Malignant Gene Repair Substance & Its Clinical Effects

Dr. Hans Nieper Lecture Excerpts

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1953: Dr. Nieper received his Medical Degree in Hamburg, Germany.

1964: He joined the medical staff of the Silbersee Medical Clinic in Langerhagen, Hanover.

1978: He was appointed Honorary President of the Internaitonal Academy of Preventive Medicine.

Dr. Nieper has developed a series of mineral tansporters for protective coronary therapy using Potassium, and Magnesium Orotate, and the Enzyme Bromelain, by which the coronary death rate of his patients has decreased by 90%.

In 1978, with a Dr. Kohler, he developed mandelonitrile carriers, which he feels are some of the most powerful anticancer substances known.

He has published over 300 medical and layman's articles.

He is an international lecturer and has produced a TV film for CBC Toronto, Canada shown in the United States and Canada. It is entitled, "ENCOUNTER WITH CANCER" and covers preventive medicine for heart, vasuclar disease and cancer.

He has successfully treated many famous people at his clinic in Germany, including Fred Mac Murray, comedian Red Buttons' wife, the late William Holden, and more recently Yul Brynner.

(NOTE: The following excerpts of a taped lecture given by Dr. Nieper are not exactly word for word quotations, due to poor tape quality and some difficulty with Dr. Nieper's accent. However, the ideas behind his statements and spellings are as accurately presented here as possible.)

Mr. Chairman, Ladies and Gentlemen,

I apologize for my English, especially here in Wisconsin, where I have been before.

I have made many friends from here over the years, and I really appreciate coming here and having your invitation.

This morning I saw the Brewer Library and I must confess that this institution is a very prestigious one, and a tribute to the State. I can only ask you to support this Library. (Note: Copies of Dr. Nieper's medical articles are available from the Brewer Science Library in Richland Center, Wisconsin.)

A little of my background: I am President of the German Society of Oncology, the leading German Cancer Society, membership wise. It is more oriented toward immunology and non-toxic therapies.

There is also the official German Cancer Society, however, which is more orthodox.

I am also President of the German Society of Gravity Field Energy -- a hobby of mine which has resulted in many existing breakthroughs in the energy field.

Back to Medicine --

I've brought many slides to show, but can't cover everything here. I will have to drop my coverage of coronary disease, and concentrate on cancer, immune disease and M.S.

However, I would like to mention that I directed, for about 3 years, the Research Department of the German Research Council in Cardiology in 1960-1962.

We came to the conclusion that the cause of coronary disease is due to blockage in only 15-18% of the cases. Heart attack is due mainly to a breakdown of metabolic pathways in the heart muscle cells. This results in the release of self-digesting lysosomal enzymes, and also a few other factors, leading us to change our treatment entirely. We try to prevent the breakdown of heart muscle cell metabolism by using magnesium carriers, because the enzymes which are in danger there are activated by magnesium. I felt if we could carry magnesium into the heart muscle cell we would prevent the breakdown, and this turned out to be true.

Also, we started cleaning the arteries -- not by surgery, but by enzymes -- 15 to 20 years ago! We use bromelain, which is extracted in Hawaii from pineapples and then shipped to Germany. Unfortunately, even residents of Hawaii must fly to Germany to get it and then bring it back to Hawaii for their personal use. It is very successful, however.

Also, along with a friend of mine (Dr. Renaud) in France, we use carnitine to help breakdown fatty acids by oxidation. The heart gets about 50% of its energy from fatty acids and 50% from carbohydates, whereas skeletal muscles can't use fatty acids. So carnitine helps to activate better oxidation and to prevent metabolic breakdown in heart muscle.

(Ed. Note: Dr. Robert Atkins, of diet book Fame and Dr. James Thompson, Chief of Cardiology, Middleton Memorial Veterans Hospital in Madison, Wisconsin also use carnitine. It is an Amino Acid from beef muscle and relieves Angina, improves heart performance and stabilizes its rhythm. They use 20-40 mg. intravenously.)

We also introduced selenium as an aid in the pacemaking system of the heart. our success resulted in a 90% - 95% decrease in the need to implant electronic pacemakers. This is only one (1) in twenty

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(20) since we began with selenium 14 years ago. This is not a fairy tale!

Others in Australia, Westphalia (Germany) and California have observed the same thing.

With my many patients, we've had our last death in our hospital (due to heart attack) about 5 years ago.

The group in Westphalia applied my protocol and noticed that even the number of phone calls for heart attack dropped from 400 to 5. We had our last coronary surgery about 6 years ago. Excuse me if I say this is a new horizon in medicine!.

Now, many of these ideas originally came from the United States or Canada — the chemical or electrolyte prevention of cardiovascular diseases — as far back as 1958.

After learning this, I conceived of the mineral carriers. Aspartates, Orotates and others carry magnesium and potassium across cell membranes and deposit it at the site where it is really needed —mostly in the mitochondria.

Coronary disease is really no longer a problem with us. Congestive heart failure is a problem but not coronary disease. By the way, this also applies to arteriosclerosis.

This is important considering the number of diabetes patients we have in our hospital. The last amputation for circulatroy problems was about 8 years ago — to give you an idea. This is just a short summary of our coronary work.

Now, I will give you a look at what we can do with immune diseases. As you know, many diseases are related to a weakening of the immune system, but what is mainly offered here in the United States is Cortisone and immuno suppressive drugs such as azothioprine. It attacks the lymphocytes and prevents the functioning of the immune system. Cyclosporine is good for organ implants, but it doesn't help the many routine immune deficient patients we see every day.

Auto immune diseases are gastritis, eczema, neurodermitis, colitis, encephalitis, multiple sclerosis, lupus and others. Some are really fatal.

I decided not to suppress the immune system anymore but to shield the target of aggression and let the immune system alone — a defensive concept of immune therapy.

We are working with substances to prevent viruses and antigens from penetrating the cell membrane. We can protect the outer myelin sheath layer of the nerve in M.S. Of 1,000 M.S. patients, 700 from the Ohio and Michigan area, 80% have shown improvement while still in Germany.

Also, of 35 M.S. (U.S.) patients contacted later, 34 still claimed Improvement.

I feel that my compounds not only repel the attacks from the immune system, but restore the electrical conductivity of the outer layer of the nerve. I could speak for weeks on this.

Here is a slide that shows peroxide granules that penetrate the membranes and enter the capillary wall. Now when Calcium/EAP is given the capillary walls are sealed and the granules can't enter and cause damage. We also use calcium Aspartate.

We use also lithium compounds, such as lithium orotate. Orotic acid penetrates to the glia of the brain — the main metabolic switchboard of the brain. It replaces sodium. Five mg./(milligrams) of my lithium orotate equals 100 mg. (milligrams) of Carbonate, which is the standard U.S. therapy.

Seventy-two percent (72%) of episodic alcoholics respond to Lithium Orotate, versus 30% to Lithium Carbonate. There are no side effects at all with Lithium Orotate. It has been used for 10 years in Germany, but not in the U.S. Lithium Orotate reduces depression in alcoholics, which leads to or causes alcoholism in first place. Lithium also helps to eliminate the toxic side effects of chemotherapy by increasing the number of lymphocytes and granulocytes. Lithium also prevents necrosis, as it expels sodium from mitochondrial membranes — especially in the lysosomal membranes. This is very important for liver diseases such as chronic hepatitis and cirrhosis. We've found they are due to lysosomal enzymes leaking into the tissue and destroying the liver. We can prevent this self destruction of the liver with Lithium Orotate and Calcium Orotate.

Zinc is another vital element immune defense, but the cancer cell may feed itself on zinc and magnesium. It takes away from the immune system faster than the immune system is boosted by these elements.

Zinc Orotate is useful in diabetes. Zinc Aspartate helps lower glucose levels. Just insulin to a diabetic is no longer the state of the art. Ten years ago a U.S. firm was offering Magnesium Orotate and Iron Orotate in Germany, but not in the U.S. This is just a short summary of what we can do with immune diseases by applying mineral carriers (electrolyte therapy).

Now coming to cancer — onocology is my specialty. I feel you can't practice good medicine and research without a sound knowledge of the history of medicine. Some "new" ideas of medicine have really been around for a long time. I once read an article by a Doctor who was the uncle of Pope John 23rd who claimed in 1898 that cancer is a dog virus possibly spread to man. This was 80 years before another German Doctor showed the same thing. (1978).

In 1952 I read a Rome Conference paper by a Dr. Clark who showed that tumors produced a transmissible agent. There is practically no tumor that doesn't produce a transmissible agent. Only certain newly developed tumors such as some sarcomas which are chemically induced (by benzaldehyde for instance) aren't infectious in this sense (first generation type tumors). As long as these tumors are not infectious they don't metastasize. A very interesting phenomenon.

This was one of the old papers which relates to some of the latest articles that claim tumors are related to a virus (activated by a virus — nothing really new!).

Now, a cetain agent develops from the tumors and goes into the red blood cells and can be stained. It starts to destroy red blood cells, which leads to anemia. (Ed. Note: This matches Dr. V. Livingston -Wheeler's Research and that of others).

This is why we tried to develop a substance in the late 50's which didn't attack the tumor cell directly, but attacked these infectious agents. These "granules" grow by sporulation -- they behave like primitive yeast or fungi. This is why we used mainly antifungal principles to treat this.

As we know today these agents are autonomized structures from mitochondria, which have reverted into a phylogenetic atavism (reverting to a primitive form.) They become independent of the cell or autonomous, and are infectious.

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(Ed. Note: Mitochondria in the cells of higher organisms are believed by some to have once been primitive bacteria which joined the cells or "infected" them in a positive way, and live in a symbiotic relationship within the cells. Dr. Nieper is saying that these primitive life forms can run wild and spread to other cells and "cause" cancer.)

Now what is important is the decay of the mitochondrial membranes, which allows them to become autonomous. The phospholipids on the surface of the mitochondria change. They increase their ability to find certain porphyrins. This is a major finding in cancer. This lipid is called malignolipin and was found by Hosake in Japan. No malignancy — no malignolipin, no malignolipin — no malignancy. These extracelluar "granules" secrete malignolipin. (Ed. Note: We also know that cancer related bacteria or fungi secrete HCG — the pregnancy hormone).

Fifteen years ago a German Doctor found all cancer patients were malignolipin "positive," and she found many other hospital patients were malignolipin "positive" though they had no malignant symptoms yet. For each cancer patient, there is apparently one not yet diagnosed. Shortly thereafter, a big London study found that after extensive postmortems, about 44% of all people had a malignant lesion, although only about 22% died from recognized cancer. This means that established malignancy is only the tip of an iceberg in the population.

A doctor in 1938 in Berlin found that malignolipin develops after the calcium lining of the cytoplasmic membrane is lost. First there is cell structure damage and then comes possible fermentation reactions, in that order. Today we know that he was right. The loss of calcium is the first step. The hydrogen ion concentration goes up and then the sodium also increases. We can neutralize the H-ion concentration with cesium or rubidium. We expel sodium with lithium orotate or Taurine (found in large salt water fish such as the shark, which uses it to expel salt from its body). Sharks also have other protective compounds as we only find about one (1) tumor in 25,000 sharks, according to the Smithsonian Institute.

The cell membrane when coated or covered with calcium is like a charged capacitor/condensor with 10-70 milliwatts. When this charge drops, the membrane loses some of its protective properties. We can also replace the calcium if need be. (Ed. Note: This theory sounds similar to some of the research being conducted by Dr. Albert Szent Gyorgi and his group — the National Foundation for Cancer Research. They have been looking into the electrical charge interaction between ions and molecules in cancer cells. This electrical effect may also relate to the way lysozyme can modify the cell wall of a cancer cell, as being studied by Dr. Otto Lobstein.*)

Once a cell membrane loses its charge it reverts to its primitive form (an old phylogenetic behavior). It then becomes malignant and can produce HCG and hydroxillamine which shield the cancer cell from the immune system, just as they shield the trophoblast (embryo) and placenta. Without these protective factors the embryo would be aborted by the mother's immune system. (Ed. Note: An anti-HCG vaccine would therefore be useful as both an anti-cancer serum and an anti-pregnancy vaccine.)

*The Cancer Federation sponsored this research at Mt. Sinai Hospital, Chicago and wishes to resurrect the project if funds become available.

Unfortunately, the HCG in the cancer cell is mixed with more hydroxillamine fortification in the amino group, and therefore it's more difficult to detect this HCG by a standard pregnancy test, etc. This is a pity.

When we decompose the mucoid layer around the cancer cell, we have a chance to increase the ability of the host to reject the tumor, by cell borne immunity. We can decompose it by bromelain, muramidase, heparin, (which works by an electrical effect, not an enzymatic effect) and beta carotene (a provitamin —transformed into vitamin A, in the liver). Beta carotene is very effective in decomposing the mucoid layer and HCG (the blocking factor) because, in contrast to bromelain, it is deposited in the tissues everywhere, and works around the clock. Bromelain decomposes after about 4 hours, and loses its effect. As long as the patient is yellowish on his palms, the beta carotene is working. The HCG decomposes the beta carotene and vice versa. When the patient loses his yellow color, we know that he doesn't have enough. As long as he maintains his yellow color, we know that the beta carotene is dominating the HCG. This was discovered by Lewis in England. Vitamin A does not have this effect, only beta carotene. In 1971 I began investigating high doses of beta carotene, and since then, we have drastically increased our cure rate, and also in the prevention area.

It turns out that it is the electrical properties of beta carotene which are responsible for its beneficial effect. Certain of the synthetic alcoholic retinoids (synthetic vatamin A's) also have this property, which regular vitamin A does not.

The blocking factor HCG seems to stimulate the suppressor cell lymphocytes, which suppress the immune system. These can be called the bodies terrorists in the case of cancer. Since beta carotene destroys HCG and hence the stimulation of suppressor cells, beta carotene is now a must in cancer treatment.

(Ed. Note: Derivatives of cyclophosphamide also destroy HCG. *)

So many of my patients started showing up at Sloan Kettering every year, looking yellow from the beta carotene, that it was decided to look into the effect of beta carotene in the prevention of cancer in this country. What they found out was that the incidence of lung cancer in heavy smokers dropped by 82% and colon cancer by 55%. Actually, it may turn out that a heavy smoker (smoking a pack a day or more) may get less cancer than a non-smoker taking no beta carotene. This was found at Harvard, but it was not published. However, we have been using it for 13-14 years in Germany.

(Ed. Note: Some of these studies have been published now.)

I now come back to zinc. Zinc in high quanities, inhibits thymidine kinase and stops the development of cancer cells. It is a tremendous immune booster in certain tumors of the mesodermal type, especially sarcomas in man. Unfortunately, it does not work in carcinoma. This is one of many experimental findings which is not well known, but which you should know about. However, may I please ask you, do not take zinc without a qualified MD's supervision, because zinc, in some autoimmune diseases (such as MS) boosts the disease tremendously. I very often see patients from the U.S. taking zinc when they should not be doing it.

*The Cancer Federation sponsors HCG research at Allegheny General Hospital, Pittsburgh.

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In cancer, it may accelerate the disease if it is a carcinoma of epithelial origin. Zinc may be helpful in lymphoma and mesodermal tumors. Zinc orotate boosts the lymph cells in Hodgkin's disease. We also have excellent results with Hodgkin's after we repair the immune system by giving gamma globulin.

Now I also want to mention the results of tests which show severe adrenal insufficiency as a result of the side effects of treatment with cis-platinum. It helps for a short time against the tumor, but it extinguishes all further chance for the host to overcome the disease, so there is no future in this drug.

We give a test to profile the state of the host defense, as I am not only interested in what the tumor is doing, but I have the utmost possible interest in the condition of the host defense. This test only works on whole blood analysis. I do not know of a single lab that does this in the U.S., but the test is run on American machines in Germany!

There was a lab in Albuquerque that tried it, but you see, when it isn't done routinely, it fades out. Even Sloan Kettering doesn't do it although they tried it once.

For example, when the zinc/copper ratio is slowly increasing, then the host condition may be better. (showing a slide) Here is the slope of the zinc/copper quotient of a lady who recovered completely from bone metastasis of ovarian cancer. When the slope is this high,the tumor cures by itself. Why, I will show you later.

Now,another aspect of cancer —

Ask any knowledgeable oncologist what happens after the 28th of August. You will find that in the Spring and Fall, immune diseases (such as gastritis) get worse, and the defense against cancer drops within the body. It takes 30% more cyclophosphamide at this time to get the same results as previously. This may be due to the following reason: The cell membrane polarization is a very important factor in the cell's resistance to cancer (and disease). The opposing charges inside and outside a cell membrane act like an electrical capacitator/condenser. Certain seasonal variations in the earth's natural electromagnetic fields (or artificial manmade fields) can affect these membrane charges like discharging a capacitor, thereby making the cells mor susceptible to viral invasion, or cancer. This is a very important phenomenon which I can only outline here.

Now please listen if you will, because this is the first time that I have presented the following information anywhere.

The overal cure rate of cancer has not increased since 1955, as everyone knows (including the N. C. I.). Now what does this say? It says in essence, that since both the incidence and cure rate have not changed, that all our attempts to influence and control this disease by mechanical manipulation of the tumor (while neglecting the body as a whole) have failed. In other words, the fate of the patient — death or recovery — is determined mainly by the host defense. Without the immune system, there will be no recovery. It is impossible.

Our error was — we had too much faith in our ability to manipulate the tumor, and too little faith in what the Lord has provided for the defense mechanism. To illustrate this — a lady from Denmark, a former beauty queen, had a breast removed. Two years later, she appeared completely free of any detectable disease. The immune profile was excellent. This was published in the Medical Tribune in Europe. Then a top plastic surgeon preformed breast reconstruction which appeared to be so successful that her case was published everywhere.

What then? Any surgery will result in a depression of the immune system — any surgical intervention, whatever. Eight weeks later, the lady showed up with a tremendous metastasization — all over. Apparently the after effect of the surgical reconstruction resulted in the spread of the tumor, which was still there — a latent bomb shell. It was not evident earlier, because the immune system had kept it under control.

Wherever there has once been a malignancy — there will always be a malignancy. When a doctor operates and says, "We got it all, now you can go on living just like just like you did before," excuse me but this is malpractice!

Now what happened to the lady? We checked her at the hospital and all her imune profiles were excellent. What did we do? Nothing! What happened? She recovered all by herself. She could walk. She could even drive a sports car. In other words, the defense system apparently recovered within the next ten weeks after the metastasization. This resulted in a wipe-out of the enormously wide spread cancer. This is a tremendous phenomenon. How can this be explained? In short, this cannot be explained by the conventional view of the immune system. The vice president of Sloan Kettering agrees entirely.

First — the immune system was functioning excellently, including the level of complement, for example.

Second — the immune system cannot overcome such a widely spread cancer in such a short time. This is plainly impossible.

This leads us to believe that possibly the immune system may not play such an important role in the suppression of cancer, according to our traditional understanding of it. Now how can this be? It was found that in connnection with cancer regression, a thymus activated substance seems to play an important role. It seems to be injected into the cancer cells by the lymph cells and inactivates them. It was difficult to understand why, but we eventually isolated the substance — tumosterone.

Tumosterone is produced by thymosterine, which is activated by a "thymus factor" to change into tumosterone. Tumosterone has a very short shelf life, and cannot be synthesized. This tumosterone is an early grandfather of vitamin B-2. Chemically speaking, tumosterone is an endiol with a possible effect on gene properties. What it seems to do, possibly, is to reverse instability of genes.

99% of all genes are suppressed or sealed. The remainder are responsible for the cell's specific expression of traits. When genes which are sealed become active, they give erroneous information which may result in cancerous chaos. We read now, in the press, where several unsealed "oconogenes," have been discovered. They can, however, be returned to normal.

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We can transplant the nucleus of a cancer cell into a normal egg cell, and produce a normal tadpole or mouse. Apparently, the cell has factors in it which can repair gene instability. Tumosterone does the same. Also, another substance "DHEA", discovered by Dr. Schwartz. This is also one of our adrenal related, anti cancer surveillance substances. Now you see why adrenal insufficiency caused by toxic chemotherapy, can be so fatal.

DHEA is being investigated thoroughly. it inactivates glucose 6 phosphodehydrogenase. However, it also seems to repair genes, leading to cell redifferentiation. DHEA, being a surveillance substance, is not increased by onset of disease. It is a "policeman," only. As I said, only a small percentage of the genes are active. The others are sealed. A gene may open up for many reasons. Possibly because a phospholipid messenger gives the wrong information, or maybe because of ultraviolet radiation.

Since this happens very often, wherever there is a living structure, we need substances which are constantly alert to see that there are no genes open, that are not supposed to be. So there must be quite a few of these substances.

Now we know that a low pH facilitates the opening of the genes. This is why metastases, having a lower pH, have more instabilities of the genes, and so they look different histologically, compared to the primary tumor.

It is possible that people who ingest a lot of Cesium and Rubium get to be 130 years old. The Cesium and Rubidium could possibly reduce the chances for the genes to open by reducing the avalability of excess hydrogen ions. (pH) This theory seems to hold up chemically. Dr. Satori (Washington D.C.) has had considerable success with cancer using Cesium therapy.

An American study shows that there is always gene instability in cancer, and as the malignancy increases (from primary tumor to metastasis for instance) the more we see gene instability.

Coming back to the control system: Other substances that possibly repair gene instability are benzaldehyde and Acetaldehyde. These are highly effective. It was found in Germany acetaldehyde causes regression and halo phenomenon in melanoma. Benzaldehyde was found by Koche in Japan to lead to redifferentiation in tumor cells. This is very important.

Two years ago, the French came up with a substance from Agrosia plants, called Ellipticin (and its derivatives) which are chemically similar to areomycin, but are completely nontoxic. Whenever ellipticin finds an unstable gene, it settles there and cuts the entire strand of the chromosome. When no instability is seen, then ellipticin is not toxic at all. We do not have it yet, but some very important research is being done on it in Paris. There is always strong competition between the Germans and the French.

Now in Germany, in Hannover, substances were isolated from Valerium plants, called velcrate and Didovelcrate. These were found many years ago, by the N. C. I. in the U. S. to be active against cancer, but because they came from plants, and because they are so simple, they just dropped them. Then about 2 years ago, French pharmacologists in Strassbourg rediscovered this effect. Professor Antone, especially. They discovered that didovelcrate has a very powerful cancer killing effect from about 8 mg per kilogram body weight to about 30 mg per Kilogram (8 mg released), which could not be explained at all, because the substance is absolutely nontoxic.

Chemically, it is similar to the aforementioned tumosterone, but in contrast to tumosterone, it does not need the effect of a thymus factor to become activate. It works directly. Velcrate and didovelcrate are not only found in plants, they are also found in ants and insects everywhere. They control gene stability. They also work in man. They wipe out gene instability in cancer cells.

We did a lot of work in the field, and it is interesting that they are only toxic in vitro (in the test tube). In an animal which is under good control, they have no mumtagenic effect. however, when the gene surveillance system becomes defective, didovelcrate becomes mutagenic. Didovelcrate is now available all over Germany and it can be applied to cancer patients. Liver lesions have either disappeared or have decreased to tiny spots. Just 2 weeks ago, a lady from New York achieved dramatic results using our substance after chemotherapy proved to be ineffective. These primitive gene repair substances work directly and do not need to be activated by tumosterone thymus factor.

The only side effect of didovelcrate is that it replaces sodium and chlorine. Patients need 3-5 grams of salt per day, or they will get a hangover feeling with loss of appetite. It is not a major problem. We will continue to improve the form and method of administration. These drugs are helpful, but it is still a challenge with severe metastasization. We now know of de-esterized forms, where it may be only necessary to give 15-20 mgs instead of 600-800 mgs.

By gene repair, we will be able to revert the malignant information in the cell and block it. Instead of hitting the poor little soldiers as in chemotherapy, (which is not specific) we will be able to hit the supreme commander directly, (attack the tumor metabolism alone, nontoxically).

We are reading everywhere in the U.S. about the discovery of oncogenes, (N. C. I., Sloan Kettering, etc.) but no one is saying just how this will affect current treatments. In Germany, we have been using the new treatments for some time now.

These new discoveries will entirely change our current policies by making radio-therapy and toxic chemotherapy obsolete. With them, we can proceed on the nontoxic protective therapy, and an entirely new world.