# Secondary Cancer Articles

## by Dr. Hans A. Nieper, M.D.

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CA17

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Transcription of an
Interview and Consultation
Of 5 June 1974

To explain to you what we are doing: The program is more or less the same in all conditions of malignancy what ever the finding and development is in the frame of medical and biological approach to the control of the disease. We try to re-enforce the host by activating the thymus gland which is responsible for the formation of lymphoid cells and I hope in your case, it hasn't already been affected by radiation.

This needs first the intake of important quantities of carrotene in the form of carrot juice, that's 3 or 4 big glasses, 8 oz. Galsses, a day with a little bit of cream in it to absorb as much calcium as possible, because carrotene, or vitamin A, activates the thynus gland.

Then second, we need zinc for the activation of the host defense, since the enzymes which work on the lymphocites are depended from zinc—like a spark plug. Most of zinc is very much excreted in this disease and has to be replaced in important quantities. When zinc drops beneath a certain level—we will check this—then, in your case, where depletion has started, there is no more defense; only by the lack of zinc. The spark plug, like in a car, dosen't work any more.

Another aspect is the formation of sufficient energy rich phosphates. You see, the organism runs like a Diesel electric. Food is convertd into energy and this energy is thus, transmitted to a battery system, which is a phosphate energy system. And, from there, through these to function.

And, now the recharge of this battery is mostly inhibited in your disease and it has to be strengthened agai. And this can be done by potassium magnesium aspartate and by phosphate, but we have to check the phosphate level and hold to that analysis. If it's low, I have to replace it.

This has all to do with the normalization and improvement of the host condition to insure the utmost in defense. In addition to this, comes in specific, vaccination with the help of BCG or "5-Flurouracil". I have already prescribed it for you—you bring it here tomorrow. I gave you a prescription. No? You go to the pharmacy here tomorrow morning, 150 yards to the left, and bring all the material here and just line it up and I will explain it to you.

Well, and, we have to see if we have to replace phophate or phosphorous. And, in addition to this, specific vaccination, which gives certaind protection, comes a three printd word, non toxic sitostatic anti cancer drugs like Laetrile, one of these. However, this works only under very special and certain conditions; do not expect feeding Amygdalin and be waiting for a miracle. Impossible. This Amygdalin, which is Laetrile, works only on early cancer cell formation and cancer cell having a high respiration. Either, if they are in early formation or under certain condition, or if they are artifically conditioned to have higher respiration, directly of indirectly. Indirectly, for instance, with the improvement of the phosphate pool, with the pool of energized phosphate, and then with the help of thiamine, Vitamin B1, Chloride; and so, this we have to artificaly create.

Now, in a few weeks from now, in our country, officially Laetrile will come on the market, but not just Amygdalin, but as an Amygdalin which is hooped to a carrier molecule which goes inside the tumor more easily than Amygdalin alone. It's 20 times more powerful. And, you will get this substance. Did I give you the number of the manufacturer? Not yet. You will get it. You telephone, and you have about 300 to 400 grams come to your residency, to your residency, to your pension or your hotel. It comes collect. And it is the easiest way and the cheapest way to get it. You will get this new, we call activate, Amygdalin. It's the same molecule. The molecule hasn't been changed, but it's hooped to a carrier molecule which goes more easily into a tumor cell. And, it's quite tricky.

Well, and, now most important, very important, is also a procedure which we call deshielding, enzymatic deshielding. This is a treatment where with the help of certain enzymes, mostly derived from the pineapple family, we decompose neucroid layers, which layers, which are to be found superficialy on tumor cells. And, once these are decomposed, the tumor cell antigen, membrane antigen, opens and can be reconized by the host. And, then, the tumor reverses. Also, the same material which has to be decomposed blinds lymphocites, which already have been informed, they are informed to attacklymphozenes, but they are blinded, so they don't do it. And this material has to be decomposed, and for this we need certain enzymes. These enzymes are still under study, but we have certain preparations which are very helpful.

So, this is the entire bunch of the treatment. Now, in addition to this, it's easliy feasible to do chemotherapy. Chemotherapy is toxic therapy. For instance, where you have the 5-F.U. But only, in my opinion, only to a level that would not interfere toxically into blood formation, for instance, into the host degense. So that's toxic formation on a lower level that's sufficient.

The discussion why Amygdalin is so widely discussed, is mostly not understood. It's because it ahs little effect, slight effect, compared to other drugs. However, it has no toxicity – it can be given for unlimited times, and therefor, the time taken for which it makes it to work for this, a long time perspective. So, once it has worked, it works, and continues to work indefinitely. This is very important. The only cancer drug we have

which has a time perspective – not regarding it's less effective, but it's important. This can be notied entire, can be combined with any kind of chemotherapy, but this should not reach a toxic level. It can be combined with any kind of rqadiology, or any kind of surgery, of course, which is not his problem at the moment.

I have to explain this, but to my opinion, this biological or non-toxic or whatever you name it, the medical approach to the control of the disease, goes first, and for an umlimited time, and all the other treatments may be episodes. It's understandable.

Now, to the diet. He has to get enzymes which replace the lack of function of his pancreatic gland, of course. Very important. I have a few preparations for him. We have better preparations than there are on the market in the United States, especially for the replacement of pancreatic functions. I have it here. And, then in general, first, stay away from all hormone-injected meat. That's mostly chicken, veal. Take the oldest bull you can find, or lamb, or fish, that's much better. I like fish. Yeh. But don't forget, you need protolytic enzymes which may lack artificial preparations to digest it, really. And then, stay away from all foods which may peak your sugar level in the blood; sugar, ice cream, pastries and cookies, and chocalate, and so on. I would give you the advice to cover your carbohydrate demand mainly from oats, oat flakes. With oats you have actually all that you need – minerals, fat and proteins, and carbohydrates, and the utmost of the combination, which is possible. Millet or buckwheat, if you can get them. Whole grain bread. Chew well, chew as long as possible.

Do you know anything about your values of gastric acidity? This we will have to check. That's very important to know because, you see, I have to keep in order the digestive function. It's an entire sequence, of cource, as much as possible. The most important thing, you will have to chew well and long enough.

And then not too much Vitamin $B_{12}$ preparation. That's mostly for the doctor because everything in dostage which would exceed 40 or 50 gammas a day would potentially, or eventually, enhance stem tumor growth.

"I've been taking $B_{15}$.

"That's O.K.

Well, no electric blankets, nor electric cushions. Very important. Because they knock out membrane charges by automatic, magnetic field. If you need warmth, just take the old rubber bottle.

Well, that's mainly what I have to stress.

Lady questions about the liver scans

Well, you see, whatever the mechanical, or the tumor finding is , this probe always stays more or less the same. That I change to certain findings which are mostly chemical.

Whatever the finding anatomically, ir wouldn't effect to much my plan, unless certain mechanical problems, like loss of the pancreas or inhibition of bile flow, or these things would develop, then one has to take this into account.

Now, you have it on a tape. You can type it, or show it to any doctor, or you can just repeat it, for better understanding, you see. This is just normal medicine. It's not outlawed, it has all its scientific basis.

Well, now, I have to mail your whole blood analysis because I need the values of whole blood, and then I need the whole blood value for zinc, for instance. And the whole blood analysis for iron -- many things. That's very important, and you see how much this deviates only as a side effect, and I have to think of the impact of the disease on the organisms.

To normalize, this is very important and it is impossible to anticipate the values for phosphorus, for zinc, or for magnesium, or potassium—all I have to take into account. And, also how far malabsorption plays a role in the entire picture. I have to really know to come to the utmost of adjusting your condition. So you see, it's not just feeling later—far from that. But, it is a very helpful medicament. You see, it is helpful in a man who is entirely healthy—just that he develops disease. As a preventive, but if once an advanced disease, let's say it's smaller than one gram of tumor, from the patholigical standpoint, it's advanced. From there, it becomes difficult, because then, if the disease interferes into the host, disturbs it, it can linger between tumor disease and host—gets worse and worse.

De-Shielding Therapy mit Bromelain seit 1972 von Nieper definert

MEDICINE

Cancer Cocoon
Do Tumors have a shield?

One of the cancer's puzzles is how malignancies escape detection and destruction by the body's protective immune system. Cancer cells are known to carry distinctive surface proteins that should act as antigens, immunological alarms. Normally, the bodily defenses respond by alerting and marshaling antibodies, lymphocytes and macrophages which attack the unwanted cells. But in the case of cancer, the attack is stifled or never gets under way.

Last week a husband-wife team at Boston's Massachusetts General Hospital and their colleagues offered a possible explanation that may also suggest new cancer therapies. In their view, some malignant cells escape detection by getting the body to form a womblike cocoon around the tumor.

The discovery by Pathologists Harold and Ann Dvorak, along with W. Hallowell Churchill of Boston's Peter Bent Brigham Hospital, results from three years of work with guinea pigs. It is based on two vital clues provided by earlier investigators: first, some tumors have nearby deposits of fibrin, the substance of blood clots, which prevents further bleeding after injury; second, tumors are often associated with slight, local hemorrhaging. Using sophisticated microscopy techniques, the Boston researchers began looking at the point where the tumor meets healthy tissue. Explains Harold Dvorak, "That would have to be the battlefield on which they fought."

What the team found was that early in their development, tumors secrete three powerful chemicals that promote formation of a protective shield of fibrin gel around them. One substance encourages nearby blood vessels to leak plasma; another turns fibrinogen, a plasma constituent into fibrin; the third diverts immune cells away from the growing shield. Dvorak speculates that the tumor's chemical weaponry is so sophisticated that the fibrin itself encourages growth of blood vessels in the vicinity of the tumor, providing the malignant cells with a nourishing blood supply. As it enlarges, the tumor appears to secrete a fourth chemical that dissolves the shell from the inside yet does not break its outer layer.

By all this biochemical wizardry, the tumor has in effect duped the body into regarding it as a wound to be healed rather than as a lethal intruder. Says Dvorak, "The tumor is a sophisticated and subtle parasite that uses the host's own defense mechanism against the host."

The new theory is still far from proved, but it could have important consequences. If human tumors turn out to work in the same way, more effective strategies against cancer could be developed. One possibility is already being tried by specialists; administering anticlotting drugs to prevent fibrin deposits. Another approach would be to find a substance that breaks down the cocoon from the outside, allowing the immune cells to get at the tumor. A third tactic that Dvorak and his colleagues are planning to explore is the production of antibodies against the tumor's own chemicals. There is one caveat in these strategies, all could possibly interfere with healing processes in normal tissue and lead to serious bleeding. But, says Dvorak, some bleeding might be less dangerous than many of the destructive anticancer drugs and radiation treatments now being used.

The enzymatic de-shielding therapy of cancer tumors was first defined and practiced by NIEPER in 1972.

The most efficacious bromelain preparation to perform this is Anavit F3 (CCI Honolulu)*. In 1973/74 Nieper found that Bromelain has a direct fibrinolytic effect, observed in phase contrast investigation of the Heitan fibrin-formation test.

Anavit F3 decompose: a) shielding mucoid on tumor surfaces which are also identical to blocking factors against lymph cells in the blood stream. b) Fibrinoid protective shields around tumors as well as microthrombi.

*Anavit is NOT AVAILABLE in Germany. Paul Bancroft is the salesman for Anavit at C.C. International in California. Phone 1-800-775-3575.

"CANCER SHIELD AN OBSTACLE, EXPERTS SAY"
report from Baden Baden Germany, December 12, 1973

A west Germany researcher says that medical science is still attempting to break through the protective shield surrounding tumorous growths, as part of the world-wide fight against cancer.

Dr. Hans Nieper told fellow scientists at the International Cancer Congress, that this shield-like tissue hampers our efforts to detect and treat tumors in humans. About 500 cancer researchers from around the world—including the U.S., Canada, France, England, South Africa and China—were in attendance at this two day meeting at a Black Forest retreat in Southern Germany.

Dr. Hans Nieper, president of the congress, explained to his colleagues how research has shown that there are certain substances entering only in tumor cells that act as

inhibiting agents inside. He also explained that the human organism's ability to resist tumorous growth is much greater than we formerly believed.

Other researchers told the congress that is may be possible to prevent the beginning of cancerous growths when this protective shield surrounding the tumor cells is removed, or penetrated. Experts told the congress that cancer chemotherapy has reached a dead end, and that surgery and radiation have reached a stage where any significant further progress is quite unlikely. Furthermore, the drugs now being used in the fight against cancer are highly toxic and have many undesirable side effects. The consensus of opinion seemed to be that the present therapy was placing too much emphasis on the localized cancer and not enough on the fact that here is a disease that involves the whole system.

# TUMOSTERONE

by Dr. Hans A. Nieper[1]
Silbersee Hospital, Hannover, Germany

The efforts to control cancerous disease have in essence failed. This is what the facts say. Even if surgical procedures result in a certain percentage of rescue for cancer patients the toxic and short-time nature of surgical interventions will never solve the problem.

Toxic chemotherapy and radiation have even more chance to fail because of their systemic, accumulating toxicity. Immunotherapy of malignant disease even when based on the most modern procedure to activate cell-bound immunity, and on the enzymatic decomposing of shielding and blocking factors is limited in its effect. Unfortunately, the proportion between tumor cell load and defense capacity often is such that the immuno defense can not overwhelm the disease. The author of these lines is known for having more than 25 years of experimental extensive clinical experience in this field.(1)

At this time only very experienced oncologists can manage the patient to profit from the sometimes marginal chances offered by the aforementioned therapeutic concepts. I personally(2) do not believe that efforts to revive - as a result of the verdict from the U.S. Senate research on transfer factor, interferon, properdin , thymosin, and tumor necrosis factor will result in clinical and -more so- economical feasibility.

In contrast to this I may predict a very important step forward in a successful, feasible, and economic control of cancer on the basis of the so-called TUMOSTERONE concept. It was elaborated and presented by the German chemist Klemke(3) who has been working several years in the United States. For reasons of scientific caliber and of his personal devotion the work of Klemke merits great admiration.

In 1969 McKinney, et al(4) had reported that the implantation of leopard frog kidney tumor cells into enucleated eggs result in the development of normal tadpoles. More recently, 1975 Mintz and Illmensee(5) reported the formation of genetically normal mice out of mouse teratoma* cell nuclei. These are two of quite a few experimental findings which show that in contrast to earlier belief the nucleic genomes in cancer cells lack established defects or mutations. Since on the other hand, in the case of cancer important nuclear aberrations both structural and functional are obvious, these aberrations must be of some kind of "superimposed falsification". Klemke has defined the chemical mechanisms of this endogenous falsification. And more important: he conceived a principle which may possibly inactivate the "superimposed falsification" and revert the genome to normal function and readout: A kind of a "chromosome cleaning".

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[1]*teratocarcinoma

According to Klemke the disturbance of the chromosomal reduplication and of their functional readout is caused by certain aberrated steroids. These again are produced by the oncogenic destructive processes in the mitochondrial membranes of the respective cells. The concept may be the way (to) explain why certain bile steroids may become oncogenic.

The aspect of great importance, however, is the aforementioned chromosomal "falsifications" in the case of malignancy and possibly also in some other acquired diseases are reversible in nature. It is very likely that the organism provides substances which are able to do so. The most important of these compounds is named Tumosterone. Klemke defined it as a sterone connected to a tetrahydrofurane and carrying an endiol-function. The "chromosome cleaning" property of the molecule is connected to this structure.

Tumorsterone is believed to be an essential tool of killer lymphocytes. Its direct chemical precurser is Thymosterine, a thymosin-activated steroid essentially found in the thymus gland. The chemical precurser of thymosterin again are substances like ergocalciferol, vitamin $D_2$, and some steroids out of the adrenal cortex.

There is ample clinical evidence for the likelihood of the Tumosterone principle.

Over the decades it has been repeatedly observed that malignancies of important volumes which by far exceeded the defense capacity of the immune system regressed or disappeared entirely. This especially in the course of the development of both essential (adrenal) and renal hypertension. A hypertensive (high 17-keto-steriod) condition in patients is negatively correlated with malignancies.

Most important is the fact, that prednisone which carries an enol-function could to a smaller extent overlap the effect of tumosterone. Other cortisones do not have this property, their enol-function is either blocked (triamcinolone) or it lacks entirely (e.g.methyl-predisolone). This throws an entirely new light on the empirically well-known carcinostatic effect of prednisone. The new knowledge favorizes an early-protective-application of relatively small doses of prednisone in all cases of malignancy.

For over a year we had a new look on cortisone long-time treatment of malignancies and got the following impressions: Methylprednisolone and triamcinolone do not have the longtime carcinostatic effect observed with prednisone. The necessary doses of prednisone is to a certain extent defined by the size of the malignancies. The typical cortisone side effects of prednisone do practically not show up in cancer patients in contrast to the treatment of cancer patients with methy-prednisolone, given at equiefficient doses.

Various plant saponins have been found, the agluconic steroid of which have similarities with the tumosterone structure. Some of these saponins are empirically known for having an anti-cancer effect, others proved so experimentally, two of these saponins out of ginseng root.

Until we will have tumosterone available and applicable our efforts have to be focused on the boostering of the endogenous tumosterone production in the patient. This requires an all over activation of the cellular immune system of the kind I have already reported plus the continuous application of tumosterone precursers in important quantities such as vitamin $D_2$ and adrenal cortex extracts in i.v. or i.m. injections.

The remarkable "R-case" which was the first one to receive such a treatment gives me hope: A lady, spouse of an American M.D., was brought to Hannover in November 1976 because of an advanced chronic lymph. leukemia. Huge spleen, WBC 100,000-200,000, Hb 8.4 gs. In addition to the mentioned immuno program the patient received daily injections of an adrenal whole extract and cod liver oil in capsules containing vitamin $D_2$ (not $D_3$ !). After about 15 months of treatment there was no sign whatsoever of leukemia disease according to a department of hematology of a midwest university medical school. A check up in our laboratory in 1979 revealed even a freedom from immune interaction against possible malignancy.

The system of "chromosome cleaning" based on Tumosterone and similar compounds would be an excellent example for what we have in mind when we speak of preventive and protective therapy of cancer and of acquired degenerative and inflammatory diseases.

Based on results which we achieved recently by investigating the interaction between immuno defense and bone metastisation in breast cancer we assume that there is a non-immune anti-cancer surveillance system which is adrenal cortex and/or steroid connected. Again another outlook which focuses light on the tumosterone concept.


1. Nieper, H. A., J. Academy of Preventive Medicine July 1979

2. New York Times, June 14, 1978

3. Klemke, R., Nontoxic Therapy of Cancer Vol.15, p.80
   Series Krebsgescheben, Fischer publishers, Heidelberg 1977
4. McKinney,

5. Mintz, B. and Illemensee,, K., Proc. Nat. Acad. Science USA 72, 3585-3589 (1975)

-- Hoppe, P. and Illmensee, K., Proc. Nat. Acad. Science, USA

# 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).

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# Membrane Repair Against Immune and Degenerative Diseases

by Dr. Hans A. Nieper, M.D.

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!

CA48

NEW DEVELOPEMENTS IN GENE REPAIR

# HANS NIEPER, M.D., PUBLIC LECTURE
# PHOENIX, ARIZONA
## MAY 1985

Ladies and gentlemen, I am very privileged to be able to come here to speak to you. You may apologize, my poor control of your language. For instance, yesterday a gentleman and doctor said well, he was so proud that I came out here to a desert outpost in the United States. I said it's not a desert outpost, it's a dessert outpost, because apparently many people eat dessert, it can be seen from here. Well, anyway, the United States is certainly the number one leading nation in the entire world in the outpost to safeguard our safety all over including Europe and maybe including the Soviet Union itself. So, if there is some shortcoming with respect to FDA policy, which urges many Americans to go either to Mexico, to Cayman Islands, or maybe a better choice, to Germany, this will possibly be only a transient problem and I can in short also explain to you why this has happened. But otherwise be happy that you are in this country and here in the dessert outpost.

You just got an explanation of what I am doing—sounds unreal—and for me everything is real. I live in a little village north of Hannover city, in Germany and when the American troops moved in in 1945, troops from Dallas, I said, "Whoa, this system broke down, we have to do something else, let's go to work and instead of conquering the United States thus, let's buy it." So, that's what I now have started! When I went to study in Mainz, just after the war, I had to listen to theoretical physics and I was very much interested in finding out how those great physicists thought in order to come to their conclusions and achievements, like Albert Einstein or like Planck or Bohr or Milliken or whoever, and I found that the avenues of thinking in modern physics are really intriguing and very interesting and that they also possibly could be applied to the thinking in medicine. My father has been a physician, psychiatrist, my mother also. My grandfather was a surgeon of European reputation, and my great grandfather was the founder of the biggest sanitorium for mental cases in Germany, so little bit, this is the roots of the family.

The physicist deals with complex problems where many factors converge as they do in medicine. By applying different systems of their thinking which is put simpler, theory, I won't go too far to explain this, but I think it is this step into a different observation, different look on the converging factors which cause the disease or the diseases, which led me to a different avenue and as it turned out this avenue really held for me tremendous yields in science. So, today, I am mainly interested in the research and clinical control of cancer. I have been the President of the German Society of Oncology in Germany for over three years. It was tremendous, so fortunately now I have a successor who took over, the Dean of Radiology at the University of Nurnberg.

Secondly, I worked for several years in the research of heart metabolism, prevention of heart attack, and prevention and cure of arteriosclerosis. Third, I have developed a series of substances which then turned out to shield cell membrane system surface systems and which are very useful in the longtime treatment of immuno diseases. Multiple sclerosis is one of those, pulmonary degeneration and chronic nephritis are others. And in addition to this I stayed with my old love, namely, theoretical physics, and became a hobbyist in gravity theories which led me then to become the President of the German Society of the German Association of Gravity Field Energy, because one gallon of space contains the energy of about 5,000 gallons of gasoline. This can be extracted easily and turned into electrical power or heat and this is what's coming up now as modern technology. So, on the 23rd of May, which was my birthday in 1973, I was taken to the office of Senator Symington by various military people and scientists in this country to propose for the first time a space defense technology program which now has become the SDI. So I've just had a reception in the United States Senate a couple of days ago for the twelfth anniversary of this happening. This is of course a program which will eventually have a tremendous spin-off of modern technology which will improve our conditions on earth by modern technology and certainly help to suppress warfare, even on the bush level. So that we hopefully can face, we and our children, a more, far more peaceful future.

Now, I will just in short outline what we are doing. As you already heard, yesterday I spoke about five hours and 46 minutes to the public. All this was taped. This is almost a world record which was only broken by Krushchev's speech in 1958 in the Kremlin who reached the six hour record mark. I have also shoes which I can remove...

Well, anyhow, one of the most challenging things in science, I think more than space physics even, and more than many other problems, is the cancer problem. I would say that possibly a few of you or you together should purchase tapes, because they carry slides which you then can see together or with your Homeopathic Society, because it would illustrate a lot.

We have learned more recently that, first, cancerous disease is not under control, as everyone of you knows, despite all efforts in surgery and with chemotherapy and radiation; the control rate has even worsened with respect to population. On the other hand, also, the cancer rate has not increased with the exception of being activated a little bit by smoking, or in other words, to make the long story short, all efforts to rock that block of cancer, from the therapeutic side or also from the activation, from the causative side, have been ineffective. This tells us that it is an indigenous system which determines if a patient or a man will get a malignant tumor, yes or no, and what we do with this respect from the outside to either enhance the cancer development by our environmental pollution or to minimize it by our therapy, both has little effect on the incidence or on the prevalence of cancer. Therefore apparently it is the inner system which determines this and of course this interests us insofar as we wonder what did

those people who did not get cancer do? What can I do to transpose those factors to those who are potentially in danger? What can I do to study those mechanisms which led for instance to spontaneous regression of the tumor which I had shown yesterday and what mechanisms are those which make cancer heal by itself? It turned out kind of in "loaner research" which we conducted with the help of Volkswagen Foundation due thanks to the many Rabbits you bought here in the United States I could perform this. It turned out that immuno systems are not responsible for the cure of cancer. When a cancer cures by itself we found immuno mechanisms do not play a role, very much in contrast to what the hearsay is. So, what else is it?

So, my friend Lloyd Old, who is Vice President of Sloan-Kettering, published about thirteen years ago an article in the SCIENTIFIC AMERICAN where he expressed his doubt that cancer defense is immune, whatever that be, and he is right. And what we found however, is that the sometimes very powerful mechanisms to revert cancer, work on a gene repair basis. Or more precisely, they repair or seal or inactivate those aberrations in the gene system of the cancer cell which are responsible for the malignant disorder—so-called "oncogenes". You read in the newspaper here over the last years, that especially in this country, extensive research was done to identify those oncogenes—labile genes which are responsible for the disorder in the cell which we call cancer. Now, very much in contrast to what our belief was, the organism really—creation has provided mechanisms which constantly around the clock wipe out these aberrations and lead to a normalization of the gene information. This is the gene repair system, which I had the chance actually to convey all these factors and to make this a very obvious point in cancer research.

When you implant a cancer cell nucleus into a healthy cell, then a normal little tadpole, a normal little mouse would come out which says, in other words, the genetic information in the cancer cell is repaired back to normality and the cancer information is extinguished again. This is very much again in contrast to former teaching. Substances which can do this are called the oncostatines, which were first found and identified by Todaro in this country in Bethesda. However, now in Germany we have three medicaments now licensed on the market which contain oncostatines. They are injected here to help the cancer to regress. Resistocell is one of those.

However, the fact that you inject this here in the muscle does not necessarily say that it is in a sufficient concentration in the tumor, and helps there the tumor to regress. Anyway, it had been shown in the medical school in Hannover that these factors about double the life expectancy of patients who have metastasizing breast malignancies. The fact that the concentration is not high enough is however no fundamental problem. We could think one day of creating, of obtaining these substances in mass production by gene engineering and then really bathe those cancer patients in these repair substances and just wipe out the cancer information. This is well possible in the near future. I do not know of some of the work in this field, but this is one of the avenues.

Another way to repair cancer malformation back to normality are repair substances which are found in the lymph cells—so-called tumosterones, which is a gene-repairing factor excreted by the lymph cell ducts to the cancer cell, and then it ejects a substance which wipes out the erroneous programming in the tumor cell and either results in the killing of the tumor cell or in the reversion back to normality. This is however difficult to obtain because the life expectancy of the substance is very short.

We have, however, in the plant and in the world of insects and fish, repair substances which are extremely powerful and also relatively easy to obtain and also in greater quantities. Many of you know, when an insect is running around here through the desert and carries all kinds of viruses—cockroaches or whatever insect, beetles, ants—they carry a virus, let's say hepatitis, jaundice viruses. They may infect all Phoenix, but they themselves do not get sick from that virus they have in their abdomen or their intestine. However, these insects have no immuno system at all because probably genetically they are told they have no immuno system with entire bodies and lymph cells and so forth. Now, how do they do this? These are substances which repair systems and also kill virus genomes without the application of immuno systems, merely by so-called repair substances which are called iridodials. These iridodials, which are especially found in ants, and are extremely effective against cancer and viruses, also herpes virus at the same time, possibly also against AIDS, by the way. They are also active against viral genomes when the virus information is imbedded inside of the cancer cell nucleus and not only when the virus is present outside of the cell entire formation. These so-called iridodials offer us a certain hope for better control of cancer, however, as such they are not active and they are difficult to obtain. We know that these iridodials are produced out of the substances which we can obtain—namely squalene.

Squalene is found in the shark, and the shark as you know, perhaps you have read, does not get cancer, very much in contrast to other fish, who develop tumors when they are in polluted water. The shark is phylogenetically very old, hundreds of millions of years and in its liver oil it contains about 60% of the entire oil as, in a form of, squalene. Squalene can be ingested by man relatively easily. We have this is Germany and as a result these cancer repair substances come out active against viruses and also active against tumors.

Other ways are to find those substances which repair cancer cells in plants. For instance, in those plants who have a need to get repaired around the clock, for instance those which grow in ultraviolet light in the Himalayan mountains. For instance didrovaltrate—valerian plants. Valerian plants contain a substance called didrovaltrate which was found in France to be active against cancer, and we have this also available in Germany in large quantities. You have to take a lot of this but this is the first substance which is highly effective in metastasizing kidney cancer which so far was almost untreatable. You have to however, take quite a quantity of this to come to therapeutic effect.

Another substance of this kind is found in carnivorous plants. When a carnivora plant eats an insect, it dissolves a bee or mosquito or a fly or so. These plants have to excrete factors which extinguish the opening gene information of the dissolved insect, would migrate into the plant and lead to disorder. For these migrating genes, Mrs. McClintock got the Nobel prize for the elucidating of this phenomenon, got the Nobel prize in this country about three years ago.

This substance is officially licensed as an anti-cancer drug in Germany since December 1983, under the name of Carnivora, and was found to be active against colorectal cancer in relatively the early stage way better than any kind of chemotherapy so far known. This was just a report that had appeared in Germany about ten days ago, not from our hospital, from a different group.

Carnivora became known very much so because Yul Brynner was one of the first patients to get Carnivora and he is still on this, and as you know he profited very well from this, as a matter of fact, again this gene repair substance can control malignant disease to an extent which was until very recently ago, unthinkable, absolutely unthinkable.

Now, this gives you a short outlook into this system. You give these substances, for instance squalene, and then you hope for cancer regression. It wouldn't work, because all these gene repair substances need for their activity namely the extinguishing or ceding of undesired gene information, (not the desired, only the undesired—this can be done), is an energetic excitation. Otherwise there would be an automobile tank without gasoline in the tank. This energy comes from space and is converted by the cell membrane system which is a double contoured membrane. This man who is sitting here covers about thirty percent of the energy he needs, he releases from space, and seventy percent from food; a young boy, fifty percent from food; a shark, twenty percent from food; the bee or mosquito, only ten percent from food; the rest of the energy comes out of the tachyon or so-called scalar electromagnetic field of space. This is apparently very often not known. You know in this country that there is a phenomenon called spontaneous combustion. This is a condition where a man converts this energy from space into heat energy and just burns, or after surgery, so-called malignant hypothermia. Man just heats bathtubs of ice water because it generates so much energy.

Now this energy conversion is necessary to activate the anti-cancer substance, which again requires that the cell membrane system be in order and work as a condensor. This however, is not so in a cancer cell because the cell membrane gets unloaded. Therefore we have started now, either to give this activation factor in the squalene itself, (squalene converts space energy into photoelectric energy), or you can do this experimentally and also clinically with a machine called the Prioré machine which was first developed in the late fifties in France, which cures cancer in mice and also when you transfuse the blood of a so-treated mouse into a second mouse, the second mouse will also get cured. Or, in other words, you transfuse a factor which had been there before, but you have activated, to a second animal.

So, unfortunately, Mr. Prioré passed away. However, in the meantime we know that certain lasers do the same. They generate so-called scalar electromagnetic energy and in the absence of a functioning cell membrane, due to the destruction of the cell membrane we can then replace this by an artificial energy input, or in other words, cancer cure is not only a chemical, it is also a field energetic problem at the same time. The effect of this is that especially those gene repair substances which are also active against viruses, this is especially true for the aforementioned Carnivora, the Yul Brynner drug, it seems to be quite effective, but there have not been enough causes to come to a conclusion. The entire modern gene repair therapeutic program only has started to take momentum since about three years. There is no alternative to this kind of treatment, especially for hairy cell leukemia, and the same for chronic lymphocytic leukemia.

QUESTION AND ANSWER SESSION WITH THE AUDIENCE:

1.Q: I heard you on the radio refer to a convention in Washington D.C. regarding chelation therapy, what is that?
A: Chelation therapy is something different. You can, with the help of chelating substances, such as EDTA or lithium-succinates, you can capture calcium, lead and heavy metals and so forth, and make them excrete over the kidneys. So, with EDTA you can remove calcium deposits in the cell system, cell membrane. There is fantastic research which was demonstrated in Washington, coming from Czechoslovakia, you can really revert aging, pull the proof of aging, namely calcium deposits in the cells, and rejuvenate the system. This is especially true for a diabetic where they have vessel occlusion, however magnesium orotate does the same only not that powerfully. But in the long run, magnesium orotate is less expensive and more effective in long-time treatment or more early. And then there are the antagonists like nifedipine which again has a different mechanism also in controlling the calcium, undesired calcium deposits. Chelation is mainly a procedure in the management of really severe arteriosclerosis with occlusive signs. Here comes a long letter from a lady, I think she is an M.D.:

2.Q: Is there any anti-inflammatory effect to magnesium orotate therapy?
A: Yes and no. Magnesium orotate also seals membranes. I showed yesterday in slides where in electromicroscopy you can see how these carriers seal membranes and prevent the penetration of pyroxidite granules, to speak of this. Also, magnesium orotate has such a sealing effect, far more however, calcium orotate (magnesium orotate, limited). Calcium orotate is the therapy of choice in the treatment of Lupus, the absolute therapy of choice in the treatment of Lupus, because calcium orotate seals the membrane systems on the level of the cell nucleus and of the mitochondria, thus interlocking the Lupus mechanism. And we have safeguarded many people who really were deadly sick with pleural effusions and the like and cortisone therapy, after a

long, long while, (you have to wait about two years), this comes to an entire standstill, this is very rewarding, almost one-hundred percent response.

3.Q: What is your theory of using calcium and magnesium orotates together? Do you have any balance that you consider best?
A: It's an interesting question. I mean, the magnesium orotate prevents arteriosclerosis, heart attack, cancer to a certain extent and it activates very much so, the defense function of the white blood cells. It also enhances to a certain extent the calcium metabolism. A Japanese, Nakaharo, has tremendous merit in mineral research, said there is no calcium and no potassium therapy unless it be a magnesium therapy. He is right in a way, because those mechanisms which bind calcium or which bind potassium or lead to lithogenesis are magnesium controlled. You can however give also calcium orotate for example to treat osteoporosis. Yesterday I showed a lady with osteoporosis. It is without any doubt, way better than any therapy we have ever seen, including osteomalacia, and there it would not collide. You take your magnesium orotate for the management of your heart and vessels, and you take your calcium orotate for the management of your osteoporosis. It will not collide unless you give tremendous doses. It would go too far to explain this.

4.Q: We have a health store, we've been in it for 15 years in Tucson, and you have people come in that are desperate with cancer and whatever, and we've been telling them about you for years and we have your telephone number, and people at that point are so desperate, and they're thinking money and they're thinking of time and they're thinking of jobs...does your book give any details about this?
A: Not the details, the fundamental education to find its way, from there the details are easy. I do not write, "Take three pills a day here and four pills a day there." but the basic understanding as it is opposed to conventional orthodox information.

5.Q: For them to be able to know what will be involved to go to you?
A: On a more fundamental basis, not superficially. This is what is necessary. By the way, coming to the orotates, very often, the majority of the products sold in this country are not sufficiently protected against gastric juice, and then they get decomposed. You have to watch, this is another thing. Unfortunately most of the elderly people have no gastric juice anyway, or very little and then it works nevertheless.

6.Q: Most of them would like to have some rough idea about expense and time involved for them to actually come to you?
A: We can, by far not take all patients. We have patients from more than 40 countries of the world, to see me. You know, you figure out, we get about ten to fifteen times more applicants than we can possibly take, and the waiting list is about seven months in general. If it is a cancer patient with a need and



*Revolution in Technology Medicine and Society by Dr. Hans A. Nieper
Published in 1985

there's a certain problem, we try to make it rapid or with a senior assistant doctor in the hospital. If it is an early multiple sclerosis let's say, then we try to do it sometime in the future. I do my best, of course I cannot treat those many people. Millions know me and it is impossible to treat everyone in person.

7.Q: We have a question on Alzheimer's disease and whether you would take patients to treat it?
A: We are unsuccessful in Alzheimer's, that's what I can say.

8.Q: Here is a question on collagen disease running rampant in this country? Would you address Lupus?*
A: Collagen disease, the answer is calcium orotate. There is literature available on this in the Brewer Science Library in Richland Center, Wisconsin, various papers on calcium orotate, partly in English, partly in French, in a high class medical journal in French they have appeared.
*Now on the website

9.Q: What is your opinion of colostrum to support immune system...?
A: I cannot make any comment on this. We have used a natural substance, namely anti-HTG which is an enzyme which leads to birth, because it decomposes HTG in cancer treatment, but I cannot give any comment on this.

10.Q: Does gene therapy help in a melanoma?
A: Yes. There is a special program based on benzaldehyde and acetaldehyde for the treatment of melanoma, the so-called Ehrenfeld Program developed by a man who was at Max Planck Research. I do not even know him in person, so there are many people working in this field, By the way, benzaldehyde which works here and which was reported to be very effective against cancer by the National Cancer Institute is an offspring in principle out of laetrile, but they found this only later after they had it published, so, we have this saying in our country, "You cannot treat a diarrhea by sealing the behind with scotch tape!"

11.Q: Does your book cover anything I need, I'm speaking of extreme muscle spasms after a lot of activity. The only way I can control it and get it under control is with magnesium and your calcium and potassium—what do I do to prevent these spasms?
A: Madam, first have a dowser come to your house and look for geopathic zones. In the book it's the most important of all. Take magnesium. Have this checked. Have the bone metabolism checked. There are so many things to check, to be done by a specialized doctor.

12.Q: Have you tried this on osteomyelitis?
A: One of those calcium carriers, calcium-l-dl-aspartate (Calciretard) which got us in a severe patient fight with a Japanese firm which I finally won in Paris, recalcifies bone lesions produced by tuberculosis, very, very effectively, and

also osteomyelitis, from the site of the bone repair, you chase away the remaining infection, tuberculosis, but also osteomyelitis. It works quite well, it takes some time, this substance however is very active, you can only take a certain amount, otherwise you'll get palpitations; it's partly in the book.*
*Revolution in Technology Medicine and Society by Dr. Hans A. Nieper

13.Q: What do you recommend for metastasized breast cancer?
A: Metastasizing breast cancer is still a challenge and it belongs, unfortunately, to the most difficult controlled metastasizing diseases, still almost more than metastasizing colon cancer, which can be controlled with gene repair quite a bit. Unfortunately, some of the gene repair substances do not work very well, but since you asked this, thirty years ago an elderly doctor told me when both breasts are removed, when you have a tumor on one side, then people don't get metastasis anymore. I do not mean on the other side, in general. Now recently, over the last month, we saw in our hospital just by chance a series of patients, about twelve altogether, who had both breasts removed for cosmetic reasons, fibrinoid cystic indoration and so forth, and they stayed amazingly free from metastasis, in one case metastasis had disappeared by itself. This may point to the direction that the remaining healthy or unremoved breast tissue promotes the tendency to metastasization by some unknown factor, possibly not a hormone because from the patients it looks age-dependent. So, we have for the first time now a discussion, and you know my conservative and my non-invasive attitude, for the first time a discussion to remove both breasts when there is a tumor on one side and then our surgeon, the plastic surgeon says, "Oh well, this would be fine. Then I can produce, from the beginning at least, a symmetric result, which psychically would be much better than one breast removed and one not." to answer this question. Otherwise, however, metastatic breast cancer is re-treated mainly in combination with a carrier connected chemotherapy, (it would also go too far to explain this here), in combination with the carrier or reduced chemotherapy in combination with a gene repair program, but it is a hard, a hard challenge. Right in the beginning the suppressive protective results are excellent, but once you lose that time, then it's when you run into difficulties.

14.Q: Are you talking about a radical mastectomy?
A: Well, removal at least of the breast tissue, of the contralateral tissue.

15.Q: Have you treated schizophrenics?
A: How did you know this? I was in electromicroscopy in the late '50's in Barcelona, and there we saw that in schizophrenics the surface of platelets look like the Western coast of Ireland, so we concluded there must be antibodies, and so-called surface antibodies, which at the same time was shown by Professor Heath, Dr. Heath in Tulane University in New Orleans. So, I went there to New Orleans, it was very interesting. These aforementioned colamine phosphates which we use in multiple sclerosis are active in schizophrenia, however, I do not have those many patients. There

are enough coming to my office as you would say. I don't have so many schizophrenic patients that we can test it on a broad scale, but it seems so, that when we protect the surface antigens, we can apparently put a fence between the causative mechanism which produces schizophrenia and the nerve cell. You should go into the literature in the Brewer Science Library. This is an episode for me, it is interesting for me, insofar as schizophrenics have much lower cancer incidence compared to other people, perhaps you know this, and we wondered why.

16.Q: I have a cataract and what can I do?
A: The cataract—just have the lens removed and replaced by plastic material, excellent results. It is difficult to treat this internally, very difficult. The removal of lens and replacement of lens by a good ophthalmologist yields excellent results from what I have seen.

17.Q: You mentioned something earlier about colamine phosphate working on neurotransmitters, can you tell us a little bit about that?
A: That is all in the book. Colamine phosphate is 2-aminoethanol phosphate, it is a component in the cell membrane which we can add in therapy and thus improve cell membrane repair.

18.Q: Madam. What is your opinion of drinking distilled water?
A: Very bad. It is the worst thing you can do. You rinse all your calcium, and it helps very much to improve my business because all people have to come take calcium orotate.

19.Q: What kind of water should we drink?
A: Spring water. Spring water now, and in the fall you drink fall water!

20.Q: Have you done any research regarding Epstein-Barr virus?
A: I just mentioned the Epstein-Barr virus is inactivated by the gene repair substance Carnivora.

21.Q: Dr., have you done any study on stress?
A: Me? Why should I—who is stressed?
Q: Everything on television is about stress prevention?
A: Oh yes, all that stress to J.R., yeah.

22.Q: Bone Cancer.
A: Virginia Livingston, she is a brilliant woman working in the field of oncogenic agents. Bone cancer, there is mostly a misunderstanding. Bone cancer, when people call me they say it's bone cancer, and it's mostly metastasis of lung or of breast cancer which is in the bone. This is totally different from bone cancer. While this belongs to the cancer field in general, I cannot comment on it in particular here.

23.Q: Allergies.
A: There is a difference between immuno-disease and allergy. I have hay fever and there the anti-immuno substances do not work or not very much so. They only work when the membrane system is in danger. I mean I've had hay fever since the late 30's but the tissue of the mucosa in the nose is in the best imaginable shape. When you have an allergy which destroys the lung you get asthma, you get emphysema, you get destructive immuno-lung disease. Then these substances protect you in an amazing way. This is the difference between allergy and immuno-disease, so they protect only there where tissue is in danger in its structure, not in its function.

24.Q: Madam. Are there any physicians in the United States that follow the work you do?
A: Oh, hundreds of physicians, or thousands, I do not know how many, read my papers, but they cannot do anything because they are tied down due to the Kefauver Amendment of 1961. Modern therapy of cancer, modern therapy of heart attack, of coronary disease, of rheumatoid disease, of immuno-protection of multiple sclerosis, of calcium carriers is not available, not because it's not done. Just recently in Washington it was shown a chart of the years of American pharmaceutical research and the entry of new substances into the market for the benefit of people has dropped drastically in '61 and is only a fraction of what it had been before, because everything is locked down. It costs twenty million dollars or fifty million dollars to bring the simplest thing aboard. Who can finance this? We can't do this. Carnivora, the Yul Brynner therapy, in Germany got licensed within seven months.

25.Q: Can you tell us about ALS please? Amyotrophic lateral sclerosis.
A: People came to me and said, "Well, the effects on multiple sclerosis are quite evident, does it also work in ALS?" and I said, " Well, it is not very likely but," I said, "we'll try." This was about eight or nine years ago. And we tried and it works, because it seems to repair also there, membrane dysfunction, and about fifty percent of the people improve. They get safeguard for their so-called "bulbar function" which is swallowing, speech, respiration and cardiac regulation, and fifty percent do not or less so. For funny reasons, like in multiple sclerosis, it works better in Americans than in Europeans, which possibly has to do with the kind of the damaging factor on the membrane. On the other hand, the incidence or prevalence is higher in this country. I now have a meeting with the American ALS Society which is very cooperative, and we will see what we can do about this. At least it seems to work. I think I would recommend to start the colamine phosphate therapy. In ALS there remain absolutely zero alternatives, anyhow.

26.Q: What about the adverse side effects from the various drugs you are giving that cause cysts on the liver...?
A: No. The only side effect we observe is that it prevents aging.

27.Q: I'm talking about antibiotics that you've given for medication that cause cysts on kidneys, on liver, that are not related...
A: Some of this therapy, which I mentioned, which is all non-toxic because it's normal to the biological world, prevents side effects. For instance, calcium orotate in Germany is officially declared as counteracting cortisone side effects, the only drug which carries this nomination by the way.

28.Q: Where do you get this orotate here?
A: You can try in the health food store here, but it should be a gastric resistant, which is very important. The material should not come off, it has to be coated against gastric juices and its subcomponents.

29.Q: Sir. What do you think of KH3?
A: It's a membrane protector, but it is less effective than the colamine phosphates, far less effective.

30.Q: Sir. (Question about the feasibility of SDI [Strategic Defense Initiative])
A: This is a whole story in itself. I mean, both sides. The Soviets have since long started in this field. The Americans are only second to start with, sir, and then this energy is there. Automatically this will be exploited in defense technology as nuclear energy was exploited. So this SDI is only one word because with these means (laser is already scalar electromagnetic technology, as such), with these means you can counteract weapons and so forth, so it's an automatic development.
*Moderators Comment:* Let me clarify that what Dr. Nieper is proposing is a operative principal related to SDI, but he is proposing something far more encompassing and successful and efficacious than just SDI. So we're not up here presenting SDI, we're talking about something far more successful and having much more potential, so I don't want to confuse the question. Read the book. It's all in there, public domain.

31.Q: On arthritis.
A: Interesting comment. All those famous anti-arthritis drugs like Butazolidin, phenylbutazone have been always entirely forbidden, even in Germany. So the only way we can treat arthritis now is cortisone, cortisone derivatives for a limited extent, limited time, then certain enzymes which break down the immuno complexes, which are marketed in Germany under the name of Aniflazym quite effective. And calcium orotate prevents damage of cartilage or repairs cartilage. So you may have the arthritic infection, or the arthritic reaction, however you do not suffer from deformation, which is a very important point. Again, I have to refer to the book because there are tremendous changes away from toxic therapy to reparative and protective therapy.

32.Q: Madam. Question regarding water and reverse osmosis.

A: I am not firm in that field. We have a water supply in Germany. One is a very interesting water, Haderheck water, which is electrically very active. It freezes only at five Centigrade below zero, which pulls sodium out of cells, and this pulling of sodium out of the tissue is a very healthy procedure, if you mean this. You can, with the help of water, manipulate and control and improve your mineral household very much. By the way, this same water dissolves gallstones as long as they are cholesterol stones.

# INDEX

CA49

# AN OPEN LETTER FROM DR. HANS A NIEPER--FACTS ABOUT THE TOXICITY OF CATALYTIC CONVERTERS.

(Translated from the German magazine, raum & zeit, December 1985)

To the directors of technology firms--

Gentlemen:

In response to inquiry, I would like to present you with the facts about the toxicity of catalytic converters and related environmental hazards, from information submitted to us, up to October 1985.

In July, 1985, some archive studies and comparative publications indicated that Herpes II (Genital Herpes) was very frequently followed by an explosion of cancer of the ovaries, or the uterine cervix, and also that AIDS (in the progressive stage) was especially frequent in the regions where catalytic technology is enforced.

In contrast, we would like to point out the very low frequency of the lethal progressive type of AIDS in Central Africa in spite of the heavy infection, (Zaire and Rwanda) in contrast to London for example. The proportion of clinically manifest AIDS, is extremely high in California. Information from California sources indicate that 3 to 5 years are necessary for the so-called incubation period--from infection to manifest AIDS. Such a long incubation period is not scientifically logical in an immunological sense, and we must try to explain the AIDS explosion in the light of other factors, especially the breakdown of the gene repair system, which are responsible for counteracting the damage done by the virus. There is corresponding information on hand with regard to the Herpes II epidemic.

The percentage of AIDS in Switzerland is (October 1985) 3 1/2% higher than in West Germany, and 5 to 8% higher than in the other important European countries. It might be added, when the Swiss decided to burden their population with sodium fluoride, there was a dramatic rise in cancer. In Switzerland, not only was fluoride dispensed generously to the children, but it was also added to the table salt.

Recently, in a letter to the Medical Tribune, Prof. Dr. G. Maass, Director of the Bacterialogical State Research Office at Westfalen Muenster, defended himself against the claim that AIDS is being treated rather lightly in West Germany. It is true that the number of cases of AIDS, compared with the amount of people infected, is much less in Germany than in California. While in Germany, the percentage is believed to be from one out of 500 to one out of 1000 (manifest sickness in relation to the number infected) in some parts of California there is a proportion of one to twenty or even one to five reported.

It has been known for a long time that even tiny traces of Platinum are toxic and that it destroys the genetic surveillance system of the body. Dr. Mersmann* stated in a telephone conversation, that it has been found out that the extremely minute doses of atomic platinum in aerosols can be highly toxic. There is a search on now to find the confirming literature from the archives. It so happens, that I have Dr. George Ham from New York in the hospital at this time. Dr. Ham was the scientific research executive with Ciba-Geigy in the U.S.A. and is a well known authority in the field of chemical technique in process research. He is also a friend of Dr. Donald Othmer who publishes an outstanding Chemical Engineering magazine, in the USA., and he is also a good friend of mine. Dr Ham revealed that since he had always had great reservations concerning the installation of the catalytic converter, the projected consequences to human health were not at all unexpected.

In a letter which he sent to me September 21, 1985, Dr. Ham states that the federal safety regulations in the USA (and undoubtedly, the same is true in Germany) absolutely forbid any contact with the open air during the platinum plating by the technicians in the construction of catalytic converters.

The concentration of atomic platinum, especially in an aerosol has been researched with regard to the catalytic effect. From this we know that 1 Milligram of Platinum is sufficient to critically poison one quadrakilometer of land when dispensed as an aerosol. The information given me by Dr Ham, agrees perfectly with that given by Dr. Mersmann.

*German physicist

At a meeting in Cologne, October 5, 1985, Dr. Volkrodt informed me that when he was studying chemistry (1947-48) the specialists in the catalysis field expressed concern over the full effect of the interaction between atomic catalytic materials in the air and the organisms (e.g. humans) that breathed the air. Further inquiry at the University of Leipsig confirms this from the technical lectures of Professor Wolf, after the war. Since then, we have amassed more evidence concerning the harmful effect of platinum from the catalytic converter, a quite considerable amount, which indicates that we are now on the border of an absolute catastrophy.

I have just received a copy of the "Zeitschrift Science," from which I would like to quote a few remarks from the pen of Gina Kolata, one of the best analysts of modern science statistics:
"In the last 3 to 4 years, we have seen a quite considerable increase in the incidence of cancer in the U.S. For such an increase, we must look for some additional cancer producing factor in our envirionment. Something of considerable effect. Basically speaking, in a pharmological sense, the cancer producing poisons must have about doubled."

What especially draws our attention, is the rise of so-called adenocarcinoma of the lung in the non-smoking woman--quite rare, up to now. They are produced, mainly through interaction with the herpes virus which has not been adequately inactivated. This is also true for lymph tumors of the nose and throat, and several other kinds of tumors. Several days ago, Professor Gushima of Japan called me. We have his wife here for treatment of her adenocarcinoma of the lung. (She is a non-smoker.) Professor Gushima reports the puzzling fact that there has been a large increase in adenocarcinoma (also with nonsmokers) in the large cities of Japan. You might say, an explosive increase, although according to all appearances and according to the official bulletins, the purity of the air has increased. Also there has been a rise in adenocarcinoma of the lungs and we could mention others, following the installation of the catalytic converter, in this locality. Because there is a several year incubation period after the catalytic installations, we have not yet reached the peak of the cancer explosion. Hypothesizing from the data of the last two years from the increasing frequency of adeno-lung tumors in the U.S.A. and

Japan--and taking into consideration the constantly increasing pollution of the atmosphere, we can estimate an increase in cancer fatalities of about ten to fifteen thousand in the U.S.A. alone. The cancer fatalities in the U.S.A. have risen from 162 to 183 per 100,000 per year from 1962 to 1982, with an especially abrupt rise in lung cancer in the last four years.

As I already stated, I have investigated the physical qualities of the catalytic converter in operation. The atomic platinum which is catalytically active is involved in a scalar-electromagnetic conversion function. This investigation turned up the fact that a catalytic converter in operation (as on the BMW 525, for example), quite unexpectedly was found to be a very strong electromagnetic emitter. This affects the whole body, and beyond for about 50 centimters. When the auto is not running, there is no active electromagnetic emission.

I have contacted Dr. Mersmann concerning this, and asked him to research carefully the disturbance of the natural earth magnetic field by a catalytic converter in action. In addition to this, we have learned of physical effect--the disturbance causes biological harm. This was recently proven quite conclusively with research on animals, by tissue and cell research. These experiments proved that a lengthy stay in autos with the catalytic converter in operation causes unavoidable biological damage, including cancer and leukemia. The "incubation period," averages between five and ten years for a subject spending two to three hours daily in an automobile. This is a rough approximation gathered from what we know about the tumor and gene defect producing effects of geopathogenic zones and scroll waves. Note that this harmful effect is quite independent from inhaling the platinum containing aerosol. We must add it to the other harmful effect.

There is no doubt, whatsoever, that there is a continual loss of traces of platinum in the exhaust of a catalytic converter in operation--caused by a combination of mechanical stress, vibration, heat and acid torture. The amount is definitely far in excess of the amount proven dangerous when spread over the earth's surface, per quadrakilometer, by Dr. Ham.

The qualified experts of the BMW firm in Munich, wrote me (September 1985), that the damage from the catalytic process was small enough to disregard it. They indicate in an official communication, that what harm the assembly workers have suffered, was because the dust from the catalytic comverters was not carefully sucked up. I will seek further information abut this. I might make a comment: In a cross section of the West German Republic, we will theoretically find up to 70 autos equipped with catalytic converters per quadrakilometer. 1.5 mg per quadrakilometer (4mg per quarter square mile) is already a potentially dangerous cancer causing concentration of aerosol platinum.

September 27, 1985, I heard from TV moderator Jack C. Paxton, a highly educated man, that in the U.S.A. , especially in the polluted, highly populated city districts in California, there has been a strange, unexplainable rise in the frequency of adenocarcinoma of the lungs and ovarian cancer, about which the lay press has shown quite a bit of public concern. He also reported that a German descended auto shop owner in Nebraska said that he tried to avoid working on catalytic converter equipped cars because his mechanics became sick from them. In the spring of 1984, there was an article in the American "Science and Mechanics," referring to the considerable hazard to their health which auto mechanics experience when they work on catalytic converter assemblies or with similar work on catalytic converter equipped autos.

This report is corroborated by the husband of a patient from Billings, Montana. He stated that he was prematurely disabled with an obstructive lung disease, as a result of the catalytic converter effects. He said that there were about 10,000 mechanics in the U.S. who were affected similarly. The reason for this seems to be the acids from catalytic converters. BMW admits that the catalytic converter produces nitric acid, but couldn't the platinum in the exhaust discharge, also do serious harm? I was informed by the Greek industrialist, Emmanolidis Glyphada, in October 1985 that there had been an article in the Athens newspapers, about five months previous in relation to the probable cancer causing effect of the exhaust gas from platinum catalytic converters. I have not been able to check on it yet.

We here at the Paracelsus Hospital now are simply drowning in a flood of patients from the U.S. One of the main reasons for this is the quite unexpected, you might say explosive, increase in adenocarcinoma of the lungs.

I have written (Oct. 10, 1985) to some of the well known cancer research personages, and to the president of the National Health Federation, to get more information about cancer morbidity in the U.S. The statistics that they submitted for the middle of October 1985 are extremely alarming! It would now be not at all unrealistic to say that we may now expect about 30,000 cancer deaths per year as a result of being exposed to platinum. We can expect roughly a five year incubation period before the first tumors appear, and then a life expectancy of two to three years. That is to say, we can expect this after the introduction of the catalytic converter on the market.* Due to this gruesome possibility, it is absolutely essential that the catalytic converter be banned <u>immediately</u>. Many experts from the universities in Zurich and Basel and Swiss industrialists have been warning us about the catalyzation technology dangers, some for about 1 1/2 years. Both expert metal toxologists and physicians have called expressing their fears and adding their experiences--all reinforcing what I have already reported.

I will gladly remain available for further questions, but I am afraid that I can do very little about the problem, from my position. If I should get more information which definitely confirms our suspicions, I will share it with you immediately. Undoubtedly there will be a considerable time period before we can be more specific about the facts that we have portrayed. It could possibly be that the stark reality could be much more horrifying. There will yet be a two to four year delay before we can chart out the possible consequences with a fair degree of accuracy. By then many humans who are now healthy could be ill from the effects of the aerosol distributed platinum. As by then, the platinum will have been distributed far and wide, we may, stating it bluntly, expect a health catastrophy of incredible proportion, a problem which can not be cleaned up or reversed.

*speaking in Germany.

In view of the enormous uncertainty which is raised, it is my opinion that we must immediately stop the sale and use of the platinum catalytic converter equipped autos. We should take the same action that we do when other potential threats appear, spy affairs, collapse of dams, etc. It is up to the government to take action. The existing governmental bodies must take immediate action. In September 1985, I received a call from a former vice-president of Chrysler, who had been a patient of mine in the hospital about a year before. He told me that his firm had already debated the possible connection between the increase in cancer and in virus disease with the platinum catalytic converter. He shared the information that claims were already being filed against the auto industry, in this connection. This could also concern our German firms which make cars for the U.S. which are equipped with the catalytic converters. The fact that the Washington powers (for example the EPA) have insisted on catalytic converters on imported cars, does not in any way release us from liability. Using the platinum catalytic converter in this form is simply out of the question, at this time.

The catalytic converter of an average sized car contains about 1,500 mg. of platinum. This means that in a crowded traffic center, a million times as much platinum will be dispersed as was found to be harmful, a threat to the environment of horrible perspective. While platinum containing medicine can be useful in slowing the spread of cancer, the effect of platinum from aerosol such as car exhaust is that of a very powerful radical. I, personally, can only express a very urgent warning, in the light of my personal observations, to take this warning of platinum toxicity very seriously. It is imperative that this situation be thoroughly researched and assessed by experts from an unbiased institution. Meanwhile, from the knowledge presented, it is imperative that we stop the use of the catalytic converter until it can be absolutely proven to be harmless. Yet, there is a very slim chance of this happening, as I see it.

Dr. H. Nieper--Medical Department, Paracelsus Hospital,
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Past President of the German Society for Oncology.

Translation from the HAMBURGER ABENDBLATT (HAMBURG EVENING NEWS)

The German physician who advised President Reagan--warns:

CANCER FROM THE CATALYTIC CONVERTER.

"The exhaust from catalytic converters on autos is a cause of cancer!" warns cancer specialist, Dr. Hans A. Nieper, from Hannover, Germany. According to his interpretation, highly poisonous platinum is released into the environment during the operation of the catalytic converters.

Even the most tiny amount can lead to a considerable health risk. Dr. Nieper demanded an immediate halt to the sale and use of catalytic converter equipped automobiles. Legislation in the offing by the Bundesregierung, (the German Parliament), may soon make it mandatory that all cars with a large piston displacement, be equipped with catalytic converters--a vision of horror for all cancer specialists. This cancer suspicion should immediately lead to a rethinking of the situation. "It's just like a crack in a dike," exclaimed Dr. Nieper, "We never know how long it will hold, but we have to do something in a hurry." We probably have two to four years before the cancer epidemic appears.

Each catalytic converter uses 1 1/2 to 2 grams of platinum. Small amounts of this metal are emitted with the exhaust fumes. "The platinum thus dispersed, destroys the body gene repair mechanism, which inhibits the cancer cells. When the gene repair molecules (about 100 types are already known) are inhibited by the platinum, the immune system directed against virus (AIDS, for example) is much weakened. How else can we explain why the number of AIDS cases in California is disproportionately high, when many humans in Central Africa are infected with the AIDS virus (HTLV-III) without being sick.

Swiss engineers, back in 1983, were already discussing the potential health hazard with catalytic converters. In last November, scientists at the Deutsche Gesellschaft fuer Onkologie congress (cancer research meeting) expressed the opinion that the sudden rise in lung cancer in nonsmokers, could very well be caused by platinum in the environment.

A TUV in the Ruhr valley confirmed the toxicological fears in a correspondence with Dr. Nieper. He stated that he shared the fears of many American doctors, that auto mechanics,

especially those who are engaged in catalytic converter assembly, are extremely endangered. The TUV, however, did not release this information. When questioned, the speaker of the Bonn Department of Health said, "We haven't gotten around to investigating it yet. Why doesn't Nieper submit his research to us?"

The famous chemist, Dr. Axel Friedrick, Berlin, an Environment Specialist, had this to say about Nieper's fears- "pure drivel, a carnival pitchman's theory. At the most the German Waben catalytic converter disperses a milligram of platinum, no more, into the environment in a ten year period. Besides, platinum hasn't even been proven to be a cancer hazard." Dr. Friedrick further stated, "Dr. Nieper has an interest in a company in Oldenburg that is trying to develop some new fangled type of motor. He doesn't care about the catalytic converter, he is just trying to feather his own nest."

The Dec. 10, 1985 Hamburg Abendblatt ((Evening Newspaper) has published an article which carries the headline "CANCER THROUGH CATALYTIC CONVERTERS." Some anxious queries from our readers showed that there was some apprehension about this. We asked for a further explanation from the author, Dr. Nieper. To quote Dr. Nieper, "I have never stated that cancer originates from catalytic converters. It is a fact, however, that with the introduction of the catalytic converter, there has risen considerable doubt factors concerning health deterioration. These seem to continually increase in importance. For verifying this, of course, we would need longer, and absolutely neutral research."

In addition, a large West German TUV in the fall of 1985, in the U.S.A. inquired into Dr. Nieper's allegation that thousands of American mechanics have lung disease from the catalytic converter assemblies, and found their fears fully justified.

The Dec. 10, 1985 Hamburg Abendblatt also reported that Dr. Nieper prescribed medicine and recommended a special diet for President Reagan after his colon cancer operation. If you want to see what such a diet is like--well Dr. Nieper describes it in his latest book, Revolution in Medizin und Gesundheit, (Revolution in Medicine and Health) which you can find listed in the current list of top selling books.*

CA51

# Speech Delivered at the WORLD CANCER CONGRESS Sydney, Australia April 16, 1994

Dr. Hans A. Nieper
Past President, The German Society
of Oncology

## THE TREATMENT OF MALIGNANT PROCESSES WITH SUBSTANCES OF POTENTIAL GENETIC REPAIR EFFECT. RECENT ADVANCES AND DEVELOPMENTS

An article in the January '94 issue of the "Scientific American' made it clear: The concept of the prevailing orthodox avenue to fight chronic cancer has failed. This to an extent that there is no hope to gain safe shores in the fight against cancerous diseases, in particular not on the basis of toxic short time chemotherapy or radiation. The statements in that article do not deviate from earlier ones in 1978 when the McGovern Committee in the U.S. Senate defined the failure of the Nixon-Lasker "War on Cancer" as caused by 'misleading priorities' in cancer research, or from the March '79 hearing in the U.S. Senate under Senator Kennedy which I had the pleasure to share. The then resulting issue was inevitably a 'Return to Nature.'

How does the organism fight cancerous disease? How does it occasionally produce spontaneous regressions? What did those people do who did not get cancer? We had found in a special case of a dramatic spontaneous cure of a bone metastases, in 1973, that this cure was certainly not produced by 'vaccinable' immune reactions but rather by effectors which produce a kind of genetic repair (or rediffentiation) in the cancer cells.

Since then we have in particular focused our interest on substances with potential genetic repair properties. Alpha-Interferon as an example has such abilities. However, endogenous lymphokines like the interferons or the interlukins are partner of the organism's own regulation system. They would backfire if given in unproportional excess. Therefore, in the Kennedy hearing I expressed my doubts on the fruitfulness of this avenue. As you know I was right.

On the other hand, repair factors, which are no partner of man's endogene regulation system, are widely found in nature. This is so in the embryonic cell, in the steroid system (DHEA, Dehydroepiandrosterone being an example), in plants, in carnivorous plants in particular, in plant seeds, and most importantly in insects. Most of the genetic repair or surveillance factors are aldehydes or bifunctional dialdehydes. We created in 1976 a series of semisynthetic mandelonitriles of which the UREYLMANDELONITRILE proved extremely valuable. It is a carrier mediated benzaldehyde donor derived from the widely disputed Laetrile (l-glucose (di?) mandelonitrile). l-glucose is only metabolized by tumor cells, not by normal cells. Laetrile produced by genetically aberrant apricot kernels is no more within reach since the late 50s. It was extremely effective in the long time management of malignant disease.

Of particular clinical value is Didrovaltrate, a dialdehyde found in the Himalayan valeriana. Didrovaltrate is difficult to ingest, however it is lipid soluble and derives certain positive properties from this. Extremely valuable are certainly the Iridodials, dialdehyde genetic surveillance factors of brutal genoprotective properties, which require frequency activation to be effective. They are found in ants. The ant is not permitted to get malignant growth or permit a virus infection to take. In return it is not permitted to exhibit individuality. We are indebted to Dr. Anton, University of Strassbourg, France, and to Dr. Thies, Solvay Kali Chemie, Hannover, Germany, to have delivered to us the fundamental research facts on these substances.

These substances unlike toxic chemotherapy permit us to initiate a protective or curative treatment in the very early phase or the disease, or immediately after surgical removal of malignancies. We hope that the specific lipid, Malignolipin (Kosaki), in the ring-shaped oncogenic extracellular particles can soon be marked by an ELISA-Test. This is based to a certain extent on the work, which I had started in 1953. The extracellular oncogenic particles are seemingly phylogenetic atavism of mitochondrial membrane structure. Such marker technique would permit us to define cancer carriers without necessarily finding the tumor. The combination of this early detection procedure and non-toxic but highly effective repair factor therapy would permit an efficient, inexpensive cancer suppression for theoretically unlimited time.

The clinical observations and data, which we are currently collecting, indicate that the aforementioned concept will potentially outclass the orthodox, expensive and sometimes inhuman concept of toxicnonbiological cancer therapy.

Dr. Hans A. Nieper
Dept. of Medicine
The Paracelsus Silbersee Hospital

Addendum : Endonucleases (from carnivorous plants) and endo-peptidases (='mistletoe toxin ' ) may help to ban malignant aggression as they attack cancer cells specifically due to the magnetic cell decharge of such cells.
Vitamin $M_i$ ( AEP - salts) increases the condenser function and load of cell membranes and by this seemingly decreases the cancer (cell) incidence. The apparent reduction of malignisation ( age adjusted ) is in the range of about 80 % as compared to about 27 % for beta-carotene which was introduced by the author as a cancer preventitive in the 60 s. These statements are based on a 30 year observation span.

# NERVE GAS FROM CARS WITH CATALYTIC CONVERTERS

Dr. Hans A. Nieper, M.D.

Some of you may have read the latest edition of "Steuerbegunstigter 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 autommobile 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 carginogenic 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 ($COCl_2$) 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 faciliate 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 ditiophosphate, 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 ($H_2S$), 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. Ureal metabolism has a regulative function for at least 7 further metabolitic 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 lipido 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 indespensable 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!