

NERVE GAS FROM CARS WITH CATALYTIC CONVERTERS  
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Some of you may have read the latest edition of "Steuerbegünstigter Lungenkrebs" (approx. translation: Tax Privileged Lung Cancer) - the 100-page documentation concerning the dreadful problems associated with platinum catalysts in the exhaust gas systems of automobiles. Let me refer at this point to this documentation - none of the facts I described in such documentation have had to be revised or withdrawn to date. Car drivers are now being confronted with the indirect economic problems I predicted in this documentation: If the CAT\* does not meet the (recently introduced) compulsory exhaust gas tests - which will occur rather often - repairs will have to be made, which could pose an extreme burden for some families, going as far as compelling them to skip their annual vacation, for example.

I was slandered in a very ugly manner by ADAC (German automobile club) and by the industry, e.g. by the spokesman of SHELL AG, following the interview I gave on ZDF (right after the TV series "Black Forest Clinic") in July 1987, because I wanted to make people aware of the problems associated with benzene intoxications through unleaded "CAT gas." What has become of this? There is still too much benzene in the CAT gas. This carcinogenic benzene, which is easily soluble in fat, has even been detected in candy bars sold at gas stations. After this, I was disparaged because I attributed a potential carcinogenic effect to toluene, a methyl-benzene, large quantities of which are contained in unleaded gas.

I had thought that I had described exhaustively, the information and analyses of the CAT problem until 1991 reported in "Tax Privileged Lung Cancer." However, the facts we have gathered since April 1991 overshadow even the darkest fears we had previously.

For me, this new development started with a detailed feature by Larry King, broadcast at Easter of 1991 by CNN, which I had the opportunity to watch in Florida. Larry King is Number One among all of the highly efficient TV moderators in the U.S. The subject matter of the discussion was the so-called chronic fatigue syndrome (CFS), a recently discovered disease in the US. It has also occurred in Japan ('man

\* Catalytic Converter

killing syndrome'), in large Australian cities (where they drive Japanese cars), and particularly in Switzerland. The symptoms of CFS are as follows: people become tired and exhausted, even during the day after having slept well the night before. A little over 60% become easily depressed. This depression does not react to the usual antidepressants. Furthermore, various chronic infections occur, in particular, infections of the lymph system, of the urinary passage and the respiratory tract, frequently accompanied by lymphoma and chronic tonsil enlargements. For this reason, it is now believed in Germany that CFS has to be a "virus disease." As long as 10 years ago, when CFS was first observed in resorts situated at Lake Tahoe, patients showed a dominant infection with herpes viruses or the presence of very high herpes immune titers (IGG herpes titers). Since that time, many publications have been written on the infection problems of CFS patients, which all come to one conclusion: In the case of CFS, all kinds of infections occur in an accumulated manner, in particular through herpes (potentially carcinogenic and causing leukemia), with cytomegalic viruses (also carcinogenic with respect to the kidneys and other abdominal organs), all kinds of bacterial pathogenic organisms, which are, in part, highly toxic and may lead to life-threatening pneumonia, and, finally, mycosis is frequently detected in CFS patients.

The conclusion from all these observations: In the case of CFS, there is severe general lowered resistance, which is mainly found in the cellular areas, i.e. in the area of cell membranes. This infectious, unspecific mixed evidence is called "occupational" infection, the main cause of which is lowered resistance.

Based on the extremely good information provided by the Larry King program on CNN, it became evident that CFS is unequivocally connected to the spread of catalytic converters in automobiles.

Shortly after my return from the US in 1991, everything went like clockwork:

1. A leading American platinum metallurgist pointed out to me that a catalyst must produce phosgene whenever chlorides are present in gasoline. This is virtually always the case. Not until 1993, did a fuel producer provide the

information that a certain compound of chlorine was being used as an "additive" in gasoline. Phosgene ( $\text{COCl}_2$ ) is a war gas used in World War I, with a toxic effect on the lungs.

2. Mr. K., who has unfortunately died in the meantime, and who had constant access to all of the new technical developments by Volkswagen at Wolfsburg, came to meet me, showing all signs of outright panic: "Volkswagen gave me the order to cause 'Gotze' plant at Burscheid to develop piston packings which are so tight that you cannot think of anything tighter. This has a chemical background: Unleaded CAT gasoline contains high quantities of MTBE (methyl-tert-butyl-ether), which is necessary as an anti-knock substance (replacing tetraethyl lead). In the meantime, the MTBE content has been increased in order to facilitate a higher specific engine performance. For the same reason, by the way, the benzene share of 5% has remained unchanged and is 'criminally' high. (In the US, this share is 1%.)

Engine oil contains an additive, zinc dithiophosphate, which cannot be dispensed with, as it guarantees the longevity of engine oil. "If MTBE and ZDTP interact under heat, obviously something catastrophic is going to happen," said Mr. K.

If MTBE and ZDTP interact, phosphoric ester and similar compounds may be created, which fit into the group of nerve gases (Tabun, Sarin, E 605 etc.) At the end of 1993, I turned to a highly qualified full professor of the Medical School at Hannover concerning this problem. He asserted that, besides phosphoric esters and phosphines, the MTBE-ZDTP reaction could generate enoles, which block vital enzymes more than hydrogen sulfide does ( $\text{H}_2\text{S}$ ), also coming out of the car CAT in huge quantities).

3. Shortly after Mr. K's visit, Mr. v.W. of Hannover, unfortunately also deceased in the meantime, turned to me: "My little son caught a large number of houseflies alive. We held one half of these flies in a net approximately 50 cm (appr. 20 inches) behind the exhaust of quite an old car. The flies were rather groggy, but they survived. The other half was held behind a CAT exhaust. All of them were dead after 110 seconds, it being noticeable that they died virtually all at once." This was Mr. v.W.'s description.

The occurrence of death 'all at once', i.e. without a broader statistical distribution over a certain period of time, is typical of the effects of phosphoric esters and/or enoles, i.e., of substances that can block the cellular respiratory chains.

4. Since 1986, an assembly foreman or engineer working for Mercedes-Benz in Sindelfingen has contacted me several times by telephone. He reported a sudden introduction of protective measures for the CAT assembly and about other measures which were supposed to be kept secret, according to Mercedes-Benz, and which were related to the platinum problems.

In 1991, this gentlemen called me once more: "Doctor, please help us! The exhaust of the CAT gasoline cars (not the CAT diesel cars) releases toxic gas - and this to a very high degree. This problem is especially critical after the car had been driven for about 15,000 km (appr. 9,400 miles) when the gaskets were no longer in peak condition."

About three days after this late evening call, I heard a report on the radio of my car according to which Mercedes-Benz had given out a warning concerning the "toxic side-effects of the CAT technology" which could become "important after the car had been driven for about 15,000 km."

As far as I know, diesel fuel does not contain any MTBE, so that the production of nerve gas is not to be expected with a diesel car.

This was about the state of our knowledge concerning the problems associated with nerve gas - except for the enole aspect - until the end of 1992. I published a report on this topic in Townsend Letter for Doctors, in July of 1991. Due to the extreme explosiveness of this subject, TLfD published my information in the most expedient way. And, of course, all 'RuZ' readers are aware of the problem. No action, however, has been taken by Topfer, the Minister for the Environment, who is responsible - as was the case after 1987 concerning the benzene problem. In the meantime, the occurrence of CFS has increased in Germany, but life goes on in the same old way. I also believed that everything had been said concerning the subject of CAT and nerve gas -until, in 1993, a cruel discovery was made.

"Since the end of '92, beginning of '93, we are constantly having increased hemoglobin levels in many of our patients. Where the level used to be 13 or 13.5, we now have 16, sometimes 17 and more - please check the measuring methods." Mrs. Rau, a medical technologist in my laboratory, responded, however, that all values had been checked but that the Hb-levels have constantly risen since about March '93, namely in steadily rising increments over a period of several months. I had this phenomenon of the steady increase in hemoglobin levels checked again in our independent hospital laboratory, with the same results. This Hb level increase was mainly observed in patients who were not seriously sick, and, thus, whose bone marrow was capable of regulation in a normal manner. Then, Nurse Monika told me: "The leucocyte count also increased last year on average." This observation too, proved to be correct.

Hundreds of patients which I was able to check again in '93 to compare the levels with previous years, showed this phenomenon of a rather drastic Hb increase. Some of my colleagues noted similar observations. On the occasion of a lecture at Langenhagen, where I talked about this increase of Hb levels, laymen also reported that they had been informed by their physicians in this respect. Such increases of Hb levels are, to a broad extent, typical for an oxygen deficiency, for example in persons who constantly live at high altitudes. This is a normal adaptation of the blood formation to oxygen deficiency. Actually, the Hb level increase in many controlled patients is very much associated with a decrease of  $PO_2$  in the blood, thus, with a reduction of the oxygen partial pressure in blood, even if this reduction is only slight.

Which factor is responsible for this impediment to oxygen absorption? Practically, only the above-mentioned toxic gases from CAT cars come into consideration-no alternative is in sight.

In fact, this phenomenon does not occur in inhabitants of the North Sea islands (where the wind blows from the seaside). Furthermore, we did not observe this phenomenon in rechecked patients from large agricultural regions in midwestern US, however, we did find it in patients living in the East and NW of the US, and, in 1993, in persons living in California.

Why weren't we able to observe this phenomenon to such a noticeable degree in 1991 or in 1992? Well, 1993 was a very humid year, the previous years had very dry weather. Phosphoric ester (nerve gas) minor traces of which are capable - like enoles - to restrict the oxygen absorption of the cells, are likely to adhere to tiny drops of water and, thus, are readily absorbed by the bio-system. In times of dryness, these substances degrade faster and are scarcely inhaled. In '93, it was raining almost all the time in Germany, and in California there were the steaming and heavy cyclical showers. An increased susceptibility to infections and irritations of the bronchial passages were observed in all patients.

This was not a particularly pleasant observation, but another serious discovery was added in the fall of '93: For about 18 years, clinical oncologists have noticed that patients having cancer, a predisposition for cancer, osteoporosis or an illness of the immunological system, such as multiple sclerosis, very often showed rather low urea levels in the blood serum while the creatinine levels did not show this drop so clearly. Then in 1987, Amat, the Spanish biochemist and neurologist, issued a 1000-page monograph on the biochemical importance of urea. This study only exists in Spanish - it is, however, indispensable for every oncologist and immunologist.

Amat was able to show that urea in the blood serum is not only a substance that is present as a catabolite of the protein metabolism for output through the kidneys, but that urea in the blood creates a large pool with automatic control functions of fundamental importance. Urea metabolism has a regulative function for at least 7 further metabolic pools, or vice versa. Amat described this system as being a communicative machinery which includes the pyruvate and glutamate cycles...as well as elements of the lipid metabolism.

Experience has taught us that the urea level in blood serum should be appr. 37 mg%. If it rises much higher, there can be kidney damage. This is a known fact. If the level, however, is lower, the organism is at great risk in the long run. The frequency of cancer increases. At levels of less than appr. 17 mg%, multiple tumors have occurred quite often. This connection is very probable in cases of predisposition

for melanomatosis in patients normally having a clean skin. Very often, there is a correlation between multiple sclerosis, osteoporosis, as well as illness of the immunological system and very low urea levels. Over the last 15 years, we have attempted to explore the phenomenon of low urea levels. However, this is quite impossible without having read Amat's "fat volume." Obviously, the cellular biologic structure has been linked to urea for millions of years as an indispensable factor for the stability of membrane and gene structures. Or, the functions of the above-mentioned metabolic machinery have to be adjusted so that a 'complete' urea pool would be the result. If this is not the case, for whatever reason, the cell membranes and the gene systems tend to show instability. And this has serious consequences for keeping an organism healthy.

We have observed in many patients whose hemoglobin levels increased in 1993 that they had reduced urea levels, also. This was particularly the case in patients who had relatively low levels and low blood pressure previously. Also, the triglyceride levels seem to decrease. It seems as if the above-mentioned toxic substances produced by the CAT have led not only to latent, very slowly developing damage to the 'AMAT machinery,' but also to a reduction of the urea pool. If this is the case - and I have virtually no doubts in this respect - this would be an extremely threatening development.

One more thing which we noticed was that in patients with ALS (amyotrophic lateral sclerosis) we also found low urea levels. ALS, contrary to multiple sclerosis, is not a disease of the immunological system. In cases of ALS, you find a defect of the capability to inactivate viruses of the measles group and, in particular, the cellular incapacity of zymogenesis, called SOD (super-oxide-dismutase). This SOD however, is necessary in order to prevent toxic oxidative radicals and heavy metals from damaging nerve cells. We are positive on one point: the many ALS patients observed by us frequently come from regions with CAT cars. The situation is becoming worse. However, the connection between the CAT car and ALS will have to be examined in longer-term studies.

Being a well-known critic of the catalytic converter, I am frequently asked what I would recommend, in particular with respect to the threatening aspects described herein.

First of all, all catalytic converters should be removed from the cars as soon as possible. A parallel measure should be the removal of MTBE and, to the extent possible, of benzene, too, from gasoline. As a next step, gasoline should be slightly leaded again, but just to the necessary extent. 'Intrinsic' combustion in gasoline engines should be optimized as suggested as a preferential solution, by Peugeot and Citroen President Jacques Calvet in three letters he sent me. One way to achieve this, is to lead the fuel or the gas mixture through magnetic fields. Another good procedure would be the use of high-energy ignitions of mainly non-ohmic power quality (so-called plasma ignition based on the Tesla phenomenon). These procedures allow a lean-mixture operation reducing the toxic burden from the exhaust. The fact that ADAC [German automobile club] and Stern [a German news magazine] and other organs have been discrediting this technique over the years in a most nasty manner, speaks for itself. ADAC has been aware of the problems related to the catalytic converter for more than 8 years. The manner in which this problem has acquired criminal relevance, in view of latest knowledge will have to be judged by the competent institutions.

I further recommend buying nothing but a diesel, when the purchase of a new car is being considered. German, French and Swedish companies offer diesel cars with excellent quality which, in principle, are superior to gasoline-operated cars anyway.

However, these recommendations only have a limited prespective. Many readers might not know that the end of gasoline - and diesel fuel has been introduced as of January 1st, 1998; namely by a California law. Two percent of all cars sold under one brand must be exhaust-free; if not, this brand must refrain from selling cars entirely. Only three years later, this regulation will become more strict. There will be no recognition of the brand all over the world, if there are no sales in the US. As battery-operated vehicles will remain insignificant due to physics principles, only a driving mechanism with combustion water, a preliminary stage of oxyhydrogen gas, will come into consideration. It will be generated by converted vacuum field energy in the car using only water, maybe with a low addition of gasoline, diesel or hydrogen. There is no alternative to this concept except-at best-the so-called Shoulders conversion (Toyota



project).

I am very often asked the question of how to protect oneself against the CAT danger in the air. Theoretically, coenzyme Q10 (hydroquinone) should help a bit. However, we did not notice any positive effects with it. Better would be a mixture of potassium-magnesium-aspartate together with a urea solution (phone #511/341387Germany.) This improves the supply of high-energy phosphates in cellular metabolism. I highly recommend taking vitamin Mi (colamin-phosphate salts, Ca-K-Mg-AEP) in the form of grains in capsules. Tablets with a thick coating are not as easily absorbed by patients with membrane damage. Under this treatment with about three to five capsules a day, oxygen absorption through the lungs into the blood is improved. Nevertheless, there is no alternative: CAT POISON must be removed from the air, and quickly!

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