which fascinates us: The capacitance of a normal female breast, irrespective to breast size or age of the patient, is very sharply 0, 18 Microfarad. There is no range. Are we confronted here with the first physical (and physics) constant in man? An ultimate definition of 'LIFE'? A fascinating insight.

The cell membrane field load of about 90 kilovolts per cm generates magnetic field into the cell plasma, more precisely into the cell water. The properties of the cell water - which need a life to study - determine the functioning of the cell and also their structural integrity. They safeguard the cell even then when it carries oncogenes. There has always been the question why only a minute proportion of such cells tend to malignant disorder. Mostly they are kept in shape.

Modern preventive, protective, and therapeutic oncology drifts into the field of space field physics. It is imperative for a modern oncologist to have an understanding of this. The merely chemical aspect in oncology does not get us where we want to go.

(1) Levi, F. et al. Int. J. Cancer, 57/681('94)

(2) Nieper, H.A. Central Archive. The Keith Brewer Science Library, Richland Center, WI 53581, USA

(3) Nieper, H. A. A Clinical Study of the Calcium Transport substances Ca-1-dl-Aspartate and Ca-2-Amino-Ethanol-Phosphate as Potent Agents Against Autoimmunity and Other Anti-cytological Aggressions. Aggressologie, Paris VII - 4(1967).

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