CA46

Membrane Repair Against Immune and Degenerative Diseases

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The following is Dr. Hans Nieper's Lecture at the "Health Choice Conference" at Atlanta, Georgia, April 1984. Some phrases were edited by the Brewer Science Library staff, but effort was made to retain accuracy and the flavor of Dr. Nieper's expressions.

(SLIDES were being shown as he spoke.)

Thank you very much for having me here again.

As you know, the body cell is composed of the cell membrane, plasma, and the cell nucleus. The chemical structure of the outer cell plasma and of the outer cell membrane has been described by many associates, for instance, by "Buche" in Zurich.

Here you see the outer side and the inner side (Excuse me, these slides are printed in German and were prepared for me just the day before I left). I will explain them to you. It's really nothing too difficult.

Now, across the cell membrane there are two kinds of pores. The active transport pore absorbs food for the cell (nutritive substances like glucose or amino acid) and transports it actively. The other pore is kind of an exhaust. It's just a free lipid pore which may be the entry pore for viruses, for antibiotics, for toxic and other substances.

The aggression against the cell, against the cell membrane, and against the inner side of the cell body only passes through this free lipid pore, because the active transport pore only permits nutritive substances to be transported. So, if we can lock this pore, this entry here, and leave this one open and working, we could possibly seal this cell from getting damaged and yet not cut off the nutritive supply.

I'll make this very short, because it comes up when I talk about multiple sclerosis. What we can do is use calcium as a sealant, a simonizer, and try to deposit this at certain sites which we select. So, we connect into certain carriers. One of these carriers is aspartic acid which would settle in the layer of the outer cell membrane and seal the membrane, because the membrane is competent for this metabolism and settles calcium there.

We can take calcium orotate. The orotic acid penetrates the outer cell membrane entirely, because it is not competent for the orotate metabolism and settles calcium only on the outer layers of the Mitochondia structure and also on the cell nuclear membranes.

The fourth way, and also the most important, is to take a special substance called "2 amino ethanol phosphate" or colamine (colamine phosphate) which is a very important component of the outer cell membrane. This was found by Dr. Chargaff, a very eminent U.S. Bio Researcher in the mid 1950's. This is a very important component in the outer cell membrane, like the nails in a fence. This fortunately forms a complex salt which is very resistant and durable and which settles here and may seal the outer cell membrane against immuno aggression. However, that is only at the entry of the aforementioned free lipid pore, not at the entry of the nutritive pore. So, we can seal this with colamine phosphate. By the way, it was invented in the United States and financed by Uncle Sam, but you cannot have it here.

Now you can see what can be done with the elctro microscopy. This is a filling of the capillary through the peroxidase. The peroxidase grandules may penetrate the membrane system here and enter into the body of the epithelial cells. And, I have seen many of these granules which can be imaged here.

This is the control. If we seal the membranes with calcium EAP down here five minutes (peroxidase calcium EAP) then you see, with on or two exceptions, no peroxidase granule has a chance to penetrate this. They try hard, but they don't get through. So, this sealing effect is enormous. With this we can seal practically all cell organs from getting attacked by immuno diseases. Not only the myelin sheath, but also the lung tissue, immune permonites, or wherever in the immuno diseases an organ is attacked, we just seal it. In other words, instead of hitting the immuno system and depressing it, we just protect the organ attacked. It is a defensive system which is far less toxic, and in the long range, far more effective than destroying the immunal system.

This has magnesium aspartate. This also seals. Notice, there is practically no granule here, one body, which has a chance to leave the inner lumen of the capillary. This is the basis of our treatment of multiple sclerosis because the calcium EAP is the best sealant to prevent immuno aggression against cell systems. The myelin sheath, which is a multi-layer wrap of about 40 windings around the nerve fiber, is nothing but a membrane system which we can thus protect. In addition to this, the aforementioned calcium EAP (colamine phosphate) and also aspartic acid, serve as a so-called neuro transmitter, repairing the electrical conductivity on membranes. And, thus, we are in the position to potentially repair the impaired electrical conductivity on those membranes in multiple sclerosis patients. This is what leads them to the repair of blindness. What happens is this: People become blind, are repaired, and then can read again. Also, bladder control gets normalized quite rapidly because the nerve function gets repaired. So this is the absolute state of the art in M.S. If the M.S. Society tells you this has no value, make your own decisions.

We can also transport lithium. You know that lithium plays an increasing role in the treatment of nervousness and psychic disorders. This you heard this morning from Dr. Pfeiffer. Lithium orotate works specifically into the pentose pathway tissue, for instance, in the glia cells in the brain, thus releasing lithium as a result. Due to this specific transportation, five milligrams of lithium orotate are clinically as effective as 100 milligrams of lithium out of lithium carbonate. Therefore, there is no lab control necessary. As a result, people are not bothered by going to the lab as happens in the treatment of alcoholics. The control rate comes up to about 73% as opposed to 37% with lithium carbonate, because you need to motivate alcoholics to go to the lab all the time.

There are also various side effects which are better under lithium orotates than under the conventional lithium. This letter might give you an idea. You may read this because it says everything in a few lines. This letter came in from one of the many, many patients we treat with lithium orotate. It is certainly self-explanatory.

With lithium therapy, you can decrease the dependency from alcohol. You can improve the mental condition, especially in bi-polar disturbance, mainly depression. We increase the defense activity against cancer because it activates white blood cells, one lymphocitic defense, macrophage, etc. We improve the cardial condition because this lithium orotate expels sodium, thus protecting the heart cells. There are quite a few other important aspects. Especially important is the management of convulsive diseases in young people. In children and younger people, lithium is extremely effective in the treatment of latent epileptic disease without disturbing the mental condition. Dilantin or other substances are not as effective. I think I have proven this. I think it is very informative for everyone of you. Of course, this has been published. You may refer to the Brewer Science Library in Richland Center, Wisconsin, where you can get more documentation.

By sealing membranes, we can not only protect cells from being attacked by elegant substances, toxic substances, or immune substances, but we can also seal membranes or stabilize membranes. This prevents the excretion or the release of toxic enzymes as in the case of labilized lysosomes in the liver. These are little bags which form there and they also develop in the heart where they release an aggressive enzyme which is the basic origin for the upkeep or maintenance of chronic hepatitis and slow degeneration of the liver. If we prevent these enzymes from being released by sealing and stabilizing the lysosomal membranes inside of the cell plasma, then we get improvement of those values, elevated GPT and GOT, etc., in chronic hepatitis. And the results we have in the treatment of chronic hepatitis are far better that before. As a matter of fact, in the last ten years, we have not had even one case of esophogeal veins or varicose veins. These result from pressure from the liver which causes strangulated veins. We have practically stopped the development of cirrhosis of the liver. I think this is excellent.

In addition to this, the combination of lithium orotate and calcium orotate, even more than lithium orotate used alone, stabilizes these membranes and this product is named Liver Orotate in Germany. It is very effective in preventing liver cirrhosis. The calcium orotate in Germany is officially declared as protective or counter-acting agent against cortisone side effects. As a result, this therapy permits us to go with prednisone therapy which is mostly needed in such a patient for complicated reasons. Predisone serves like a vitamin (like vitamin D2). This automatically prevents side effects from the cortisone and prednisone therapies. This improves our entire program. You can see how much it has improved.

Zinc is important for many, many mechanisms (immunal, defense, etc.) especially in the formation of insulin, the build-up of insulin. As a matter of fact, insulin contains zinc as one of the active necessary electrolytes. When we give zinc carriers, zinc aspartate or zinc orotate, the control of diabetes is much improved.

This is a study of ours where, people having diabetes just recently diagnosed, get 40 milligrams of zinc aspartate a day. Notice how the entire level improves without any other therapy (only this one). This study was conducted by a friend of mine in Baden-Baden with insulin dependent patients on about 40 units. Compare the higher doses of zinc aspartate with the doses of insulin. Notice how the glucose level drastically decreased. In other words, zinc therapy of this kind certainly is a requirment-- a special in the management of diabetes. Just giving insulin is not enough. You must do this- - you must protect the vessel system with the help of magnesium orotate to not get damage, etc. So, just giving insulin and saying to the diabetic patient, " You are fine, you have the finest doctor," is not enough. The magnesium orotate, iron orotate as a geriatric compound, is manufactured by an American form in Germany, but you cannot have it in the United States. It is extremely effective; it is iron orotate (to mention this.)

Now, just in short, to mention what the basis for out treatment of multiple sclerosis is. I will come back to this shortly and explain that we have so far found 1,000 MS patients and the response is certainly much better than any other currently known type of therapy for the treatment of multiple sclerosis.

Coming to cancer, a subject that is the greatest interest to you. In contrast with the trumpet blows from all types of orthodox or non-orthodox medicines, so far cancer has not come under control. Everyone knows this. The cure rate has increased. As you see in German the study, there is a gain in cure, but there is also a gain in prevalence – probably due to smoking and lung tumors. So, as a result, the percent of cure of cancer has not increased over the past 50 years. Each of you knows this. These results give us doubts about radiation, surgery, chemotherapy, and other means as being able to control the disease. It is more likely that indigenous factors, far more important than thought before, play an important role in permitting the disease to develop or to be suppressed. On the other hand, also exposure to toxic environment, has, in

contrast to what is the belief, not increased the incidence and prevalence of cancer. This tells us that it must be our indigenous control system that will be what determines the incidence, and, only to a minor extent, the exogenous challenge. So, what all comes from outside plays a minor role in the incidence.

Therefore, our indigenous forces must have a larger impact on this. Since I have shown this on repeated occasions, many of you have seen this picture. Some may not have seen it. I show it because this particular case was written up in medical tribunes worldwide, and was the entry into a radical, really fundamental change in our view of how cancer defense works. This is a patient who had a breast removed about two years ago. She was a beauty queen from Denmark. She was very concerned about this. At this time, this patient was free from any detectable disease. Our plastic surgeon increased this breast and reduced that one. This was beautiful work and worldwide this was shown. However, what happened? About eight or ten weeks later, after being released from the hospital, this woman, who was free from any disease, developed excessive metastasizations all over- - dozens and dozens of lesions all at the same time and about the same size and even spontaneous fracturing here. So, in excruciating pain, the patient came again. For malignant disease we had her in the hospital and , to our great delight, this patient, without any major therapy (just a little bit of cortisone and prednisone as a precursor for tumosterons defense) she repaired entirely, recalcified entirely with drastic speed (within a few weeks). All over her body lesions, and she became absolutely free from any complaint and is still living today. So this is what we say is spontaneous remission-regression. How can this be explained? First, whenever you have a malignancy like this patient and nothing could be detected, you have it and there are latent bombshells all over the body which are suppressed by our defense system. Secondly, a damage or a challenge like a big plastic surgery impacts on our system or whatever apparently results in a decrease or our defense. We've always known this. Thirdly, the patient may, over a certain time, again repair by himself as happened in this case and has the potential to drastically throw over this far advanced and otherwise practically uncontrollable disease. How can this be explained? This is one case out of millions.

You have to have many patients, but once you have observed it (but I mean that here and there is a report of spontaneous remission), you have to really analyze why it has happened. What can you do to transpose this phenomenon to those great majorities who, unfortunately, do not profit from this? And what we found, to make a very short summary of this, is that, apparently, the immunal mechanism, the mechanism of defense which is activated by the onset of the disease, etc., did not play a role in this. We were unable to detect any change in the immunal parameters run, and we did quite a few. Nothing, absolutely nothing! So, we came to the conclusion that the immunal defense is, possibly not the mechanism by which we suppress our malignancies. This is very important!

By about the same time, Dr. Lloyd, a friend of mine and vice-president of Sloan Kettering, wrote in the Scientific American that he has doubts that our cancer defense is immune. Whatever this is at the moment, a different mechanism is involved. Now, to make a long story short again, we came (for certain reasons which go too far to explain) to the conviction that this mechanism of cancer extinguishing is not immune but gene repair. In other words, there are substances which (apparently) inactivate, seal or extinguish erroneous information which, as cancer develops, show up in the gene system and reverse and pull the key out of the malignant information.

We have, so far, as has been written in many journals, identified three different factors which apparently extinguish gene errors (gene instabilities) which lead to cancer. And that's what turns out the light within the cancer cell. One of these substances is oncostation found by Dr. Todaro. This substance is responsible for the reversal of the cancer cell nucleus into normality. That is why, out of a cancer cell nucleus of a

mouse tumor cell in cloning experimentation, for instance, you can obtain normal little mice. So, all these malignant disorders in the cell nucleus were extinguished by a factor in the recipient plasma of the egg cell. This is oncostatin.

Secondly, we have a factor which is called tumosteron. This tumosteron is a substance which has only a very, very short life span. This is a tentative form which you cannot isolate. The immediate precursor of this is thymosterene which requires thymosfactor to get activated. Now you see the connection. So, thymos activated a substance called thymosterene here, into tumosteron. This tumosteron is then ejected from the lymph cell which has docked to the tumor cells and the result is a switching out of the errors or an inactivation of the gene formation with respect to the malignancy. So, either the cell has to normalize back again or die.

Not only gene errors which lead to cancer, but also gene errors that lead to other damage (which results in aging in the long run) are eliminated by this factor. You see why thymus also works against aging, not only against cancer. To build up this entire chain, you need Vitamin D2. But you can also do this with prednisone. No other cortisone, only prednisone, may replace this ergocalciferone and enter into this chain. So, prednisone in this connection works like a vitamin, not a cortisone.

Possibly, the aforementioned patient with the breast repair got prednisone, and this possibly helped the system. Now, this requires, however, that the lymphs (the killer lymph cells) dock (connect) to the tumor cell. This is not always the case. Here we have a link between the immunal defense; namely, cell bound immunity and gene repair (the injection of this). However, knowledge of this permits us to know more about the chemical and about the constitution of these substances (the pharmacodynamics of these substances) which potentially have a gene repairing effect on cancer cells. One of those is possibly Dehydroepiandrosteron (DHEA) which is a steroid found in the 30's in Germany. But, it was Arthur Schwartz in this country (USA) who recently found that this steroid (which is normally about 3 milligrams per litre in blood) apparently inactivates genes which have to do with the activation of gluco 6-phosphatehyrogonese (GGPD) without malignancy related enzyme activities, but also it prevents from aging again. This tells us that it has an impact on the gene errors. This we use quite widely in Germany. It is quite effective. It is not available in the U.S.A. They say it is harmful that it brings that it brings up the estrogen – so telling the people why they don't give it rather than that they don't have it. Some colleagues and I give up to 100 milligrams a day in Germany and it is quite effective. However, the substance as such as we have it is not active and has to be desulfatized (desulfated) and this requires an enzyme which contains molybdenum.

Back to Dr. Pfeiffer's speech of a couple of hours ago. This describes molybdenum more recently and this is brain related (the activation of this mechanism). This is now forming oncostatin and tumosterons - -the third factor which we know belongs to the nonimmune gene repair anti-cancer surveillance system which is not activated by the onset of the disease. This is very much in contrast to immunodynamics. However, all three of these are of no help to the tumor. They help, but they don't help as much as we really want to help the cancer patient (for reasons which we will not go too far here). It's just that the patient cannot build up and convert enough of these substances.

Here we see how early breast cancer in mice is prevented to develop in Swiss mice. When you give DHEA, the formation of breast cancer in cancer-prone mice is stopped. I showed this last year. This is just for lay demonstration. Normal is that 99% of all genes which we carry in our system, like a computer, are sealed. They are not permitted to give any signal. A few are entitled to stay there and that is our specificity. What happens now is that here or there genes may open and thus start to release a signal which

may lead to chaos, which may lead to aging, may lead to disorder, and if this would be too many, certainly we would develop cancer or diabetes, or other diseases. So, therefore, any organism which carries a defined form has to provide substance to constantly control that the gene system stays in good condition, like a hostess going around a party perimeter to check that everything is set correctly.

Now here we see a few which I'll show you in a very short time. This is a publication which has appeared on gene labilization and what this means. And, that with the increase of malignancy, the increase of redifferentiation of the tumor cell, there is also an increase of gene labilities, so there is a direct relation for this. The gene labilities develop by factors which are produced in the cell plasma and the mitochondria. They may be developed when the cell is exposed to geopathogentic zones or to radiation. They may develop by the interference of viruses. As a matter of fact, we came to the conclusion that many tumors (ovarian tumors, for example) require a herpes virus genome to really eventually become destabilized. These are various factors which can attribute to the labiliztion of those genes. I only want to show this as an absolutely state of the art. In other words, if I tell you now of gene repair therapy of cancer and they might say (here or there) in orthodox medicine that this is unreal. I can only say that this is absolutely the state of the art.

Here you see the aforementioned tumosteron again, and from here, we come to certain conclusions. One of these substances which repairs gene instabilities and leads to redifferentiation is benzaldehyde. And benzaldehyde, unfortunately, is released out of laetrile. Now, the American Cancer Institute and The Cancer Therapy Report from Bethesda, MD have proudly printed an article from Japan by Dr. Kochi on how effective benzaldehyde is against cancer and, after the article was mailed out, they realized that it is the offshooting principal out of laetrile.

Here you see how laetrile and amygdalin, for instance, have a certain effect in elect carcinoma in mice. It is not very effective, but it works. You cannot say that it is nonscientific. That we are not able to control cancer diseases with laetrile alone is not the question. The question here is that this research has a serious bearing. Now we have it in our country (Germany) for experimental use and we can also prescribe various derivatives where the mandelonitrile principal out of laetrile is connected to certain amino acids for urea (nicotinic acid and paraaminobenzoic acid). All of these substances are more active, due to the active carrier principal connected to the mandelonitrile, than natural laetrile which, by the way, was also found by Sloan-Kettering but was never reported or published, but we have the documents. There were experiments conducted at the Pasteur Institute in Paris showing that amygdalin was the same as laetrile. In that particular tumor model which was extremely resistant to chemotherapy, it is more effective than 5FU or cytoxin up to a certain dose. Then it drops down to zero for reasons which are interesting but far too detailed to explain here.

Then we have the evidence that gene repair therapy possibly has a future. Interestingly enough, systems which are chemically related (I'll have to come back to tumosteron) are found everywhere in nature. Wherever there is growth of a defined form growing, we or nature have to control the gene information because, otherwise, the species would disappear or go into chaos. Some of these substances having a gene repair effect and, therefore, preventing cancer and aging are found in Ginseng. Actually 13 of those saponin-like compounds were found in Ginseng. They all lead to redifferentiation, inhibit cancerous development and, at the same time, also prevent aging. You know this. So does the entire world.

One substance which is of particular interest, and at the moment, being tested at Sloan-Kettering. However, only less than one week of testing and then they sent the patients home. It was also tested in France. It is ellipticine which is found in the Ochrosia plant in the Molok Islands. Ellipticine is one of

those gene repair substances which these tropical flowers develop (apparently to maintain their gene information in correct shape). When this is given to cancer cells or to the cancer patient, the ellipticine would not discover any damage or would not react at all when there was no damage on the gene system. If however, the ellipticine would encounter only one instable gene it would hit the entire strain of the gene and kill the cell. It does not act as long as there is no instability-no toxicity. But one instability and it hits the entire cell. Very interesting.

Here you see how ellipticine and ellipticine -related compounds worked on certain tumor models. This is not so important
for you to see at the moment because I have to explain more to you. Theoretically, all plants and all animals which are constantly exposed to heavy impact from nature (like having radioactive exposure or ultra-violet light or geopathogenic zones) apparently must have a more powerful gene repair system than those animals or plants which are not that much exposed. For instance, a special kind of Valerian plant which grows in the Himalayan Mountains, in high altitude, exposed to ultra-violet light, produces a substance which is called valtrate and didro-valtrate. And this has been on the market for different reasons – as a Valerian and as a tranquilzer component. Not very effective, but it works. Now, just by chance, the research people at the University of Salzburgh have found that this didrovaltrate (for unexplicable, for unexpected reasons) is highly active in experimental cell systems. Very specifically, one of the experiments is the Krebs ascites breast cancer in the mouse. It's really amazing how effective it is in doses of about 8-10 milligrams per litre. It hits the cancer cells specifically, very much in contrast to conventional chemotherapy. The curative effect is really amazing. Now you see how the cancer cells just die under the effect of this. So, we have tried to apply this medication to cancer patients because it was, for aforementioned reasons, available everywhere on the market. And, as a matter of fact, at first we were skeptical because the effects were not so very drastic in the beginning. Now, after one and one-half years (after having this in clinical application) we have to constantly upgrade our opinion and it certainly is one of the most valuable therapeutic drugs we have at the moment in the treatment of cancer. That is, provided the patient is in the position to take in this important amount of pills (22 pills a day) which is about 800 milligrams a day. If the patient didn't take that amount it would not be high enough in concentration. Many people do not tolerate this. It is better tolerated with warm tea, or with beer (the bitter hops stuff in beer helps it.

In contrast to other substances, it is lipid soluble and it has, therefore, the potential to penetrate deeper into bigger tumors. However, you cannot expect any clinical result before four, six, or eight months of application. It takes time. If we have the time, it's amazing.

So, here we show the first tumor regressions in advanced cancer patients only on didrovaltrate. It's very interesting and rewarding. You see this. Metastasizing breast cancer, estrogen therapy, radiation, chemotherapy all ruled out for this patient. And this patient is still living. Here is a regression from liver metastasization of a breast cancer which was just documented from Vancouver, also by the didrovaltrate. We think it is a non-toxic stuff which you can give for an unlimited time, very much in contrast to chemotherapy. In toxic chemotherapy, it happens always that the duration of the therapy outlives the duration, practically, of the chemotherapy. So, what is it good for? We have to have a therapy which can be applied for an indefinite time, so that eventually we may have the chance to outlive the tumor with the therapy. Here I show you various regressions. Unfortunately, this patient has passed away. But, with excruciating, extensive metastasization, this patient showed enormous regression of the tumor in metastasizing breast cancer which, as you know, is a really very tough challenge for the experienced oncologist. Now you see how this all has regressed everywhere. The gene repair substance only paralyzed

the tumor and the fact that this got worse again, apparently had to do with a fatigue of inactivation of debris (with the fatigue of cytophagic potentials). But we do not know this. Of course, it is not only gene repair, but we have to clean the entire system and this requires that the patient comes in as soon as possible. Unfortunately, in transit, I lost the x-rays. This patient also had various lesions here and down here. These had entirely regressed. This is the last residual tumor. You can see how the scar tissues enter here. There are already little holes in the tumor here. This is only with didro-valtrate (more than one year of continuous treatment). With metastasizing breast cancer, over six to eight years cannot be ruled out.

This is a patient with excessive bone metastasization. It metastasized from breast cancer and he came dying to our hospital. This was a year and one-half ago and this patient is out and running around. He is without any evidence of complaining. You see how this has regressed. So, this was the didrovaltrate. Now, as you no doubt heard in the press, a very famous bald-headed motion picture and stage actor came to see me because of a certain disease . The day before he came, I got a message from a competing, though a good friend of ours. A little group doing research in South Germany sent a message that the German National Health Authority (FDA) had just officially licensed the first gene repair substance for official treatment of cancer. In my opinion, this is an historic event, and, this will have some impact. The substance originated from this plant we obtained from North Carolina. It comes from the United States. However, it is not available here (U.S.). It is the "Venus Flytrap". Please don't try to prepare this product yourself. It wouldn't work out. It is better to come to Germany. What carnivore plants do also applies to Pau D'Arco or Ipe Rojo from Brazil. You have read about this. They excrete substances which extinguish the entire gene information during the time the insect is disorbed and resorbed here, because otherwise, the absorbed gene information from the disorbed insect would possibly go into their own gene system and change it. You know that last year the Nobel prize was awarded to Mrs. McClintock who, thirty years ago, had worked on these migrating genes. Now, these substances in these carnivore plants (I mean it's not a gene repair; it is a gene extinguisher) have been identified as plumbagin, doserin, hydroxydroserin, etc. In the canivore plant, the "Fly Trap" there are about a dozen of those. In my opinion, it requires all of those as a 'concert' because if you pull away one as American Research will do, you possible disturb the entire principal as such. These substances extinguish, appatently, open gene information and when you give these to cancer patients, they extinguish the malignant information and kill the cancer cells.

In the aforementioned Pau D'arco or Ipe Rojo which is available in this country as a tea, it is Lapacho and Tetochinon and also these kind of substances which all in their function are related to the aforementioned tumosteron which have anti-fungal, anti-cancer effect, quite a bit. So, this is the only way you can get gene repair substance in this country (the Pau D'arco tea).

Now, coming back to the carnivore, the "Venus Fly Trap" substances: In the experiments done in Germany, you see that the protein productivity in normal cells is not at all affected by the carnivore preparation from the "Venus Fly Trap". It has no bearing on normal cells. However, in tumor cells, it arrests practically entirely the gene productivity and the metabolic productivity of the cells and thus is a control treatment. So, it is extremely specific only for malignant properties, malignant behavior. When this is tested in a disc assey and assey and living colon cancer cells, i.e. living colon cancer cells are treated with this carnivore substance the colon cancer cells practically get extinguised. As you see, these normal lymphocytes are the only ones which remain there. Now, I had the chance to get documents from the German FDA which are the basis for the official licensing of this substance. It just came in the day before I left and I have only the German language documents here. But what it says is really mind boggling. And, these are really good controls.

This, for instance, is Hodgkins Disease. Hodgkins Diseases and these are 25 patients (no cobalt treatment) and practically almost complete regression of the disease in all those patients; result excellent, it says there. This is a patient with melanoma of the eyes, amelanotic melanoma, colon carcinoma and so forth. In all these cases, regression (important regression) almost disappearance of the tumor even in the advanced stage (metastaszing colon carcinoma, for instance). It takes somewhere between six months and a year, year and one-half to two years of treatment – not just a week like Sloan-Kettering. The preparation is called Carnivora.

Here is chronic, violent leukemia. This treatment is extremely effective because you have direct access to the cell and it just repairs the gene errors there. We have excellent results. We can confirm these results altogether. Regression of the spleen, etc. Chronic lymphatic leukemia, lymphocytic immunoblastoma – things which are very difficult to be treated (24 patients, excellent results).

This patient has passed away having had Ewing sarcoma. We have another Ewing sarcoma in treatment. The tumors are too big - - we aren't successful anymore. Gastric cancer, liver metastasization, complete disappearance of liver metastases, 11 kilograms of gain. Neuroblastoma, complete regression. Cervical cancer – this one patient, internal bleeding, passed away. Bronchial carcinoma (untreatable) terminal. Important improvement in all three cases. Adenocarcinoma colon in patients including liver metastases – to make long story short, complete regression in 60% of all people. 60%! You cannot do this with ariomycin – impossible! And here is the statistical evaluation, so the yielded positive results to the extent here that the tumors have almost disappeared on 89% of all patients treated. This is way better than any conventional therapy. But, speaking of the non-toxicity, you can conduct this one for an indefinite time.

Now, the carnivora substances have a certain peculiar, funny property which is very interesting. Like the aforementioned tumosteron (which is very tame) we have only a tentative formula. Apparently canivora substances, all hydroxydroserin and so forth, are not very stable and this instability is innate in their gene repairing activity. They have to be this way to be reactive there. Therefore, it is relatively difficult to apply these substances in man because they may get inactivated. We can give these in the form of drops, but then, only a minor part in active form gets to the tumor. When it is given in tea, it's better. We have an injectable form to be given into the muscle. It is painful. You have to combine them with candy cane, for instance. It works a little bit better. It may then lead to a shivering reaction in the patient, not because of the medication, but because of the freeing of debris from the tumor which has to be resorbed. It's very, very active. In addition to this, this material has a disadvantage (in contrast to didrovaltrate) in that it does not penetrate very deeply into the tumor. So, the patient should come relatively early to the therapy, or the surgeon should remove as much as possible of visible tumors. This makes it a little complicated. Now, Dr. Keller in Germany who is the developer (the inventor of this) telephoned me and said we should re-try and we were successful to get this substance inhaled. When we inhaled with a special machine (it should not be heated nor vibrated) just an inhaler, a wind blower (when we do this) the therapy becomes far more effective because apparently, in the press of the oxygen which passes the alveolar epithelium, the presence of the oxygen (apparently also the carnivora sustances) results in active form. By the way, also the Lapacho (the Pau D'arco bark) is only active when those plants are not only carnivore but grow in an ozone rich atmosphere. So, it comes to the same point. It requires the presence of oxygen to the point it gets results into the blood stream to keep this principal alive.

Now, people have called me, including that famous actor and others, reporting very funny things. When people are treated who have had radiation before, such as a square field on the skin, on the chest, on the back. It happens that after a couple of weeks, they start bleeding in that square in that skin part. What happens is that the carnivora not only extinguishes cancer cells, but any cell which is genetically impaired

by radiation (not being malignant necessarily)... This is also discarded. So, the radiation does harm and this substance is a big cleaner and should be used in Washington, in government for.....(laughter). So, whatever is improperly programmed, gets discarded. A very funny phenomenon. Of course, it prevents aging, certainly. These are documents of regression of bronchial carcinoma, and with the Carnivora this man has practically gotten entirely cured. This is the regression of a large liver metastases in a colon cancer under this program. This is from a different group in South Germany.

This all came to me from a German FDA. It is fantastic. Here they have a biopsied a colon carcinoma, a carcinoma which was reachable with the colonoscope. And, here you see the infiltration. This is the mucosa and these are little sacs here, and here you see the infiltration of the cancer cells. And, under the therapy, the Carnivora therapy, in a couple of weeks they again biopsied the same tumor. Here you see in the vicinity of the visible tumor, with very few exceptions, the cancer activity has almost entirely disappeared from inside this tumor. Amazing, really amazing and mind boggling! No bad effects at all. You can do this therapy for 20 years if you want to.

So, this is just, in short, what the tendency in gene repair therapy (if you ask me) this is the number one avenue for the further control of cancer. This is an imitation of our own cancer control system by applying systems from outside, from insects and plants. Mainly, the most powerful gene repair substance is derived from ants, lice and beetles. So, we call these iridoids. As a matter of fact, these animals are extremely resistant against tumor development and against all viral infections. Insects don't get viral infections. Yet they have no immuned system. They have, however, an extremely powerful extinguishing system for both viral genomes and gene errors in themselves which permits them to survive easily for millions of years without any change and, however, which is important, does not permit individuality. Any individuality is, apparently extinguished. There is only one form permitted. That is why ants are socialist. But, we now have the first evidence that thus eating ants in large amounts is active against cancer. As we know from Russia and from Germany, that eating sheep lice (don't get goose bumps) is effective against viral hepatitis. So, all these repair substances we find especially in insects. Very interesting!