MODERN MEDICAL CANCER THERAPY FOLLOWING THE DECLINE OF TOXIC CHEMOTHERAPY.

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As Dr. Ralph Moss, the former Research Speaker of the Sloan Kettering Cancer Institute in New York and author of QUESTIONING CHEMOTHERAPY, Equinox Press, N.Y. has correctly pointed out, cancer chemotherapy is a complex of the age slowly going under, with relatively limited exceptions. Not only that it disappoints millions of cancer victims who have invested hope in chemotherapy, the great failure of toxic cancer chemotherapy (which may also include interferon - and interleukin in particular) leads also to a tremendous draining of health care money - a money which has become very short.

When a ship is about to go under people are hoping for a rescue vessel. Which procedures in cancer therapy could eventually offer a better alternative?

1) Tumor resection, debulking or destruction by physics means, as early as possible.
2) Immediate preventive, protective, or curative therapy following surgery for unlimited time. This therapy has to be absolutely non-toxic, the disease should not have a chance to outlive the therapy due to the toxicity of the latter.

The measures which should be taken into account once the

confrontation with a malignant disease has been established, irrespective to a foregoing surgical procedure are the following:

a) Removal of the patient from sites of geopathogenic exposure. Ninety-three percent (93%) of all patients having contracted a malignancy have been exposed to those. We provide patients with the addresses of reliable dowsers or providers of the Meersmann-geomagnetometer.

b) Appropriate diet. Restrict meat, no meat of growing animals. Restrict cheese and any food rich in sugar. Prefer fiber-rich food, raw food (fruit, salads) millet, buckwheat. Prefer juice rich in anthocyans (red beets, blueberry) or rich in enzymes (e.g. papaya). Carotene, mainly in the form of juice or powder in capsules (not in an oily base). Do not combine with vitamin A!

c) The basic therapy should include:

<u>The</u> tripertinoid squalene (2-4 gm.) combined with vitamin C, preferably as calcium ascorbate. These two substances help the organism to develop several defense factors against both malignant cells and herpes type viruses of which several are oncogenic. The effects of squalene plus ascorbate can be measured by an increase of the

hormone dehydroepiandrosterone (DHEA) and of the enzyme cholinesterase (ChE).

Squalene, vitamin C and ergocalciferol (vitamin D) also result in the formation of thymic factors, including of the short-living endiol TUMOSTERONE, a genetic repair anti-malignant and anti-herpes substance. (Klemke)

The 'deshielding ' natural enzyme bromelaine.

The best of the available thymus preparations, both orally and for intramuscular injection.

The best of the available digestive enzymes, higher doses of pancreatin are very welcomed.

d) Special therapies: Oncostatin, an embryonic genetic repair and redifferentiation factor (Ney-Tumorin) mainly in the case of plasmocytoma and myeloma. Can be combined with chemotherapy (Melphalan).

Endonucleases, mainly from carnivorous plants.

Effective against all malignant cells and also all herpes type viruses, but also against e.g. tobacco mosaic virus. Much more viruses possible. Highly effective by intramuscular injection and by inhalation with cold water vapor, less so by oral intake. Intramuscular carnivorous extract is on the basis of the existing studies and our

observation a most important tool in the treatment of cancer, relatively expensive however. Officially prescribable as a potion in Germany.

Zinc-orotate and zinc-aspartate (120 mgs each per day) as inhibitors of thymidine kinase and virus replication in Hodgkin - and Non-Hodgkin lymphomas, combined with gamma globulin. LDH and AP have to drop under this therapy, otherwise discontinue. This therapy can well be combined with chemotherapy, e.g. foregoing COP - or CHOP programs.

Urea Pura therapy, the Danopoulos program. Mainly in the management of larger tumors or of primary liver malignancies. Intravenous infusion in Sterofundin/ Ionosterile Ringer of 6-12 grams of urea per day. Or orally together with K-Mg-aspartate if the urea level in the blood is low - which is extremely often the case in patients who are tumor-prone.

Reduced glutathion activated by l-cysteine and anthocyane has been shown to induce apoptosis, a 'self-switch-off' of cancer cells. The clinical results are evident under certain, but rare, conditions.

Alpha-Interferon has genetic repair (redifferentiation)

properties. This, however, in small doses which are accepted by the organism without disequiliberting intolerances. (Robert C. Atkins).

e) The most important genetic repair substances found in nature - and phylogenetically the oldest ones and the most powerful ones have all one property in common: They are aldehydes.

1) Acetaldehyde (7.5 gm. in 200 gm. of 48% alcohol). This is the German Ehrenfeld program, discovered by Udo Ehrenfeld, Max Planck Inst. for Coal Res., around 1974. Main indications are melanomas (protective therapy) and primary brain tumors. With a positive response rate of 80%, a requirement in modern oncology.

2) Benzaldehyde (the Japanese Kochi). In tocopherol (vitamin E) for a better stabilization. (Cancer Therapy Reports, Natl. Cancer Inst. USA, Jan.1980). For all forms of maligancies.

Kochi had originally stabilized the benzaldehyde in beta-cyclodextrin. The clinical results which he reported in 1980 were substantially better than those we could obtain with a benzaldehyde stabilized in tocopherol (vitamin E) as an antioxidant. We have, therefore, adopted the original Kochi preparation for the further and far more efficacious treatment of

cancer. The legal regulations in Germany permit the individual prescription of cyclodextrine-benzaldehyde. This preparation is - like all the other benzaldehyde donors - free from any noteworthy side effects.

3) Amygdalin, prunasin, ficin etc., benzaldehyde donors found in the flora. All kinds of malignancies.

4) Laetrile, the l-glucose variation of amygdalin. Due to its tumor specificity very effective. Unfortunately no more existing since the early 50's. No attempt has been made to regrow apricots manufacturing laetrile, by genetic manipulations.

5) Ureyl-Mandelonitrile (replacing glucose by urea). Developed by Kohler and Nieper, 1977. All malignancies, especially chronic leukemias. Individual potions prescibable in Germany. Also Nicotinyl-mandelonitrile, Paraamino-benzyl-mandelonitrile.

Ureyl-Mandelonitrile has become a mainstay with us since almost twenty years in the protective long-time treatment of prostate malignancies, including of their metastasization.

6) Didrovaltrate, found in the Himalayan valerian plant. The substance has to be converted into an activated di-aldehyde, by e.g. pancreas esterases or by electromagnetic effects in e.g. cell membranes. A

varnish-like substance, specific antimalignant property found by Anton, Univ. of Strassburg, France, 1981. Today a preferable treatment for urogenital and kidney tumors. Difficult to take. At least 20 - 22 pills per day, 1 gram each. At best with warm non-alcohol beer. Several years of application required- as in all these substances.

7) Iridodial, found in ants. An activable di-aldehyde, potentially an extremely powerful genetic repair factor. Antimalignant properties first defined by Thies, Solvay Kali Chemie, Hannover, Germany (1985). First observations of pulmonary tumor regressions by Didier, Gifhorn, Germany 1952. Extraction of natural iridomyrmex ants gives very small yields and can hardly be amplified. The German Society of Oncology, by its lay organization 'Biological Cancer Defense' has, therefore, started a research program to obtain iridodial in larger quantities, synthetically and semi-synthetically. Also iridodial-like compounds are found in other, e.g. Europeon ants. Also these most important anti-malignant properties have been observed in realistic clinical cases.

The iridodial research is to my opinion the spearhead

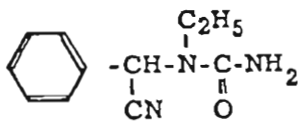
of medical cancer therapy research at the end of this century.

KOCHI, Matsuyuki, et al.
Antitumor Activity of Benzaldehyde
Cancer Therapy Reports, Natl. Inst. of Health
Vol. 64, 1, p. 21-23 (1980)

Thies, Peter W. Iridoide und andere terpenoide Naturstoffe (Antineoplastica) Pharmazie in unserer Zeit, Vol. 14, 2, p. 33-38 (1985).

Nieper, H.A., and Köhler, F. Ureylmandelonitrile Document. The A. Keith Brewer Sc. Library, Richland Center, WI 53581

1) N-Äthyl-N-(α-cyanobenzyl) -UREA .(URATRILE)



Bouthan, C., Anton, R. et al.
Valepotriates: A new class of cytotoxic and antitumor agents. Planta Media 41, 21-28 (1981).