ON THE 1982 STATE OF THE ART IN CANCER RESEARCH & CANCER THERAPY

BY Dr. Hans Nieper, The Silbersee Hospital, Hannover, Germany April 1982

My meeting in Senator Hatch's office in the US Senate where Trudy Engel took me has been a very interesting one.

When I talked on my suspicion that there had been fraud involved when Laetrile was tested in the four hospitals (including Mayo) in as much as the oral material had been "toxified" by adding cyano-urea in the NCI I felt that this information caused astonishment but did not come unexpected. Indeed, my charging of this kind of fraud which I expressed for the first time more that 9 months ago and which was openly published in the meantime has so far not resulted in any denial. This is also true for charging Mayo to have dismissed well responding patients to discard them from statistic evaluation. Again the secretary of Sen. Hatch reacted with his ear very open. These episodes are nothing but the evidence of the forthcoming collapse of orthodox cancer therapy.

Indeed, with the exception of a better control of infantile malignant disease - which carries a different immunological aspect - there is practically no progress at all in the control of cancer in man. The percentile curing rate has not changed since the last 50 years.

I agree with quite a few cancer researchers - or they agree with me - that it is mainly an endogenous determinant which determines the fate of man with respect to cancer. Exogenous factors and procedures have, therefore, little effect on both the incidence and more importantly - the curing rate. Surgery, radiation, and especially toxic chemotherapy are, therefore, inappropriate to control the disease.

In the forthcoming edition of my "Conversion of Gravity Field Energy Revolution in Technology, Medicine, and Society" I will drop some special comments on the parallels between toxic chemotherapy of cancer and nuclear energy for power supply - and the aberrations of mind behind them.

Dr. Lloyd Old, Vice President of the Sloan Kettering Institute for Cancer Research in NYC whom I know since 22 years argues that the defense against cancer is probably not 'immune'. This is correct insofar as indeed the onset of the malignant disease does not necessarily augment the antimalignant defense, or only to a very limited extent. This is very much in contrast to the immune reactions which develop after e.g. viral or bacterial infections. The anti-cancer defense is, therefore, of the type of ever-present 'surveillance', comparable to the public police. In only 60% of the people this surveillance system is strong enough to successfully protect from cancer. The immune

reaction following an infection from outside is of augmentation type (like the military) and thus differs from the anti-cancer defense.

It is only recently that new aspects for a better control of cancer began to show up. One is pragmatic: the manipulation (absorption) of ions of e.g. hydrogen and sodium inside the tumor cell which would 'pull the spark plug out'. The therapy with cesium and with taurine fit into this program.

More 'eubiologic' will be the identification of those factors which suppress or eliminate cancer in man. Some 56% of the people stay free from cancer, another 22% show latent small malignancies without the value of a disease in excessive post-mortems (Instit. Pathol. Univ. Lund, Sweden) and about 22% of all people die from established cancerous disease.

There is important evidence that the functioning of cell-bound immune defense (docking of lymph cells to tumor cells) plays a most important role in the suppression of cancer. Since people carrying blood type A have difficulties to make this 'docking' function their cancer risk is about 3 times higher than the risk for blood type O carriers. Also under the condition of established disease the blood type O carrier does better than the blood type A carrier.

However, it is more and more evident that the very tool of cancer defense is steroid connected. We were able to show this in the case of certain patients performing most astonishing 'spontaneous' remissions. On the other hand, also, an exacerbation for the disease may develop despite the ongoing functioning of cellular defense 'docking' interaction.

One of these defense steroids seems to be a substance called Tumosterone which is derived from Thymosterine and requires a thymus factor for its activation. These substances work inside of the lymph cells. Another steroid, from dehydroepiandrosterone, (DHEA), works from outside of the cells since it is represented in relatively important amounts in the blood plasma. This steroid inhibits enzymes which play a pivotal role in the manifestation of cancer metabolism and also in the expression of malignisation caused by viruses. This anti-cancer surveillance 'hormone', DHEA may inhibit the cancer metabolism that for various reasons allows the cancer cell to fail to become an immunological alien to the host and will, therefore, be more easily rejected with increased DHEA levels.

In the United States it is primarily the research group of Dr. Arthur Schwartz in the Fels Research Institute, Temple University School of Medicine, Philadelphia, PA. which does most important work on DHEA and which deserves any possible support from the government.

Factors which harm the surveillance steroids may increase the cancer risk. Sodium fluoride (in water or pills) may do so.

Factors which may enhance the steroid formation may reduce the cancer risk. Vitamin D-2, beta-carotene, selenium, light and raw food, vitamin C, and magnesium may thus function. More recently we have derived interesting aspects from the fact that sharks are most resistant against cancer and also resistant against the expression of viruses (a combined DHEA property). The two particular factors the shark is producing are 1) taurine and 2) squalene. Taurine reduces the sodium load inside of cells, in cancer, but also in the heart muscle, a phenomenon which is most welcomed. Squalene converts tachyon energy into photon energy thus permitting photobiochemic processes in the dark (e.g. in olives). Olive oil contains about 1.5. g. of squalene per liter, the shark liver oil contains up to 700 g. per liter.

Squalene helps to repair membrane polarization which is required to make the docking of cell bound interaction happen. Cancer cells are defined by a loss of cell membrane polarization due to a loss of membrane bound calcium. In the meantime we have found that squalene, indeed, is most valuable in the clinical management of cancer of all stages, thus confirming earlier Japanese observations. We are now engaged to find out which influence the squalene therapy will have on the formation or level of DHEA. This is in cooperation with the most important "Labor Karlsruhe", a 170 employees outfit. Several of my colleagues from the German Society of Oncology will be involved.

Squalene is phylogenetically a precursor of steroid formation which also brings the energy supply (by tachyon conversation) with itself.

You may know that 10 years ago I introduced beta-carotene into the treatment (or protective treatment) of cancer. Six years ago I published that Vitamin A does not have the positive effects observed with beta-carotene and that a peculiar electric property which is connected with beta-carotene but not with Vitamin A accounts for this. In the meantime this is published in very confirming ways from England and from the US. The cancer suppression rate varies from minus 20% (spinach) to minus 80% (heavy smokers drinking carrot juice).

I 'prescribe' beta-carotene to the equivalent of 35,000 gallons per year. We were able to show that beta-carotene drastically enhances the functioning of cell bound immunity 'docking'. In a case of a pseudomucosarcoma in a man we were able to show that squalene increases 8 fold, the volume of immune 'docking'. (On top of the beta-carotene effect).